

The Individual Care Plan (ICP) 11 years on Views of Consultant Psychiatrists



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Background and Objectives:

The Individual Care Plan (ICP) became a legal requirement for all inpatients in 2006 when it was incorporated into the Mental Health Act for approved centres. In 2010, the Mental Health Commission began enforcing compliance with the ICP nationally in all approved centres. The introduction of ICPs in Ireland largely took the lead from the Care Programme Approach (CPA) policy which was introduced in England and Wales in 1990 for all patients receiving psychiatric care. A 2005 report published by The Royal College of Psychiatrists, 'CPA views of Consultant Psychiatrists - 15 years on' (Hampson et al., 2005), triggered a national consultation process by the Department of Health resulting in the 2008 report "Refocusing the Care Programme Approach". The publication of this report led to systematic change in the use of CPAs. The use of the CPA was restricted to complex cases and those with high levels of suicide risk or risk of violence, rather than in all those using community and inpatient services. A survey by Devlin and colleagues conducted in 2017 showed that the majority of Irish psychiatric consultants felt the inpatient ICP process did not improve overall patient care and that outpatient ICP should not be rolled out. In 2018 the MHC reported that 41% of approved centres were not compliant with ICP process. The objectives of this study are firstly to ascertain consultant opinions on the ICP in 2021 and secondly to see if their attitudes are consistent with the findings from the survey of Devlin et al (2017).

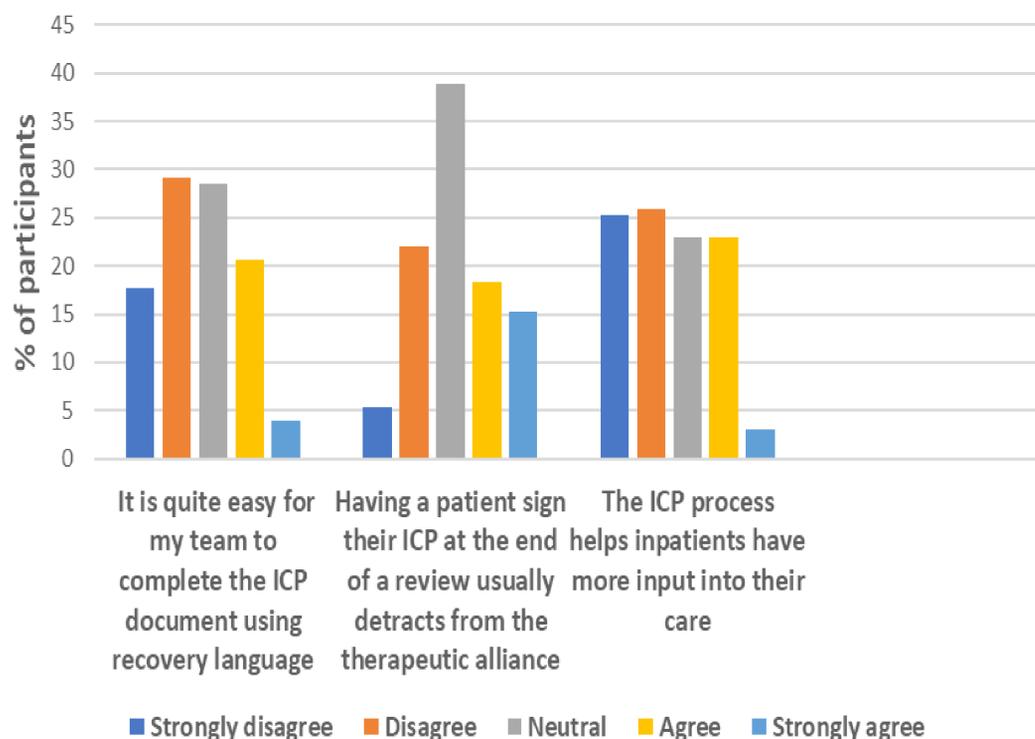
Methods

341 Psychiatric Consultants in the Republic of Ireland were invited to participate in an anonymous survey regarding ICPs. Survey included 14 multiple choice questions and final section for additional comments. Email reminders were sent at 3 weekly intervals to improve response rate. The current survey response data was compiled in Excel and compared to the data of Devlin et al. (2017) by statistically analysis using the Kruskal-Wallis Test in Minitab version 17. Ethics approval was granted for this study by the Ethics Committee in Mayo General Hospital.

