

Evaluation of the implementation of Censeo, a digital mental health triage tool within Hertfordshire Partnership University NHS Foundation Trust

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Disclaimer

This report presents the findings of evaluation of the implementation of Censeo within Hertfordshire Partnership University NHS Foundation Trust. The project was conducted by Apollo Innovation and was funded by Health Innovation East. The report findings are those of the authors and do not necessarily represent the views of Health Innovation East.

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Executive Summary

This evaluation examined the implementation and impact of Censeo. Censeo, developed by Psymomics, is a comprehensive digital mental health assessment platform for adults. Censeo has been developed to help a range of different healthcare services to assess and triage the mental health concerns and needs of their service users at any level. Users are guided through an online series of adaptive questions to build a detailed picture of their mental health symptoms and concerns. Algorithms are used to generate a clinical assessment report to support healthcare professionals with treatment and pathway planning. The tool comprises a comprehensive bank of 1400+ questions and uses algorithms to select the most appropriate questions for each user, to build an accurate picture of their mental health. The evaluation assessed its influence on patient and clinician experience, operational efficiency, and clinical outcomes.

A mixed-methods approach was employed, incorporating a quantitative analysis of referral and discharge data alongside qualitative insights gathered from service user and clinician interviews, as well as surveys. The quantitative data compared pre- and post-implementation periods to assess key performance metrics, including referral-to-treatment and referral-to-discharge times, as well as adherence to HPFT guidelines. The qualitative data provided a deeper understanding of the usability and acceptability of Censeo among its users.

Key findings

Referral-to-Treatment Times

The median referral-to-treatment time reduced from 28 days in the pre-implementation group to 25 days post-implementation, representing an 11% reduction in the referral to treatment time. This statistically significant reduction highlights changes in access to care.

Referral-to-Discharge Times

The median referral-to-discharge time decreased from 14 days in the pre-implementation group to 11 days in the post-implementation group. The mean referral-to-discharge time also fell, from 50 to 32 days, reflecting faster processing of referrals and improved workflow efficiency.

Guideline Adherence

Adherence to the HPFT target for 28-day referral-to-treatment improved, with the proportion of cases meeting the target increasing from 54.5% in the pre-implementation group to 69.9% in the post-group implementation group, and improvement of 28%. High adherence was observed in both groups on the 14-day referral to outcome guideline, with 98.29% of pre-group referrals and 97.64% of post-group referrals processed within 14 days. While the difference was statistically significant, the practical impact was minimal.

Service User Experience

Service users reported mixed experiences with Censeo. While many appreciated its clarity and ability to foster self-reflection, others raised concerns about accessibility and the repetitive nature of the tool. Digital literacy and mental health symptoms occasionally posed barriers to completion.

Clinician Feedback

Clinicians valued the comprehensive insights provided by Censeo, particularly for assessing

risk and urgency. However, delays in receiving completed Censeo reports, and technical challenges hindered its full integration into workflows. Training gaps were also identified as a key area for improvement.

Background

The evaluation examines the implementation and impact of Censeo, a digital mental health triage tool, within Hertfordshire Partnership University NHS Foundation Trust (HPFT). Censeo, developed by Psymics, is a comprehensive digital mental health assessment platform for adults. Censeo has been developed to help a range of different healthcare services to assess and triage the mental health concerns and needs of their service users at any level. Users are guided through an online series of adaptive questions to build a detailed picture of their mental health symptoms and concerns. Algorithms are used to generate a clinical assessment report to support healthcare professionals with treatment and pathway planning. The tool comprises a comprehensive bank of 1400+ questions and uses algorithms to select the most appropriate questions for each user, to build an accurate picture of their mental health.

Censeo has been developed to help a range of different healthcare services to assess and triage the mental health concerns and needs of their service users at any level. The questions are based on:

- ICD-11 and DSM-5 diagnostic criteria
- National Institute for Clinical Excellence guidance
- The UK Mental Health Triage Scale
- Psychological and social factors which impact on mental health
- Continuous feedback from users and clinicians.

Censeo was implemented within the HPFT Single Point of Access (SPA) in September 2023 after a smaller pilot within two HPFT localities in July 2022. The SPA team receives referrals from GPs and other agencies, as well as self-referrals and acts as a triage service for the mental health trust, enabling patients to be signposted out or transferred into other Trust services (primarily Adult Community Mental Health Services, (ACMHS)) as appropriate.

Censeo is compliant with all necessary Information Governance, Cyber Security, Medical Device licensing and Clinical Safety regulations and is designed to be used for people between the ages of 18 and 65.

Patients are sent a link to complete a dedicated personal online clinical assessment, which the triaging team then reviews remotely prior to assessing the patient over the phone and making the onward appropriate referrals. The patient completes the questionnaire remotely and receives several prompts and reminders to do so.

The triage team within SPA is a multi-disciplinary team consisting of clinical advisors, generally band 5 and 6 mental health nurses, social workers, call handlers and consultant psychiatrists. Each clinician triages between 10-12 referrals per day with the SPA receiving between 300-400 calls per day in a busy call centre style environment.

The adoption of digital solutions like Censeo aligns with broader trends in healthcare delivery, emphasising the need for efficient, patient-centred care that extends beyond traditional healthcare settings. The increasing demand for remote access to services, heightened during the COVID-19 pandemic, underscores the importance of tools that enhance patient autonomy while supporting system efficiency. Censeo's integration within HPFT was intended to improve the management of mental health referrals by streamlining processes and facilitating a more responsive approach to patient care.

This evaluation aims to provide a comprehensive understanding of Censeo's integration into mental health services, focusing on its effects on patient and clinician experience, operational efficiency, and clinical outcomes.

Aims

This evaluation aimed to assess the implementation and outcomes of Censeo, focusing on three key areas:

1. **Patient and Staff Experience:** The evaluation sought to measure satisfaction levels and acceptance of Censeo among service users and SPA staff, including their confidence in the clinical assessment reports generated by the tool.
2. **Operational Efficiency:** The study analysed the operational implications of Censeo, including its impact on workflows, resource allocation, and the SPA's capacity to respond to referrals efficiently.
3. **Clinical Outcomes:** The evaluation considered the clinical implications of using Censeo, including its potential to enhance the quality of care and expedite treatment pathways.

The evaluation aimed to address the following questions:

1. **Acceptability and Satisfaction:** How well is Censeo received by SPA staff and service users, including their satisfaction, confidence in the tool, and adherence to protocols?
2. **Integration and Efficiency:** How has Censeo been integrated into HPFT's SPA workflows, and what changes has it made to operational efficiency and service delivery?
3. **User and Staff Experiences:** What influence does Censeo have on the experiences of service users and SPA staff, including its effects on clinical outcomes and the quality of care?
4. **Performance Metrics and Equity:** How does Censeo affect performance metrics, such as referral-to-treatment times, and how does it address potential health inequalities within the service user population?

This report presents the findings from the evaluation, offering insights into Censeo's role in improving mental health service delivery and highlighting areas for further optimisation.

Methodology

Study Design

The study employed a mixed methods approach to evaluate the impact of the Censeo tool on mental health service delivery within Hertfordshire Partnership University NHS Foundation Trust (HPFT). This design compared service performance metrics and user experiences before and after the implementation of Censeo. The pre-implementation period spanned from 11th March 2023 to 11th September 2023, while the post-implementation period covered 12th September 2023 to 12th March 2024. Quantitative service data, including referral-to-treatment and referral-to-discharge times, as well as adherence to NHS performance targets, were analysed to assess changes in operational efficiency and clinical workflows. Complementing this, qualitative data were collected through semi-structured interviews and digital surveys with service users and clinicians to explore the acceptability, usability, and perceived impact of Censeo. The study was framed by a Theory of Change (see Appendix 4), which provided a structured framework to guide data collection and interpretation, ensuring that findings were directly tied to predefined short- and long-term outcomes as well as the evaluations aims and objectives. This mixed-methods approach allowed for a comprehensive evaluation of Censeo, integrating a statistical analysis of service data with in-depth qualitative insights to capture both systemic and individual-level impacts.

The table below provides a summary of the way in which the qualitative and quantitative measures were answered the four research questions after defining the short term and long terms outcomes in the theory of change.

