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The Choice and Partnership Approach to community mental health and addictions services: a realist-informed scoping review protocol

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ABSTRACT

Introduction Early identification and appropriate treatment of child and adolescent mental health disorders can often be hampered by patchwork services with poorly planned or unclear pathways. The Choice and Partnership Approach (CAPA) is an evidence-based transformational model of community (community-based or outpatient) mental health and addictions services for children and adolescents that aims to better match services to needs and to improve timely access to care. CAPA has been variably implemented across jurisdictions but has not been comprehensively evaluated for its impact on system and client outcomes. Our research question is, 'To what degree does CAPA work, for whom and under what circumstances?'. The purpose of this review is twofold: (1) to gain an understanding of the extent and outcomes of the implementation of CAPA in community mental health and addictions services; and (2) to identify the role of context as it influences the implementation of CAPA and resulting client and system outcomes.

Methods and analysis We will conduct a realist-informed scoping review of the literature related to CAPA in either child and adolescent or adult community mental health and addictions services. Relevant studies, reports and documentation will be identified by searching the following online databases: MEDLINE, Embase, CINAHL, PsycINFO, Academic Search Premier, ERIC, Web of Science, Cochrane, Dissertations Abstracts, NCBI Bookshelf, PubMed Central and the Canadian Health Research Collection. The search strategy was developed by a health sciences library scientist and informed by a multidisciplinary team comprising methodological and content knowledge experts. The search will gather evidence from multiple online databases of peer-reviewed literature and grey literature repositories. All articles will be independently assessed for inclusion by pairs of reviewers. The key themes derived from a thematic analysis of extracted data will be presented in a narrative overview.

Ethics and dissemination Research ethics review is not required for this scoping review. The results will be disseminated through meetings with stakeholders (including clients and families, clinicians and decision-makers), conference presentations and peer-reviewed publication. The results of this review will inform an overarching programme of research, policy and quality

Strengths and limitations of this study

► This review will summarise the extent and outcomes of the implementation of Choice and Partnership Approach (CAPA) in community mental health and addictions services.
► A realist perspective will allow for the identification of context-specific factors that influence the implementation of CAPA.
► The protocol employs a rigorous study design using an established scoping review methodology informed by a realist perspective and is overseen by a multidisciplinary team with methodological and content expertise.
► Broad inclusion criteria allow the identification of available evidence and any existing gaps.
► Included studies will not be appraised for quality as this review aims to include all available evidence.

indicator development to ultimately improve mental health and addictions care and subsequent mental health outcomes for children and adolescents.

INTRODUCTION

Mental health and addictions disorders are the most common sources of morbidity among children and youth in developed countries, affecting as many as one in five by the age of 15 years.[1–5] In England, one in eight young people aged 5 to 19 years had one or more mental illnesses when assessed.[6] Similarly, a survey of Australian youth showed that mental health disorders affected nearly one in seven 4 to 17-year-olds within the previous 12 months.[4] In New Zealand, scores from the Strengths and Difficulties Questionnaire were 'concerning' for approximately 8% of children aged 3 to 14.[7] The burden of mental illness among children is projected to increase in upcoming years; for example, the number of Canadian children living with

METHODS AND ANALYSIS

As part of our realist-informed scoping review methodology, we are drawing on an overarching framework for our review using the Consolidated Framework for Implementation Research (CFIR) to provide structure for describing and understanding context and the implementation of CAPA and for framing our initial programme theories.[27 29 30] The CFIR comprises five major domains: intervention characteristics, outer setting, inner setting, characteristics of the individuals involved and the process of implementation. The framework was selected as it consolidates various implementation theories, ensuring thorough capture of relevant constructs and promotes consistent terminology and definitions.[30]

To ensure this synthesis would be a novel contribution to the literature, an initial scan of review literature was undertaken with explicit searching using the term 'Choice and Partnership Approach'. This search was run in Database of Promoting Health Effectiveness Reviews (DoPHER; EPPI), Cochrane, Epistemonikos, Joanna Briggs Institute Database of Systematic Reviews and Implementation Reports (JBISRIR; Wolters Kluwer), PROSPERO (University of York), Campbell Collaboration, HealthEvidence.org (McMaster University), PubMed (NCBI) and CINAHL (EBSCO). No relevant results were retrieved from these initial searches.

We adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) for scoping reviews as well as the relevant Realist And Meta-narrative Evidence Syntheses: Evolving Standards (RAMESES) in developing our protocol.[31 32] This scoping review follows the framework proposed originally by Arksey and O'Malley and revised by Levac and colleagues, and is informed by the realist review methods developed by Pawson and colleagues.[27–29]

Briefly, the stages are:
1. Identifying the research question;
2. Identifying relevant studies;
3. Selecting studies;
4. Charting the data;
5. Collating, summarising and reporting results;
6. Consulting with stakeholders.

