Making a difference

Our researchers developed the Camberwell Assessment of Need which is now used around the world to help health and social care professionals understand and address the difficulties experienced by people with severe mental illness.

The Camberwell Assessment of Need (CAN) is used around the world to help health and social care professionals fully understand the problems and difficulties experienced by people who have a serious mental illness, and then plan appropriate care and support.

The assessment tool was developed by our researchers nearly two decades ago and is now incorporated into routine clinical practice in many countries.

In Ontario, Canada, for example, it inspired the development of the electronic OCAN (Ontario Common Assessment of Need), now the foundation of the work of nearly 300 community-based organisations providing mental health services. In The Netherlands, it is one of the core instruments that comprise the CNCM (Cumulative Needs for Care Monitor), used to plan treatment and conduct research. (CAN-R is a research version that is used in studies in Europe and beyond to aid the improvement of mental health services).

CAN is designed to facilitate a discussion about 22 different subject matters covering all aspects of an individual’s life and mental wellbeing including accommodation, daytime activities, psychotic symptoms, childcare, money, psychological distress, physical health and relationships.

‘People who have a severe mental illness may have a complex mixture of clinical and social needs,’ says Professor Mike Slade who leads the Recovery Research team. ‘For each domain the goal is to identify if an individual has any difficulties and, if they do, establish what level of help they are getting, what level of help they need and whether they are satisfied with the help they receive.’

Most importantly, CAN encourages people who are being assessed to voice their opinions and have them recorded. The tool recognises the subjective nature of ‘need’ and allows information to be gathered from both the professional and the individual they are supporting: both viewpoints can then inform a care plan.

‘The big advantage of using CAN clinically is that the separate assessment and recording of staff and service user perspectives can ensure a service user feels heard, allows differences of opinion to be identified and a care plan to be negotiated,’ Professor Slade says. ‘CAN makes comprehensive person-centred care planning possible.’

CAN was first created and validated in 1994 in the wake of the National Health Service and Community Care Act 1990 that puts the onus on health professionals to assess the needs of people who had mental health problems, and then plan services and support in response to individual assessments.

Since then, CAN has been translated into 26 languages and modified versions have been developed for different groups of people – for older adults (CANE); for people with intellectual disabilities (CANDID); for people who use forensic mental health services (CANFOR); and for new mothers and pregnant women who have mental health problems (CAN-M).

There are three versions of CAN for working age adults that can be used by professionals working in specialist community and hospital-based mental health services, in social services and by GPs – the full-length CAN, a short adaptation called CANSAS, and a short version for self-completion called CANSAS-P.

In England, both the Department of Health and Royal College of Psychiatrists recommend CAN as an ‘outcome measure’ to be used by mental health professionals who wish to make sure their clinical practice is effective.

Research led by Professor Mike Slade

REFERENCES

- Slade M et al. The Camberwell Assessment of Need (CAN): comparison of assessments by staff and patients of the needs of the severely mentally ill. Social Psychiatry and Psychiatric Epidemiology
- Slade M et al. A comparison of needs assessed by staff and an epidemiologically representative sample of patients with psychosis. Psychological Medicine, 1999; 28: 543–50

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