Table 1: Summary of qualitative and quantitative measures answer the evaluation questions

Evaluation Question	Qualitative Measures	Quantitative Measures
How well is Censeo received by both SPA staff and service users, encompassing their satisfaction, confidence in the tool, and adherence to newly established protocols?	Explored clinician and service user perspectives on usability, acceptability, and confidence in Censeo through semi-structured interviews and open-ended survey responses.	Collected quantitative survey ratings on ease of use, satisfaction, and adherence to new workflows.
How has Censeo been integrated into HPFT's SPA workflows, and what changes has it made to operational efficiency and service delivery?	Clinician interviews examined workflow changes, impact on triage and assessment, and perceived efficiency gains.	Service data analysis measured changes in referral processing times, adherence to NHS targets, and overall operational efficiency.
What influence does Censeo have on the experiences of service users and SPA staff, including its effects on clinical outcomes and quality of care?	Interviews and surveys captured service user and clinician perspectives on how Censeo influenced decision-making, assessment quality, and patient-clinician interactions.	Service data measured referral-to-treatment times and referral-to-discharge times, providing objective indicators of system-wide improvements.
How does Censeo affect performance metrics, referral-to-treatment times, and address potential health inequalities within the service user population?	Interviews and surveys explored perceptions of efficiency, access barriers, and equity of service delivery.	Service data analysis examined referral-to-treatment and referral-to-discharge times, as well as demographic breakdowns (IMD, age, and ethnicity) to assess equitable access and outcomes.

Theory of Change

The development of the Theory of Change for the Censeo implementation project was a collaborative and iterative process that brought together key stakeholders to build a shared understanding of the anticipated impact of the tool on HPFT's services. The process began with two structured workshops, each providing a unique perspective on how Censeo could improve the efficiency and effectiveness of mental health triage.

The first workshop was held with the Psymics team, the developers of Censeo. This session focused on exploring the tool's capabilities and aligning its design with the intended objectives of the project. The discussion revolved around the technical infrastructure of Censeo, particularly its integration into the Paris Electronic Patient Record (Paris EPR) system used by HPFT, and how its functionality could enhance the triage process. The team reflected on the immediate outputs of the tool, such as the generation of reports and the delivery of training to staff, as well as the anticipated short-term and long-term outcomes. These included improvements in access to services, increased capacity for clinicians, and reductions in delays. The session also considered the broader assumptions and context, including potential disparities in digital access, adoption rates among staff and service users, and the growing demand for mental health services. By the end of this workshop, there was a clear understanding of the tool's role in addressing service inefficiencies and supporting clinical decision-making.

The second workshop engaged stakeholders from HPFT, including clinicians, service managers, and operational leads, to contextualise Censeo's impact within the realities of the service. This session began with a detailed mapping of the current assessment and referral pathway, highlighting inefficiencies that Censeo could address. Participants identified challenges such as clinician workloads, delays in referral-to-treatment times, and the issue of uncontactable service users. These discussions provided essential insights into the specific needs of the service and how Censeo could help alleviate pressures on the workforce.

A key element of the second workshop was defining success metrics to measure Censeo's impact. Stakeholders agreed on indicators such as reductions in assessment times, improvements in user experience, and enhanced equity of access. The workshop also clarified the anticipated short-term and long-term outcomes of the project, with short-term goals including more comprehensive service user information and greater clinician confidence in decision-making, and longer-term impacts such as increased capacity, reduced delays, and improved access to care.

Following these workshops, the findings were synthesised into a comprehensive Theory of Change. This framework outlined the key inputs required for implementation, such as funding, leadership support, technical infrastructure, and training, and described the activities necessary for success, including the integration of Censeo into the Paris EPR and the delivery of staff training. The immediate outputs were identified as increased confidence among staff in using Censeo, improved service user engagement, and the generation of reports to inform triage decisions. These outputs were linked to measurable short-term outcomes, including reduced

assessment times and improved access, and long-term impacts, such as increased service capacity and enhanced decision-making.

The collaborative development of the Theory of Change ensured that it reflected both the capabilities of the Censeo tool and the needs of HPFT's services. It provided a clear, measurable framework to evaluate the tool's effectiveness and its potential to improve mental health service delivery. By aligning stakeholder perspectives and establishing shared goals, the process laid a strong foundation for assessing the impact of Censeo on service efficiency and user outcomes.

Qualitative measures

Semi-structured qualitative interviews

The qualitative interviews focused on two key areas: acceptability and satisfaction, and clinical outcomes and experiences. Interview topic guides were co-designed with stakeholders from HPFT, Psyomics and Health Innovation East. They captured detailed perspectives from users and staff on how Censeo was received, providing insights into its usability and alignment with expectations. Additionally, the interviews explored how Censeo influenced the perceived quality of care and supported clinical decision-making, offering a comprehensive view of its impact on service delivery.

All interviews which were audio-recorded were transcribed verbatim by a researcher. Interviews which were conducted over MS Teams were transcribed by the Teams software and verified by the researcher. They were then anonymised to remove identifying details. The qualitative data analysis was grounded in the Theory of Change, which incorporated elements of Normalisation Process Theory, the Theoretical Framework of Acceptability, and Usability Theory. The analysis followed a systematic coding process conducted in Dedoose¹ software where initial codes were generated inductively from the data. These codes were then reviewed and categorised into themes that provided interpretative insights across the dataset. By integrating multiple theoretical perspectives, this approach enabled a nuanced understanding of clinicians' and service users' views and experiences with Censeo, capturing both individual and systemic dimensions of its use. The findings are presented in relation to the short- and long-term outcomes identified in the Theory of Change, ensuring their relevance and applicability to real-world contexts.

Service Users

Four service users participated in semi-structured interviews, selected based on the aforementioned eligibility criteria. The original target was to interview eight service users; however, only four were ultimately recruited due to willingness to take part. Service users were identified by HPFT through a query of the patient database based on the eligibility criteria. HPFT contacted eligible individuals who had used Censeo in the preceding three to six months and were not in crisis by phone on behalf of the Apollo team in line with HPFT safeguarding protocols.

HPFT contacted 50 service users, those who verbally agreed to participate were given the contact details of the Apollo research team and told to contact Apollo to arrange the interview. This

¹ <https://www.dedoose.com/>

method did not yield any interview bookings, so it was agreed that the HPFT research team would book in the service user directly for an interview based on an availability document provided by Apollo. This method yielded the four interviews Apollo was able to complete. Each interview lasted between 30 and 60 minutes and were conducted either online or by telephone, depending on participant preference.

Clinicians

Ten clinicians were interviewed, with eligibility initially limited to members of the SPA team. However, during the evaluation, it became apparent that Censeo was utilised throughout the mental health service at HPFT. Consequently, the inclusion criteria were expanded to incorporate all clinicians who used Censeo as part of their daily work. Clinicians were recruited by HPFT via email inviting them to take part in interviews. Following low response rates, Apollo and Health Innovation East sought support from wider stakeholders within HPFT to identify potential participants for interview. Each interview lasted between 30 and 60 minutes and was conducted online via MS Teams.

Quantitative Measures

Digital Surveys

The digital surveys focused on two key areas: acceptability and satisfaction, and clinical outcomes and experiences, aligning with the evaluation objectives related to service user and clinician experience, operational efficiency, and the impact on referral pathways. The was co-designed with stakeholders from HPFT, Psyomics, Health Innovation East and service users to ensure that the questions effectively captured the perspectives of both service users and clinicians. The surveys provided insights into the usability, accessibility, and acceptability of Censeo, assessing how well it integrated into clinical workflows and whether it influenced decision-making. Additionally, they explored perceptions of Censeo's impact on service efficiency and patient pathways, addressing the evaluation objectives concerning changes in operational processes and referral outcomes. By incorporating both quantitative and qualitative responses, the surveys contributed to a broader understanding of the tool's implementation and its effects on mental health service delivery.

Service Users

The eligibility criteria for survey participants were consistent with those used for the interviews. Service users needed to have used Censeo within the previous three to six months and not be in crisis. HPFT identified the eligible service users and distributed the digital survey via an SMS text message link. The response rate for the service user survey was 8.96% (703 surveys sent, 63 responses submitted). The demographic details of the service users who completed the survey is displayed in Appendix 1.

Clinicians

Clinicians invited to complete the survey were required to use Censeo regularly in their work. The surveys included a mix of closed questions using Likert scales for assessing usability and satisfaction, and open-ended questions to gather qualitative feedback. The surveys were distributed internally by HPFT to team members to complete digitally via emails and shared

within specific team meetings. The response rate for the clinician survey was 4.70% (702 surveys sent, 33 responses).

Table 2 shows the breakdown of the roles of the respondents who completed the clinician survey.

Table 2: Survey participant role

Role	n	%
Doctor	3	12%
Nurse	8	31%
Other Allied Health Professionals	8	31%
Social Worker	7	27%

Survey data were analysed using descriptive statistics (frequencies, percentages) to summarise participant characteristics and the Likert-scale responses. Open-ended survey responses underwent a simplified thematic analysis, where key statements and sentiments were coded into categories (e.g., "Accessibility," "Satisfaction," "Time Saved").