Stage 1: identifying the research question

Our overarching research question is, 'To what degree does CAPA work, for whom and under what circumstances?'. Our realist-informed scoping review will examine the literature related to the CAPA in community mental health and addictions services.

While CAPA was developed in child and adolescent community mental health services, we will also include literature from adult mental health services in our review to comprehensively map the availability of evidence. As our review will also serve to support a realist evaluation of the implementation of CAPA in child and adolescent mental health and addictions services in a Canadian province (Nova Scotia) in which youth are treated up to and including age 18 years, studies serving primarily adult populations may include our age group of interest. CAPA is also being implemented by adult services, and as such the results will inform those efforts.

We will not generalise the question to include the components of CAPA (such as shared decision-making or goal-based outcome measurement) as these are clinical practices in their own right and individually do not capture the comprehensive nature of CAPA as a model of care.

Stage 2: identifying relevant studies

Levac and colleagues recommend combining a broad research question with a clearly defined scope of inquiry.[28] Relevant studies, reports and documentation will be identified by searching the following online databases: MEDLINE, Embase, CINAHL, PsycINFO, Academic Search Premier, ERIC, Web of Science, Cochrane, Dissertations Abstracts, NCBI Bookshelf, PubMed Central and the Canadian Health Research Collection. A wide range of databases was selected to include the breadth of literature from healthcare, psychology, social work and social sciences. Since this review is specific to CAPA, evidence published from 1 January, 2005, to the date of the search will be included, as foundational elements of CAPA were published during this period.[33] No restrictions due to language or country of origin will be applied. Materials will be translated to English as needed.

The peer-reviewed database search strategy was co-developed by the study's principal and co-investigators and library scientists. We first conducted a preliminary search to gain familiarity with CAPA-related literature and terminology. Following this, a search query was constructed and reviewed by the principal investigator. The resulting search query used in MEDLINE (Ovid) and CINAHL (EBSCO) is shown in table 1. Given the iterative nature of scoping reviews, the search strategy may be further refined or expanded as new terminology or data sources are identified. The database searches will be completed by a library scientist with supervision from the study principal and co-investigators. The searches will be saved and monitored regularly for any newly published material throughout the review process. The reference lists of all included studies will also be hand searched.

Grey literature searching will be undertaken to ensure any unpublished, novel and non-traditional data sources are included. The peer-reviewed database search strategy will be translated through consultations with a library

Table 1	Sample peer-reviewed database search queries
MEDLINE	('choice and partnership* OR (choice and partnership*' adj2 (approach* OR model OR models OR program OR programs OR programme OR programmes))).ti,ab,kw,kf.
CINAHL	('choice and partnership*' N2 (approach or approaches or model or models or program$)) in ti,ab,subject

scientist and run in commonly-used grey literature repositories, such as those curated by the Canadian Agency for Drugs and Technologies in Health (CADTH).[34] In addition, terms including 'Choice and Partnership Approach' and 'CAPA' will be run in search engines. General searches will be conducted to retrieve web content and advanced searching will be used to identify content with commonly-used file types. Results from the first 10 pages (sorted by relevance) will be documented. Any potentially-relevant webpages will be searched in greater depth. As grey literature searching is highly iterative, further approaches may be identified throughout the review process.[35]

Scoping reviews both benefit from and often struggle with achieving a balance of breadth and feasibility.[27 28] Our study team includes members with both methodological and content expertise to inform decisions regarding breadth and feasibility. Any potential limitations arising from these decisions or revisions of the search strategy will be acknowledged in our review.

Stage 3: selecting studies

In keeping with scoping review methodology, our interdisciplinary team will employ a rigorous approach to study selection using a transparent and replicable process.[27 28 36] We are not restricting our approach to a strict paradigm following a hierarchical consideration of evidence. We will document each step of the selection process, including decisions made regarding inclusion and exclusion of studies.

The following inclusion criteria will be used to guide decision-making:

1. Study or report focuses on the CAPA model, including its implementation, outcomes or a discussion of contextual factors that may impact implementation.
2. Outcomes are not restricted, and may include clinical, programme or system outcomes.
3. Population of interest may include child and adolescent or adult populations in community mental health and addictions service settings.
4. Context is not limited and may include any site or service that has implemented CAPA or is in the process of transitioning to CAPA at the level of system, service, clinic, clinician or client.
5. May include any methodology or type of publication.

The study selection process itself involves two steps: title/abstract screening, followed by full-text review. References for all documents retrieved through the search will be managed using the Covidence platform. Two investigators (LAC and SC) will independently screen titles/abstracts and will respond 'yes', 'no' or 'maybe' when prompted by the platform. Any documents whose eligibility cannot be determined from the title/abstract screening will be moved to full-text review for more detailed assessment. Following title/abstract screening, the reviewers will read the full-text of the remaining articles and assign them as 'include' or 'exclude'. The reviewers will meet at the beginning, midpoint and end of the process to discuss challenges and resolve any ambiguity with the inclusion

criteria. Discrepant or uncertain assignments will be assigned through consensus-based discussion between the reviewers. Inclusion of a third investigator (JM) or full study team discussions may also be utilised to resolve discrepancies, if necessary.

