

Wiseman Frontmatter More Information

Camberwell Assessment of Need for Mothers (CAN–M)



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A needs-based assessment for pregnant women and mothers with severe mental illness

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Trudi Seneviratne
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Abbreviations

CAN Camberwell Assessment of Need: a family of assessment schedules, including CAN–M (S),

CAN-M (R) and CAN-M (C)

CAN-M Camberwell Assessment of Need for Mothers

CAN-M (C) Camberwell Assessment of Need for Mothers – Clinical version CAN-M (R) Camberwell Assessment of Need for Mothers – Research version

CAN-M (S) Camberwell Assessment of Need for Mothers – Short Appraisal Schedule version

SMI Severe mental illness



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Introduction

The Camberwell Assessment of Need for Mothers (CAN–M) is a needs-based assessment specifically designed for use with pregnant women and mothers with severe mental illness (SMI). The CAN–M was developed at the Institute of Psychiatry and Kings College London, and is a modified version of the Camberwell Assessment of Need (CAN) (Slade *et al*, 1999a), the most widely used needs assessment instrument in the UK and Europe. The CAN–M is the fourth variant of the CAN. Other variants have been designed to assess the needs of populations with developmental and learning disabilities (CANDID; Xenitidis *et al*, 2003), individuals with mental illness in contact with forensic services (CANFOR; Thomas *et al*, 2003), and the elderly (CANE; Orrell & Hancock, 2004).

The CAN–M comes in three versions: a long version for research, CAN–M (R); a long version for clinical purposes, CAN–M (C); and a short version to fulfil both research and clinical purposes, CAN–M (S). The fundamental properties of the CAN–M (S), CAN–M (C) and CAN–M (R) remain the same, that is, all instruments have been designed to identify the presence of health and social care needs in pregnant women and mothers with SMI. The CAN–M (S) is a brief tool that aims to establish for each need domain: (a) whether a need is present; and (b) where a need exists, whether it is currently met or unmet. If an unmet need is identified, then further investigations may be required by an appropriate individual or team using more specialised assessment techniques. If, for example, an unmet need is identified in the *Emotional demands of childcare* domain, a full assessment by a developmental psychologist may be required. The CAN–M (C) also addresses how much help is received from informal and formal supports, and includes the service user's view of services required and action(s) needed to address the service user's needs. In contrast, the CAN–M (R) further addresses the issues of help received for each need from formal and informal supports, how much help is needed by local services to meet needs, and whether the user is receiving the right type and level of help to meet her needs.

The CAN–M incorporates 26 domains of health and social care needs relevant to pregnant women and mothers with SMI. It records the views of both the service user and their keyworker. An evaluation of the instrument has established excellent interrater reliability, test–retest reliability, content validity and concurrent validity. The CAN–M can therefore be used to identify (a) individual needs in clinical settings, such as the development of Care Programme Approach care plans and local authority parenting assessments, in addition to providing (b) a research assessment of the local service provision for pregnant women with SMI and mothers at the population-based level of need.

This manual provides an introduction to the topic of needs assessment for pregnant women and mothers with SMI (Chapter 1), a review of the needs of women with SMI during pregnancy and the postnatal period (Chapter 2) and with older children (Chapter 3), a review of the impact of maternal mental illness on the developing child (Chapter 4), a description of the development of the CAN–M (Chapter 5), a guide on how to use the CAN–M (Chapters 6 and 7), and a training package for the CAN–M (Chapter 8).