Service Data

The service data quantitative analysis was designed to assess key evaluation objectives related to operational efficiency, adherence to HPFT performance targets, and the impact on referral pathways. The analysis of the service data aimed to evaluate the impact of the Censeo tool on specific performance metrics, including referral-to-treatment times, referral-to-discharge times, and adherence to the HPFT 28-day referral-to-treatment target. Anonymised service data were extracted from 9,918 cases, covering the pre-implementation period (11th March 2023 to 11th September 2023) and the post-implementation period (12th September 2023 to 12th March 2024).

The analyses began with descriptive statistics to calculate the median and mean referral-to-treatment and referral-to-discharge times for each group. These metrics provided a summary of the central tendency and variation in processing times. Additionally, the proportion of cases meeting the HPFT 28-day referral-to-treatment target and the 14-day referral processing target was calculated for both groups to assess adherence rates.

Statistical tests were conducted to determine whether observed differences between the pre- and post-implementation periods were statistically significant. A Mann-Whitney U test was applied to compare referral-to-treatment and referral-to-discharge times, as the data were not normally distributed. A chi-square test was used to compare adherence rates to the 28-day target and the 14-day referral processing target. The targets used represent the HPFT commissioning targets of 28-day referral to treatment time and 14-day referral processing time for mental health services.

All analyses were conducted using statistical software to ensure accuracy and reproducibility. The results were interpreted in the context of the short-term outcomes defined in the Theory of Change, specifically focusing on improvements in operational efficiency and adherence to service performance standard.

The dataset included records of referral dates, the dates on which referrals were transferred to Initial Assessment (IA), and discharge dates. A referral was considered processed within 14 days if either the transfer to IA or the discharge occurred within 14 days of the referral date. Referrals that did not meet these criteria or had missing dates were excluded from the analysis to ensure accuracy.

Eligibility Criteria

The evaluation applied specific inclusion and exclusion criteria for service users and clinicians being interviewed or surveyed. Service users were eligible if they had used Censeo within the past three to six months and were not critically unwell or in crisis. Clinicians were initially limited to SPA team members but were later expanded to include all staff using Censeo as part of their daily work. During the development of the theory of change, it became apparent that Censeo was being used in multiple areas within HPFTs mental health service, therefore the decision was made to expand the eligibility to all staff who use Censeo as part of their daily work.

Ethical Considerations

Formal ethical approval was not required as the study is considered a service evaluation. However, ethical principles and guidelines were followed. Anonymised service data was used to protect confidentiality, and informed consent was obtained from all participants involved in interviews and surveys. The information sheets and consent forms used for the study are contained in Appendix 3.

Results

The results of this evaluation are presented in alignment with the short-term outcomes identified in the Theory of Change framework, providing a systematic and structured approach to assessing the impact of the Censeo tool. The quantitative and qualitative findings are organised into themes to address key aspects of the intervention, including service user experience, clinician perspectives, and the quantitative analysis of performance metrics such as referral-to-treatment times, referral-to-discharge times, and adherence to HPFT targets. Quantitative and qualitative findings are used together to complement the narrative of the theme being discussed. The qualitative data, obtained through semi-structured interviews and digital surveys, are presented with illustrative quotes from service users and clinicians to highlight individual perspectives and provide contextual depth. These findings explore themes such as usability, acceptability, perceived benefits, and challenges associated with the implementation of Censeo.

The results are supplemented by visualisations such as box-and-whisker plots, bar charts, and trend graphs, which provide a clear representation of the data and highlight differences between the pre- and post-implementation periods.

The themes and subthemes generated from the semi-structured interviews are displayed in the tables below.

Themes and Subthemes from the Service User interviews

Table 3: Themes and Subthemes gathered from the Service User interviews

Theme	Subtheme
Privacy and comfort	Limitations
	Providing personal information
	Relevance of questions
Overall experience of Censeo	How they heard about it
	Emotional discomfort/distress
	How long it takes to complete
	Device
	Initial impressions
	Repeating oneself
Overall experience of mental health services	Did clinician(s) mention Censeo?
	Having to repeat to clinicians
Impact	Specific features
	Important aspects of needs missing
	Positive/helpful
	Negative/challenging/unhelpful
Suggestions for improvement	<i>No subthemes</i>
Usability	Positives
	Negatives
	Technical Issues

Themes and Subthemes from the HPFT Team interviews

Table 4: Themes and subthemes gathered from the HPFT Team interviews

Theme	Subtheme
Impact on work and decision-making	Comparison with other sources of information
	Views on patient's subjective self-assessment
	Ease of use in practice
Challenges/improvements	Challenges
	Improvements
	Technical issues
Future development suggestions	<i>No subthemes</i>
Impact on service delivery	Time a patient waits to be seen
	No of assessments per workday
	Impact on how assessments are performed
	Time spent on assessments
	Triage prioritisation system
Censeo report usage	Report integration
	Positives
	Challenges
	Specific features of Censeo reports
	Sub-subthemes: Condition details Condition likelihood

	Risks
	Summary
	Key presenting problems
	Person context details
	Triage Priority
Staff-reported patient views	<i>No subthemes</i>
Training and support	Training experience
	Ongoing support
	Confidence
	Training materials

Service User Experience

Overall service user experience

The Censeo tool received a mixed reception from service users. Many service users appreciated the clear nature of the tool and its ability to prompt self-reflection, using words like "straightforward" (P1, P2) and "seamless" (P4). Some noted it helped them identify and trace their feelings over time, fostering a sense of self-awareness: "It made me really assess myself" (2). Service users felt Censeo enhanced assessments, reducing the amount of repetition and allowing them to focus on the detail of their concerns. Most service users could not remember how long it took to complete Censeo, although one thought it took "about 25 minutes" (P1).

Nevertheless, some were frustrated with the tool's rigidity, lack of nuance, and impersonal nature. One suggested that the questionnaire was particularly challenging due to their mental and physical health symptoms, including "exhaustion" and "brain fog" (P3). In particular, service users who already had challenges with digital literacy found the tool to be difficult to navigate, including concerns that the questionnaire could be inaccessible to neurodiverse service users. However, generally patients did not find it distressing or upsetting to complete.

Repetition whilst using mental health services

Service users reported that they repeated themselves less due to Censeo. P1 described how their assessor "had prior information about me", upon which the assessment was based; similarly, P3 appreciated how completing Censeo prior to their assessment, as seen below.

"sav[ed] time...that's good... I think to have a little bit of primary understanding prior to when you met, I think does help a little bit.... [when I was] sat in there with the practitioner, he knew what he was talking about..."

Service users described how the assessment was used to "flesh out" (P4) what they had completed in the Censeo. Clinicians interviewed also felt that Censeo reduced repetition for service users:

"they'd say, 'I don't want to repeat myself. I don't feel comfortable talking about this'. And then you just, you just discuss the information documented in Censeo a bit further with them." (C8)

Other staff reported that they saw it as an opportunity for service users *"...to prepare for the assessment. I think it lessens the anxiety, they know what to expect in the assessment"* (C10)

Repetition within Censeo

Generally, service users found that the questions were relevant to their situation and understood why the less relevant questions were being asked. Some service users expressed dissatisfaction

with the length and repetitive questioning of Censeo, which detracted from the overall user experience:

"It was like you're asking the same question about five different ways." (P2)

"And I'm thinking, oh God, will it ever end, which I'm not going to lie, I did think a little bit of that." (P3)

Some responses were contradictory: for instance, one service user felt it was easier to be honest in the questionnaire: *"I could be as honest as I could to a degree because somebody's not there"* (P2), whilst another felt they would open up more in a face-to-face meeting. Similarly, one service user praised the aesthetic of the tool, while another found it *"plain...very greyish"* (P3).