Results

One hundred and thirty three responses were received comprising of 133 completed surveys with a response rate of 39%. Eighty three consultants chose to make additional comments. Ninety three percent (n=122) of Consultants had treated inpatients in an approved centre in the last 10 years with 92% (n=120) of the approved centres containing mostly public patients. The ICP documentation is usually completed either by the Consultant 33.6% (n=43) or an NCHD 39.1% (n=50). It was the opinion of 74% (n=97) of consultants that the ICP document ends up being identical to the plan in the contemporaneous notes with 24% (n=32) agreeing that it was easy to complete the ICP using Recovery language. Fifteen percent (n=20) felt the ICP is a productive use of the Multidisciplinary team's time. Thirteen percent (n=13) thought ICPs enhanced inpatient care with 50.2% (n=67) disagreeing that the ICP process helps inpatients have more input into their care. Twenty four percent (n=33) said that the ICP helped them identify previously unmet needs and 13% reported the ICP helped manage risk of inpatients. Only 5% (n=8) of Consultants supported the proposal that the Mental Health Commission enforce the implementation of the ICP for all outpatients. While numerical differences were observed in specific categories of response by the participants particularly in relation to the ICP being a productive use of the team's time and the response to the documented ICP normally ending up being identical to the management plan in the contemporaneous notes, the trends were not significantly different ($P > 0.05$) for any of the questions in the survey. This suggests that attitudes towards the ICP did not change in the past 4 years.

Selection of questions 2021

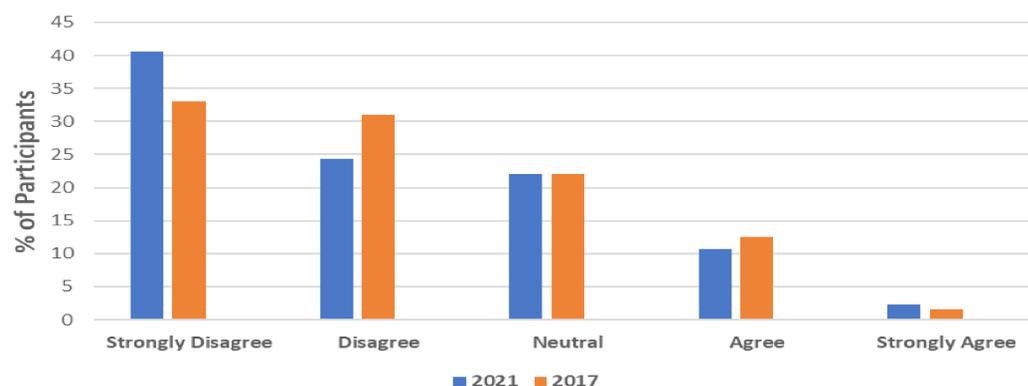


Frequent Comments in 'free-text' section	Prevalence (n)
Non-therapeutic	n=17
No evidence base	n=14
Waste of time	n=14
Tick box exercise	n=12
Time consuming	n=10
Duplication of written material	n=10
Overly bureaucratic	n=8
Only done to keep MHC happy	n=6
Left to Doctors to complete	n=5

Characteristics of the study population 2021 vs 2017

Variables	Prevalence, n=133 (%) 2021	Prevalence, n=109(%) 2017
Treated patients in approved centre		
Yes	93.1 (122)	92(94)
No	6.9 (9)	7.8(8)
Time as a Consultant		
< 5 years	13.7 (18)	16.1(19)
5-10 years	15.9 (21)	12.7(15)
10-20 years	46.97 (62)	50.9(60)
>20 years	23.5(31)	20.3(24)
Type of Approved Centre		
Public	92.3 (120)	91.9(91)
Private	7.7 (10)	8.1(8)
MDT member completing ICP		
Consultant	33.6 (43)	42.7 (38)
NCHD	39.1 (50)	33.7(30)
Nurse	17.9 (23)	17.9(16)
Social worker	3.9 (5)	3.4(3)
OT	4.7 (6)	2.3(2)
Psychologist	0.8(1)	0(0)

The ICP process since its introduction/enforcement 11 years ago has enhanced patient care (%)



Conclusions

This study shows that Irish consultant psychiatrists' opinion on the use of ICPs has not changed since the initial research by Devlin et al in 2017. In most respects their views have become more negative in the past 4 years towards the ICP process. The findings suggest that there is ongoing dissatisfaction with the ICP process, with the majority of respondents indicating that the ICP process does not improve clinical engagement; nor does it promote a collaborative approach to their use, with responsibility for their completion still largely performed by junior medical staff. Further, a majority do not think that ICPs enhance standard clinical practice, or that it is a productive use of clinical time, rather, functioning to duplicate contemporaneous clinical record keeping. The MHC should consider replicating the evaluation and significant change that occurred with the CPA process in the UK conducted by Department of Health.

The findings should be noted in relation to the limitation of the use of a non-standardised questionnaire, but one which was constructed for the purposes of this study. The results are based on a response rate of

References

1. CPA views of Consultant Psychiatrists - 15 years on (Hampson et al., 2005) RCPsych Report
2. Reviewing the Care Programme Approach 2006: A consultation document
Care Services Improvement Partnership Department of Health
3. Refocusing the Care Programme Approach: Policy and Positive Practice Guidance. Department of Health 2008
4. Mental Health Act 2001(Approved Centres) Regulations 2006
5. Final report of an independent evaluation of the National mental health services collaborative individual care planning. Mental Health Commission 7/2/2012
6. The individual care plan (ICP)-7 years on views of consultant psychiatrists(Devlin et al 2017)