Stage 4: charting the data

We will extract data that correspond to key categories from each of the included studies. A draft codebook (data extraction form) has been developed to reflect the domains of the CFIR Framework, the team's content knowledge and relevant publications. Data elements to be extracted include document identification, objectives, methods, context, implementation, outcomes and takeaways (see online supplementary file 1 for the draft categories included in the codebook). Following the recommendation of Levac and colleagues, we will conduct the data charting in an iterative manner, updating the codebook as appropriate based on our findings.[28] Two team members (LAC and SC) will independently extract the data from the first three studies using the codebook and will review to verify consistency with the identified research question and purpose.

Stage 5: collating, summarising and reporting the results

The aim of our summary of results is not to aggregate findings from the included studies, but rather to present a narrative synthesis of the material retrieved and reviewed, and to identify gaps in knowledge.[27] We will use our findings to develop initial programme theories underlying the assumptions about how CAPA is meant to work and what impacts it is expected to have, which will inform our realist evaluation.[29]

We will begin with a simple descriptive analysis of the extracted data using basic frequencies and ranges to provide a numerical summary of the findings. Contextual and process-oriented data will be analysed using thematic analysis to identify key emerging themes based on the CFIR framework.[30] The resulting themes will be reviewed by content expert team members to ensure validity and credibility. Similarities and differences between studies and gaps in the literature will be reported.

The results from empirical qualitative, quantitative and mixed methods studies as well as grey literature reports will be classified into the five major domains and associated constructs outlined in the modified CFIR framework (as presented in table 2) and informed by our CAPA logic model. Finally, results will be summarised in a narrative analysis.

Stage 6: consulting with stakeholders

While considered an optional stage in conducting a scoping review by Arksey and O'Malley, we believe consultation is an essential component to our review, adding rigour and depth to the results.[27] Engaged stakeholders include clinicians, administrators, clients, families, researchers and policymakers. The purpose of our consultation is to identify key outcomes of interest, validate the findings, contextualise results and inform the

Table 2 Summary framework (adapted from the Consolidated Framework for Implementation Research)

Domain	Relevant constructs
Intervention characteristics	Evidence strength (quality will not be assessed) Relative advantage Adaptability Trialability Complexity Design quality/packaging Cost
Outer setting	Client needs and resources Cosmopolitanism (networking to other external organisations) Peer pressure External policies and incentives
Inner setting	Structural characteristics (social architecture, age, maturity and size of organisation) Networks and communications Culture Implementation climate
Characteristics of individuals	Knowledge and beliefs about CAPA Self-efficacy Individual stage of change Individual identification with organisation Other personal attributes
Process of implementation	Planning Engaging Executing Reflecting and evaluating

CAPA, Choice and Partnership Approach.

development of knowledge translation tools. Consultation may also reveal sources of evidence not found through traditional database searching. Based on our contacts and initial search, we anticipate consulting with 12 to 20 individuals to ensure representation of the various stakeholders and to achieve saturation. We will facilitate consultation through interviews and/or focus groups through our collaborations with local, national and international stakeholders.

PATIENT AND PUBLIC INVOLVEMENT STATEMENT

Clients (patients) and caregivers are integral to the CAPA model and are key partners in our research. We have an overarching strategy for client and caregiver engagement that supports clients and caregivers and provides multiple opportunities to partner with the research team in a variety of formats (eg, healthyyoungminds.ca). Throughout our evaluation, clients and caregivers will inform participant recruitment strategies, identify outcomes of interest, vet knowledge translation materials and co-develop research directions stemming from the review.

ETHICS AND DISSEMINATION

As a review of existing literature this research does not require ethics approval.

The results will be disseminated through meetings with stakeholders (including clients and families, clinicians and decision-makers), conference presentations and peer-reviewed publication. Our dissemination plan includes using our findings to inform a larger programme of research, and policy and quality indicator development, to support evidence-based mental health and addictions care and ultimately improve the mental health outcomes of children and adolescents. Our integrated knowledge translation strategy is particularly important for developing approaches to engage clients, families, clinicians and decision-makers in the implementation and ongoing evaluation of mental health and addictions services. Activities will contextualise our results and provide insights not available from data alone.

This scoping review will be useful for services looking to transition to the CAPA model by identifying potential challenges to implementation and sustainability. It will also be used to generate initial programme theories that may explain how CAPA works in practice as part of our realist evaluation of CAPA in Nova Scotia, Canada.

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