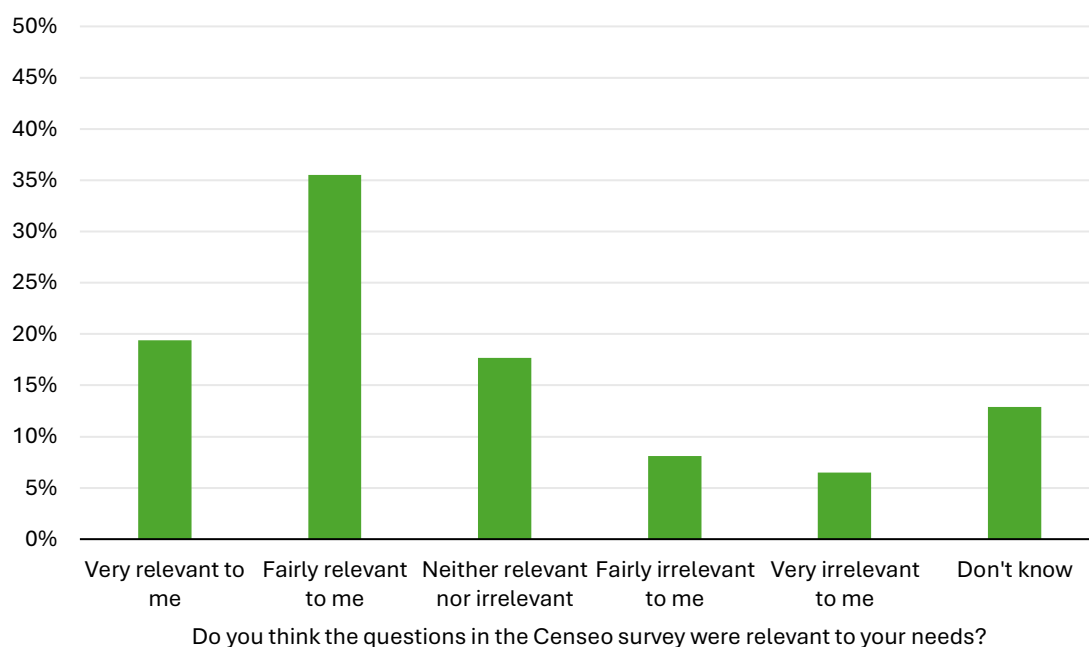


Figure 1: Participant responses on the relevance of the questions in the Censeo survey. $n = 62$, missing = 1

The service user survey data also suggests service users felt the questions in the Censeo survey were relevant to their needs. 54% of respondents reported the questions in the Censeo survey were either fairly relevant or very relevant to their needs.

Technical aspects

Three respondents completed the questionnaire on their phone: one on a PC. Respondents suggested that those with more digital literacy were more comfortable with completing the questionnaire online, and completing it at a time of convenience, one during their lunch break at work and another on the bus:

"I think, personally, for me, for someone who uses their phone a lot, it was actually quite nice to just get a text message...just so I can get it done on my phone...I didn't have to open up my laptop and...I'll be honest with you, I did it on the bus as well, some of it, so I like that, you know, on the go I was able to do it." (P1)

Technical challenges added to the frustration of one user, for whom the questionnaire timed out while they were completing it over a series of sittings: *"the stress I felt...I almost threw my phone*

and...I said, 'you know what? Forget you. I'll deal with you later'" (P2). This service user suggested an autosave feature would have enhanced their experience and prevented them from having to complete the questionnaire twice.

Data from the service user survey indicates that 98.4% of respondents accessed the Censeo tool via a Smartphone.

Table 5: How participants completing the service user survey stated they completed the Censeo survey, n = 63, missing = 0

How did you access the Censeo survey?	n	%
Smartphone	62	98.4%
Tablet	0	0%
Computer/Laptop	1	1.6%
Other (please specify)	0	0%

Following on from the respondents' comments in the interviews around the completion of the survey, data from the service user survey stated that 62% of respondents found the Censeo survey easy or very easy, as seen in the below graph.

Service users stated that Censeo was not mentioned directly by clinicians when they were

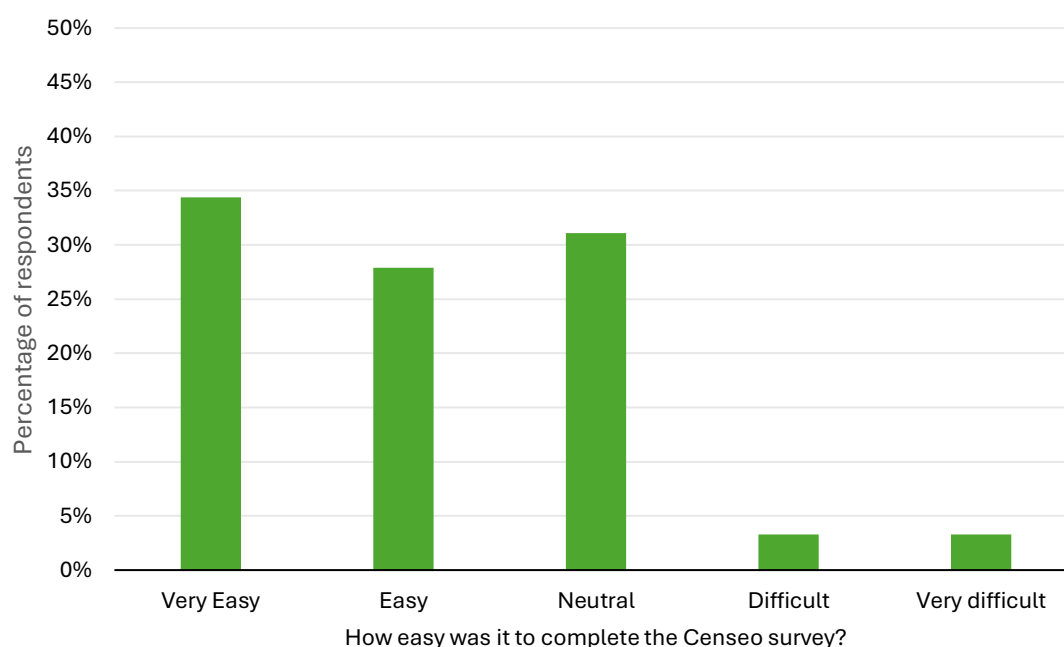


Figure 2: Participants responses on how easy or difficult they found completing the Censeo survey, n =61, missing = 2

assessed, although some felt confident that the assessor had read the report due to the nature of their interactions. The data from the service user survey stated that 56% of respondents did not think that the staff that provided their care discussed the information they provided in the Censeo survey.

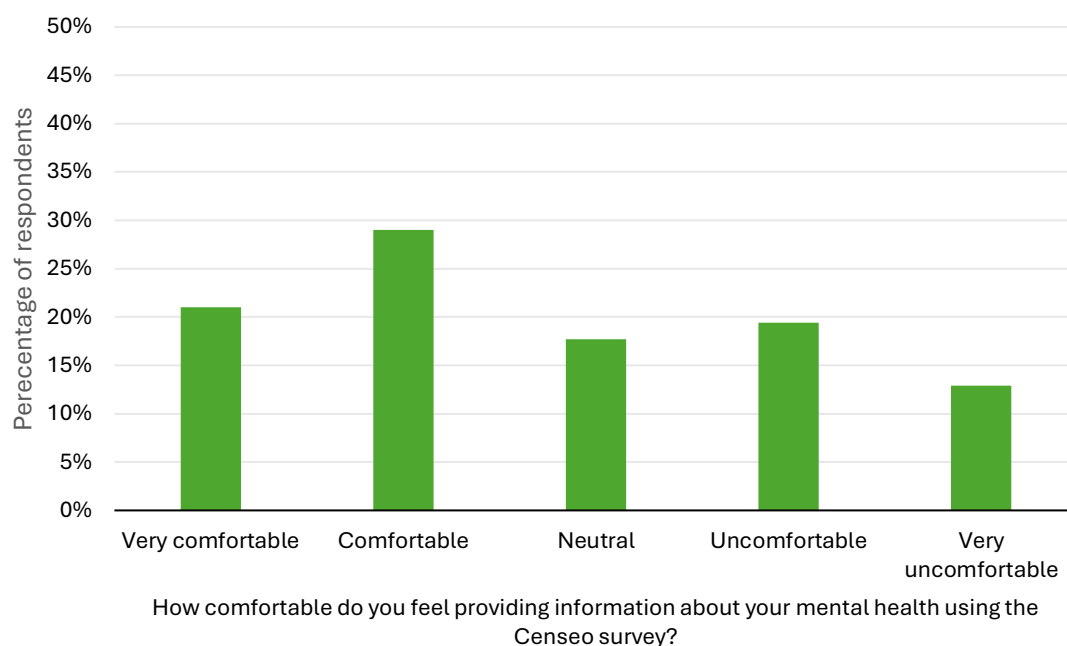


Figure 3: Participant responses on how comfortable they feel giving information about their mental health using the Censeo survey. n =62, missing = 1

The Censeo questionnaire was sent to service users as a link in a text message. Some service users felt mistrust and trepidation about sharing information online. One service user described how they thought the link was a scam:

"I have filters on my phone that figure out whether it initially came up with the red, you know, stop sign with the white exclamation mark...I ended up having to call mental health services to find out whether this was a legitimate text message...I filled in the forms with a degree of trepidation, because I was still feeling rather anxious as to whether it was a scam or not..." (P2)

However, other service users felt comfortable clicking on the link and expressed no concerns about doing so. This service user believed Censeo would help the person who was to do their assessment gain "a better understanding" of their circumstances:

"I thought, yeah, it'd be easier for them to kind of understand me instead of me having to sit there and kind of explain, whereas they can probably look through that and get a bit of an idea of, okay, I know what we need to help out with." (P1)

Service users who expressed greater mistrust and trepidation of online tools, including one who was concerned that the link was a scam, also expressed general distrust at the reasons for introducing the tool and dissatisfaction with mental health services in general. One associated the introduction of Censeo with saving money:

"I understand there's probably cost savings associated with it and stuff like that. But it doesn't make the kind of primary user experience any easier at all" (P4)

The data from the survey found that 50% of respondents reported either being comfortable or very comfortable providing information about their mental health using the Censeo survey.

