

AN IMPLEMENTATION OF THE CHOICE AND PARTNERSHIP APPROACH IN A CHILD AND ADOLESCENT TERTIARY MENTAL HEALTH SERVICE

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IMPROVING SERVICE ACCESSIBILITY AND EARLY INTERVENTION

INTRODUCTION

Tertiary child and adolescent mental health services often experience high referral demand, limited specialist capacity, and complex care pathways, leading to long waiting times for first appointments. These delays may affect timely assessment, early intervention, and appropriate care planning.

The **Choice and Partnership Approach (CAPA)** is a service model that aims to improve access by restructuring initial appointments and supporting collaborative decisions about follow-up care. While CAPA has shown promise in improving service access, its effectiveness within established specialist clinics and non-Western contexts remains less well understood.

This study evaluated whether partial CAPA implementation at **Institute of Mental Health (Singapore) Child Guidance Clinic (CGC)** improved service accessibility and resource allocation within a Singapore tertiary child and adolescent mental health setting.

Service Accessibility

Did **median waiting times** for first appointments decrease?

Care Pathways

How were assessed cases allocated across various care pathways?

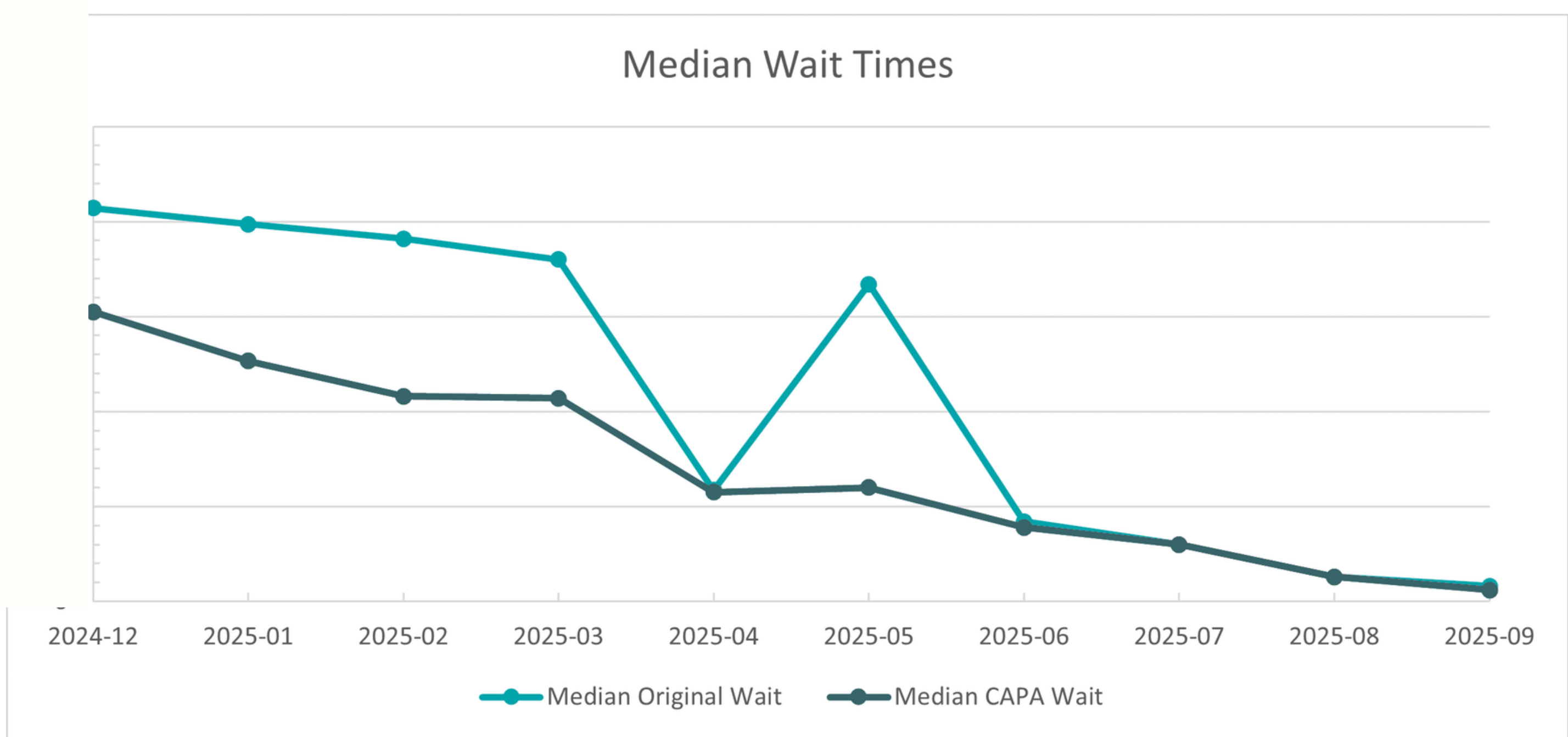
METHODOLOGY

This service-level evaluation assessed CAPA implementation within CGC, a tertiary child and adolescent mental health service in Singapore. Routinely collected **service data from May 2025 - Sep 2025** were analysed, with data from an earlier **pilot implementation phase from mid Nov 2024 - mid Dec 2024** used as a comparator to assess changes in service accessibility. During the pilot phase, CAPA had been introduced but had not yet been fully rolled out, allowing changes in accessibility to be examined across phases of implementation.

Waiting time was operationalised as the interval from referral receipt to scheduled first appointment. **Median waiting times** were compared across the pilot and subsequent implementation periods. **Post-assessment care allocation** was summarised according to subsequent pathway: continued clinic follow-up, community-based services, or open-date arrangement.