Decision Making

Overview of clinician experience

Interviews with HPFT staff highlighted a range of perspectives from clinicians across SPA and ACMHS teams.

The Censeo digital mental health triage tool was utilised in the following ways by clinicians interviewed:

- By SPA clinical assessors during screening and triage
- By ACMHS teams when screening and triaging referrals from SPA, and to prepare for and during initial assessment
- Used by initial assessors in ACMHSs to write patient notes
- Utilised by a range of professionals in ACMHSs during multi-disciplinary team meetings (MDTs) as well as to prepare for appointments with patients.

Two ACMHS clinicians who conduct assessments with patients stated that about 60% of cases they saw would have a Censeo report attached. For others, they perceived this number to be lower.

Qualitative analysis showed that Censeo is primarily used to assess patient risk and urgency relating to suicidality and self-harm. The content of the Censeo report guides clinical decision-making about whether a referral is marked as urgent or routine, as well as supporting other decisions, such as whether to make immediate risk calls, or whether a patient might need a medical review rather than an assessment.

Clinicians appreciated the utility of the Censeo report for multiple aspects of mental health triage and preparation, praising its patient-centred insights and its role in filling informational gaps in referral processes. However, there were also challenges identified, including timing issues, misunderstandings, and technical problems.

The clinician interviews included two free-text questions aimed at capturing detailed perspectives on the strengths and limitations of Censeo reports. The first question, "What do you like about the Censeo reports?", elicited positive feedback highlighting several perceived benefits of the tool. Clinicians appreciated the clear and comprehensive structure of the reports, which provided additional information that might not emerge during traditional assessments. Responses such as "*clear comprehensive reporting which is structured and allowing quick triage of the presentation*" and "*comprehensive overview and gives some additional information*" emphasised the value of the reports in supporting efficient decision-making.

Clinicians also noted that the tool prompted questions that may not naturally arise during face-to-face assessments, enriching the overall understanding of a service user's situation. Other responses praised the readability of the reports and their ability to centralise relevant information, with comments like "*easy to read*" and "*the information is in one place*" indicating that clinicians feel that the Censeo reports streamlined the assessment process by organising critical data in a single, accessible format.

The second question, "What did you dislike about the Censeo reports?", revealed areas of concern and opportunities for improvement. A recurring issue was the perception that the reports were biased toward presenting service users at higher risk than clinicians found them to be during assessments. Clinicians noted that service users often scored themselves as "*high risk to everything*," which could create discrepancies between the report and the clinician's in-person observations. For example, one respondent stated, "*the person presents differently at assessment than on the report*." Additionally, technical and logistical challenges were highlighted, with some clinicians expressing frustration that the reports were not integrated with the electronic patient software the service utilised, with one clinician stating Censeo is "*not very well integrated into Paris*". Delays in receiving the reports were also a concern, with one clinician commenting, "*reports often come in after the initial triage has taken place and the outcome has been agreed*."

These findings suggest that while clinicians value the clarity, comprehensiveness, and usability of Censeo reports, challenges related to risk presentation, integration with existing systems, and delays in availability are areas that require improvement.

Summary of views on specific sections of the Censeo report

Summary page

This was generally considered useful. Clinicians praised the Key Presenting Problems and Person Context Details sections.

Triage priority details

This was the key section for some clinicians in ACMHS teams, who found it very useful to be able to see risk likelihood so clearly. One of the SPA interviewees looked closely at the detail in this section to support their triage decision-making.

Condition likelihood

Many staff were critical of this section. They felt that seeing many conditions with high likelihood did not support their decision-making in practice and could be confusing or distracting for new practitioners. However, two found it useful (one of these had a diagnosing role).

Condition details

Clinicians had mixed views in this section. Some staff praised it as "*very thorough*" (C1) while others found it hard to parse: "*there are quite a lot of them [for each condition]*".

Report utilisation in detail

Censeo reports were perceived to be readable and easy to glean information from quickly: "*they're very succinct. It cuts to the chase*" (C1). Clinicians described the utility of being able to easily refer to the Censeo front page prior to an appointment "*to remind myself what the issues are*" (C4). Clinicians were positive about being able to hear the patient's perspective in their own words" (C6):

"It's the SU's own words... It tells us how they're feeling compared to what a clinician has typed in." (C3)

"It's their chance to kind of put down what they really think and highlight their condition from their perspective." (C1)

"...especially the ones that have been properly completed, it does give me a good idea of what I should be looking at in the assessment." (C8)

When the Censeo questionnaire is minimally or partially completed by a service user, it was less useful.

The Censeo report is generally considered easy to use: *"They're very easy to refer to...they're very succinct...they just kind of cover some key points"* (C1). Censeo gives clinicians more information about a service user – *"[It's] helpful for having additional information which you might not have had otherwise"* (C10) – and can *"fill in some gaps...if the initial assessor has missed something"* (C4). This patient-centric focus adds depth to assessments and can illuminate areas that referrers or clinicians might overlook:

"It certainly feels that it does fill in some gaps...if the initial assessor has missed something." (C4)

Additionally, as the Censeo is *"...often completed nearer to the time of the appointment... it gives a good indication of where people are at"* (C1), offering a more current view of the patient's mental state and priorities. A SPA clinician felt that using Censeo in screening and triage had *"definitely"* improved the way they conducted triage (C7).

Differences and disparities between sources of information

Referrals/Censeo

Clinicians provided detailed perspectives on how the Censeo tool complements and contrasts with SPA triage and GP referral documents. They observed differences between the information provided by Censeo and other sources, often noting that the tool emphasises the patient's subjective priorities. For instance, while GP referrals may focus on clinical or medical concerns, Censeo often highlights emotional or situational challenges:

"[with] GP referrals, everything's urgent... but Censeo highlights what the patient thinks is urgent." (C2)

"It helps discussion... sometimes the emphasis is slightly different from what the GP actually puts." (C2)

While some clinicians felt that Censeo did not impact on their clinical decision-making, others felt it had had positive impacts:

"I think it informs decision making... it's useful to refer back to just say, 'can I just check you put this scored this very, very highly, is that right?'" (C1)

"Censeo assessment complements that assessment very well because there's a lot more information in the Censeo system compared to what they got in 30 minutes of phone call...it's very hard to say whether it's completely change your decision, but definitely it's helping you to synthesise information more comprehensively." (C4)

Service user subjective judgement of urgency

Some clinicians observed that patients' self-assessment of risk or need can appear exaggerated compared to professional assessments:

"Patients' subjective view of their own risk tends to be a lot higher than what we would view...Censeo says [that they're very high risk], but their presentation is different... there's a real disparity." (C2)

"I think what we're getting from the Censeo is a person who doesn't work in mental health's view of their mental health. Which isn't necessarily a bad thing, but...I find that they present differently to...the triage...it's not as objective, and we're often finding very high risk on Censeo...whereas SPA and ourselves are triaging them and not necessarily finding them to be as risky..." (C9)

The way triage priority is presented in the Censeo report (RAG rated with the category 'very high' indicated in red) led one clinician to question the level of risk being presented in the report:

"Sometimes everything's red... but when you look at the wider picture, it's not as urgent as it seems." (C2)

Similarly, they have received reports that suggest a patient perceives themselves as receiving no current support, contradicting other sources of information:

"[sometimes] we know people really, really very well. They're having lots of ongoing support, lots of interventions from the teams, from a variety of different services and they would fill in a Censeo and it would kind of identify that they've had nothing from nowhere and anywhere." (C2)

In some cases, these disparities and contradictions have the effect of reducing clinician trust in the information in the Censeo report.

Delays in receiving Censeo

One challenge facing both SPA and ACMHS staff was the delay in receiving the Censeo report. Receiving it late meant that incomplete information was held about patients at key points on the pathway. It also created inefficiencies through repetition and duplication of work.

For SPA staff, if they do not receive the Censeo report before initial screening or triage, a need to reassess urgency was created, generating more work and potentially increasing risk. This created a sense of confusion about how to handle the case. This is particularly challenging – and worrying for staff – if a patient has been discharged and they receive a Censeo report suggesting the person is at high risk:

"because obviously...the purpose of Censeo is for us to use it during triage. So if the person has been closed and it's come in two weeks after, it's just like ...you don't know what's going on. You know, this is not a referral...This is someone's Censeo. So now I have to do a risk call...it's a bit difficult...You know, when a person is, you know, closed and they now send it ...you start to panic because it's like now they're not under your care." (C7)

Delays in receiving Censeo reports were highlighted as a challenge for staff within the ACMHS teams. These delays often meant that clinicians had already triaged referrals or made key decisions in multidisciplinary team (MDT) meetings before the Censeo report was available. One clinician remarked, *"I always feel there's a bit of a delay with the Censeo document as well...sometimes we would have looked and we would have triaged the assessment already and then the Censeo attachment would come like two days later when we've already looked at the initial referral"* (C2). This disconnect between the timing of report availability and the decision-making process may have diminished the utility of the Censeo tool.

One participant reported these delays introduced additional complexities. For instance, when the Censeo report suggested a higher level of risk than what had been determined during initial triage, clinicians found themselves in a difficult position. One clinician noted, "*I guess in a sense, if I've triaged... we take it to MDT...We've made a decision based on the information that we've got [from] SPA [and] in the referral...Then a Censeo comes through that's making it sound more risky than we've deemed it to be, that puts us in a slightly difficult position...because if I make the wrong decision, something happens. It feels like it just muddies the water*" (C9).

These situations placed additional pressure on clinicians, as they had to reconcile the discrepancies between the Censeo report and their own assessments.

This ACMHS interviewee went on to say that when a duty worker would call a patient whose Censeo assessment was suggesting they were much higher risk than the ACMHS triage, invariably the worker would find that the current level of urgency or risk was "*actually completely appropriate. We'll see them when they're booked to be seen.*" (C9)

This can have a negative impact on productivity for both SPA and ACMHS:

"I think when it comes in bit by bit...it takes a lot more time than it probably should do and needs to do." (C2, ACMHS)

"You have to probably change the priority for triage...obviously you have to probably rescore..." (C6, SPA)

Training

Only three staff members interviewed could remember being given training on Censeo, and of those, no one could describe the format or content. The majority could not remember receiving any training at all. One staff member felt that the FAQ on Censeo was "*fantastic*" (C10).

Staff misunderstandings about Censeo

Staff interviews revealed a number of instances where Censeo was confusing or misunderstood by staff, highlighting a need for additional training.

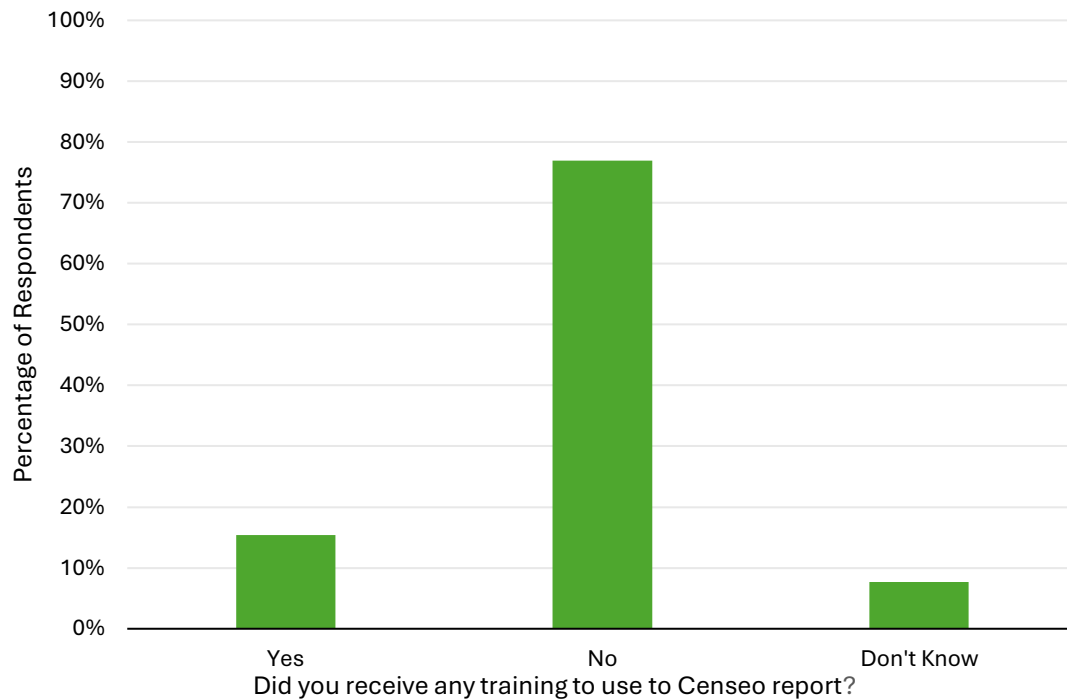


Figure 4: Participant responses as to whether they received any training to use the Censeo report. $n = 26$, missing = 7

The clinician survey highlighted that 77% ($n=26$) of respondents reported that they received no training, as seen below.

However, 50% ($n=26$) of respondents to the clinician survey reported they felt confident or very confident in navigating and using the Censeo report, as well as 27% ($n=26$) of respondents finding the tool easy or very easy to use.

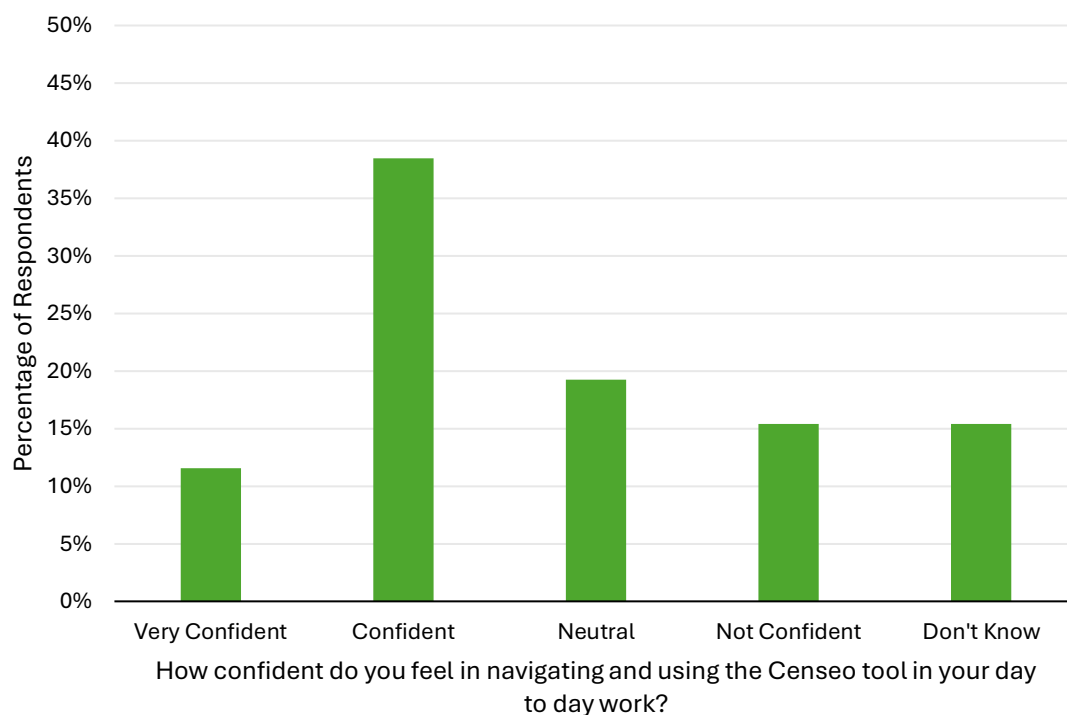


Figure 5: Participant responses to how confident they are in using the Censeo tool in their day to day work. $n = 26$, missing = 7