RESULTS

Figure 1. Median waiting time to first scheduled appointment across implementation phases

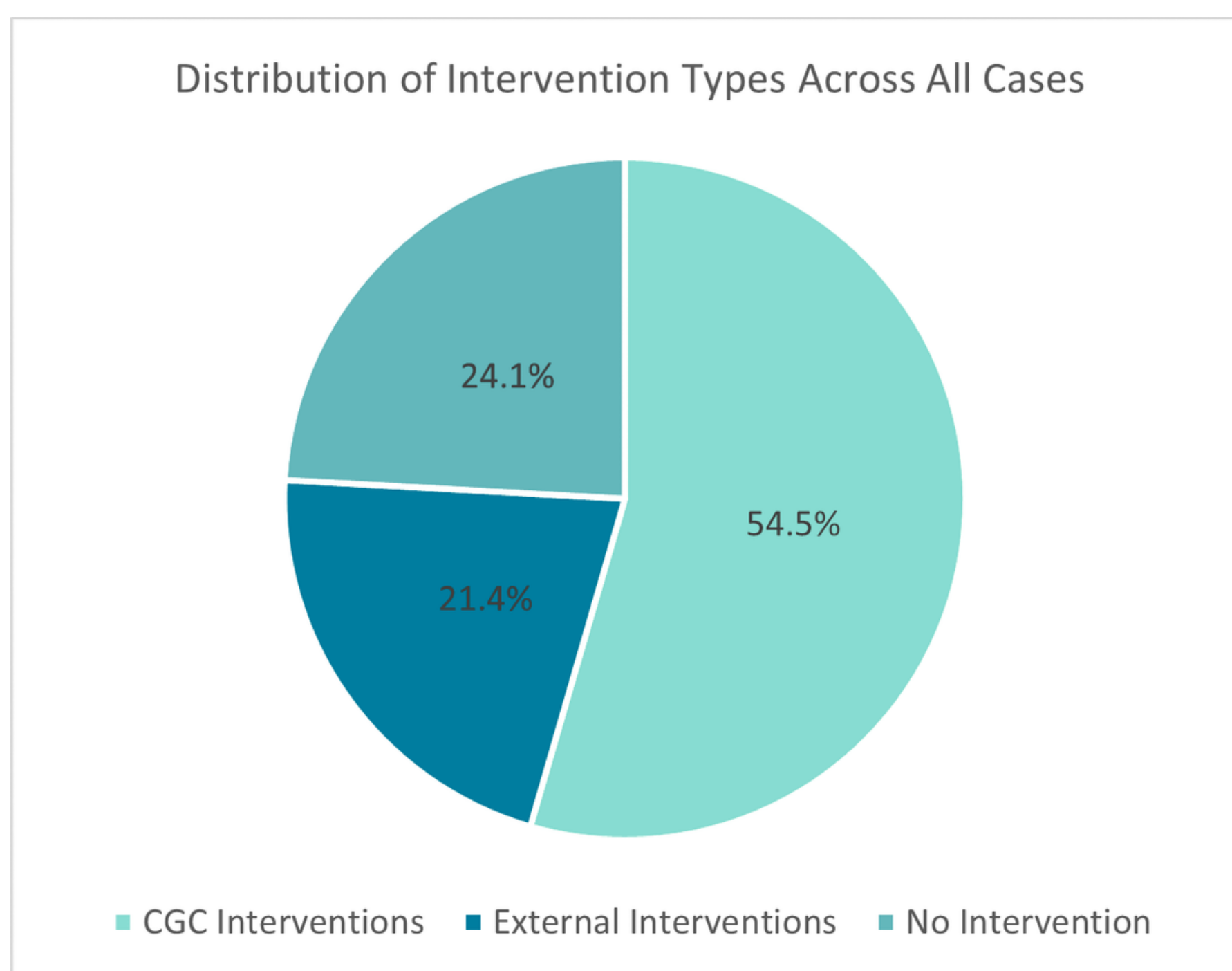


Median waiting time decreased by 36.1% following CAPA implementation. The gap between original proposed waits and CAPA waits narrowed over time and closed by the end of September 2025, indicating **improved accessibility to first appointments**.

Similar reductions were observed during the pilot phase, with further improvements during this period of full rollout.

*service data of exact median wait times have been omitted

Figure 2. Post-assessment service allocation among assessed cases



Among assessed cases, 54.5% received further follow-up at the clinic, 21.4% were directed to community care services, and 24.1% were given an open date. This suggests that **CAPA supported post-assessment allocation across different care pathways**.

DISCUSSION & CONCLUSION

CAPA implementation was associated with **improved access to first appointments**, as reflected in the reduction in median waiting times and the progressive narrowing of the gap between original proposed waits and CAPA waits. The eventual closure of this gap suggests improved service flow across phases of implementation and improved timeliness of care.

Post-assessment allocation patterns further suggest that CAPA supported **appropriate right-siting of care**. Assessed cases were allocated across continued specialist follow-up, community care services, and open-date arrangements, indicating an effective use of tertiary service resources according to assessed need.

Overall, these findings suggest that CAPA is a feasible and adaptable service model for improving accessibility and resource allocation within a Singapore tertiary child and adolescent mental health setting. By supporting timelier access and more appropriate care allocation, CAPA may help ensure that children and adolescents receive necessary mental healthcare more efficiently. Further evaluation is warranted to examine the sustainability of these improvements and their impact on patient-level outcomes.