Condition Likelihood section

One interviewee mistakenly believed that service users see the list of possible diagnoses in the 'Condition Likelihood' section when they complete the Censeo assessment, rather than this being just in the clinician view:

"I don't like the possible conditions part, e.g. possible bipolar etc. I think the form gives the service user the wrong idea that they may have these problems when they don't based on what's written on the form. I don't use that part...This is my personal view, I have read lots of the reports, but things like bipolar type 1, type 2 etc, I don't think they should be given those options." (C3)

Another clinician described a case where this section created confusion over a diagnosis of bipolar disorder, leading to confusion and wasted resources:

"It needs to be clearer it's not a diagnosis. Staff should know that but it's not always clear. And they were liaising and trying to send the person on – but the services were saying where is this and the assessor was saying it's in the Censeo report." (C10)

Condition Details section

The Condition Details caused one staff member confusion. They were unclear whether the list of symptoms below each condition was written by the patient or were prompts:

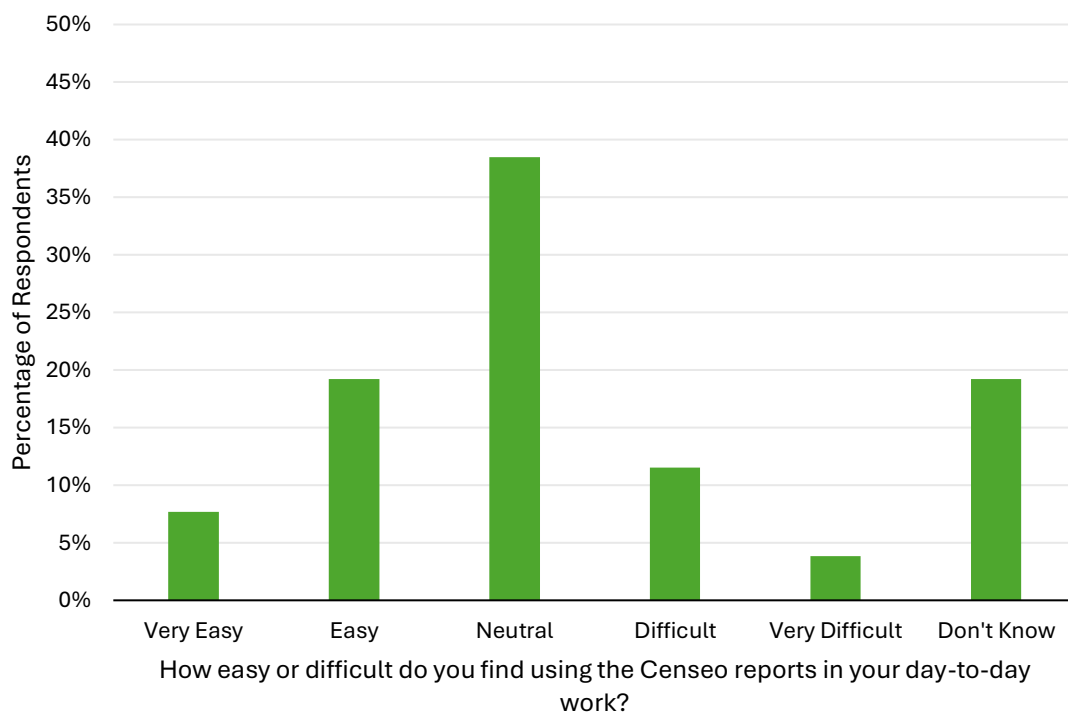


Figure 6: Participant responses to how easy or difficult they found using Censeo reports in their day to day work
n=26 missing =7

"I think initially I just didn't like the...way the prompts were confusing me. 'Cause I would have to read again and differentiate which one is the patient's presentation and which one is the prompt... it would confuse me a bit. So if a patient writes 'low mood and anxiety' and the prompts are also saying 'low mood and anxiety' ...then it's difficult for me

to...differentiate if they've put depression and anxiety, and I'm seeing the problems of depression and anxiety, low mood." (C8)

Technical issues

Multiple clinicians cited technical issues when clicking on the Censeo report link in the EPR, e.g.

"The link never works, so when you put when you click the link on the actual document where you're supposed to click it, it causes the system to crash." (C2)

Users created a workaround by copying and pasting the link directly into a browser. One (C5) also felt the timeout created problems when they were moving between documents, meaning they would have to return to the EPR and reopen the link. One also cited a situation where information in the report did not tally with what the service user had entered into the questionnaire. This was an isolated incident with no clear explanation.

Access

SPA staff described how Censeo can be of benefit by supporting referrals to the appropriate ACMHS even if service users are uncontactable by phone. Interviewees emphasised that this was not the ideal way to make a referral, but felt it was the right course of action in certain circumstances:

"...if a referral come through and...then the Censeo comes through and you can't get hold of the person – you call like three times or four times, you can't get hold of the person – you can look at the Censeo again and make a clinical decision and say 'I will pass through to the other team.'" (C6)

One SPA clinician used the completion of Censeo to gauge the level of engagement from a service user:

"The thing is, it also tells me about the engagement of the person. So if the person is taking the time to fill in this Censeo form, it tells me that there's a part of them that wants to engage. So [I can] pass them to the team, even though they didn't pick up [the phone]..." (C7)

Staff reported a handful of complaints from service users about Censeo related to access, including the length of the form, challenges with losing data they had entered, issues related to a lack of digital literacy and symptoms interfering with function: *"[they say they're] not mentally in the right place, maybe too depressed."* (C7) Some patients had reported that they need help from friends or family to complete Censeo (C3).

An important aspect of this evaluation was assessing whether the implementation of Censeo impacted equity of access to the tool and mental health services. This included an analysis of the Index of Multiple Deprivation (IMD) to determine whether socioeconomic factors influenced the use of Censeo.

The analysis of service data provided by HPFT revealed no significant difference in the IMD distribution between the pre- and post-implementation groups. This suggests that the introduction of Censeo did not disproportionately affect service users from different socioeconomic backgrounds. Furthermore, the data showed that the IMD distribution of service users who completed a Censeo questionnaire was similar to those who did not, indicating equitable access to the tool across socioeconomic groups.

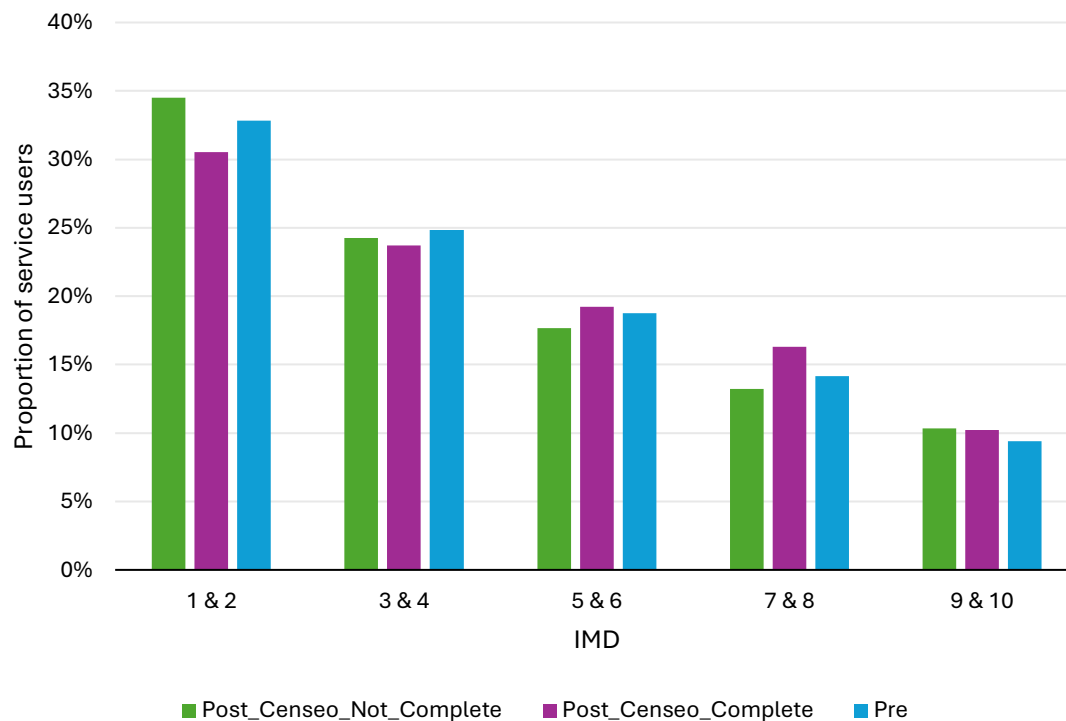


Figure 7: Service level data service users IMD decile. $n = 9,099$ missing = 819

Across all groups, the highest proportion of service users were from IMD deciles 1 and 2, representing the most deprived areas, while the lowest proportion came from IMD deciles 9 and 10, representing the least deprived areas. These findings suggest that, while Censeo was accessible to service users across IMD groups, the service itself continues to predominantly serve populations from more deprived areas. This is shown in Figure 7.

Similarly, the age dispersal follows a similar change between the three groups, as seen below.

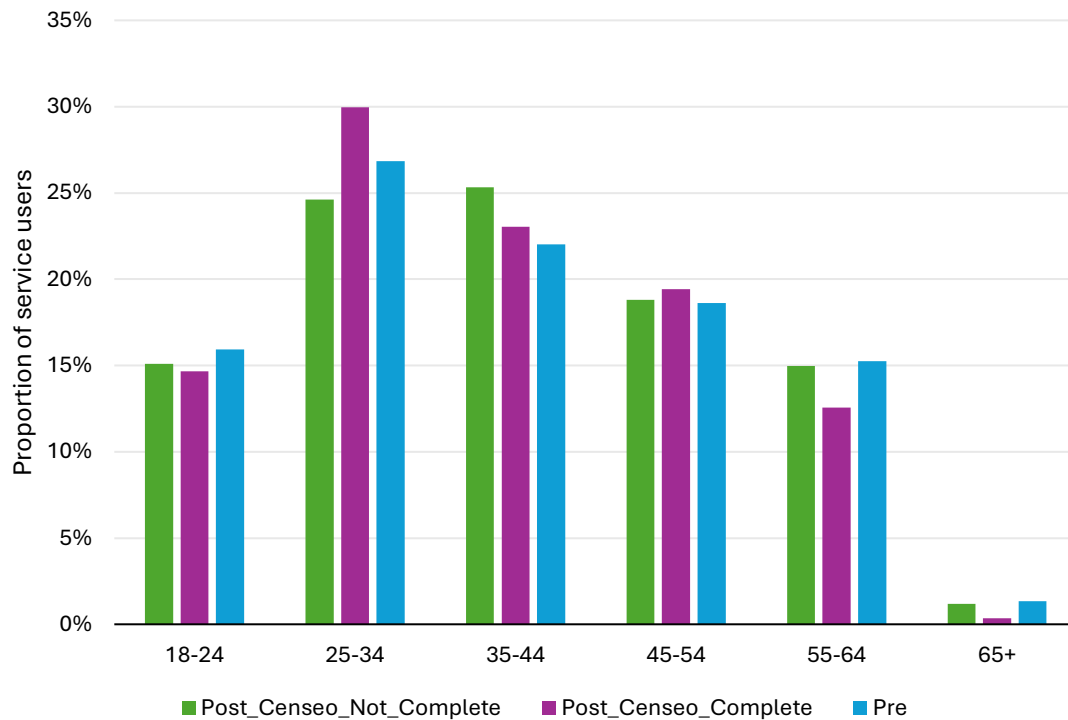


Figure 8: Service level data service user age breakdown. $n = 9,918$ missing = 0

The spread of ethnicity between the groups is also very similar, with the majority of the service users who engaged with HPFT being White British (78% - 81%).

Table 6: Service level data service user ethnicity. $n = 7,976$ missing = 1,942

Ethnicity	Pre	Post
African	37	50
Any other Asian background	47	52
Any other Black background	55	48
Any other ethnic group	39	37
Any other Mixed background	81	70
Any other White background	138	171
Bangladeshi	8	14
Caribbean	19	14
Chinese	3	6
Indian	39	42
Not known	186	222
Not stated	910	734
Pakistani	21	32
White & Asian	32	19
White & Black African	8	8
White & Black Caribbean	62	51
White British	2273	2354
White Irish	51	43

Impact on Referral to Treatment Time

There was evidence in clinician interviews that Censeo can reduce referral to treatment time in some cases. One clinician described how, when Censeo is completed comprehensively and the person has "*good insight*" (C3), it can be possible to bypass initial assessment and book them straight in with the appropriate professional:

"For example, if someone with very good insight into their mental health difficulties – maybe they've written 'these are my relapse signatures' [in Censeo] – then I don't need to do initial assessment, I've got all the info I need. Maybe in this case SPA haven't triaged, they haven't got hold of the person, but I've got enough information, I can book them in straight with a doctor. They don't need the delay of being seen for initial assessment, they can see the psychiatrist, we don't have to keep them waiting." (C3)

The analysis of the HPFT service data referral-to-treatment time (RTT) revealed a statistically significant reduction in referral-to-discharge (RTD) following the intervention. The median RTT decreased from 28 days in the pre-intervention group to 25 days in the post-intervention group, a reduction of approximately 11%. Statistical analysis using the Mann-Whitney U test confirmed that this difference was significant ($p < 0.001$).

The analysis calculated RTT values for 1657 service users in the pre-group and 1659 service users in the post group. These population statistics were calculated by removing zero value RTTs as they were for non-appropriate referrals or did not attend. The RTT values exhibited a skewed distribution in both pre and post intervention groups, necessitating the use of non-parametric methods for analysis. Outliers were identified using the interquartile range (IQR) method. In the pre-intervention group, RTT outliers were defined as values greater than 97 days, while in the post-intervention group, outliers were classified as values exceeding 61 days. Notably, the number of outliers was slightly higher in the post-intervention group (134 cases) compared to the pre-intervention group (105 cases).

Visualisation of the data using boxplots highlights the differences between the groups. The post-intervention group exhibited a narrower RTT distribution, with fewer extreme delays compared to the pre-intervention group.

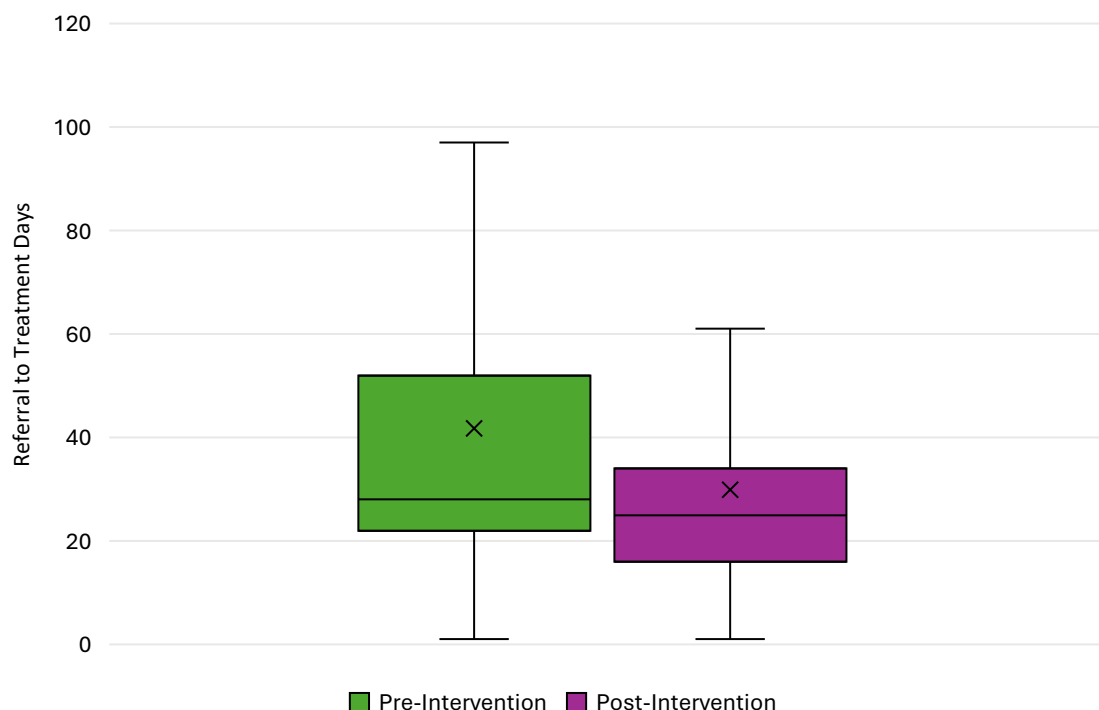


Figure 9: Box-and-whisker plot comparing the referral to treatment days of the pre and post groups. $n = 3315$, missing = 0

Further examination of the data revealed trends in the mean RTT across months, which further illustrate the intervention's impact. Prior to the intervention (March 2023 to September 2023), mean waiting times fluctuated between 39 and 46 days, averaging around 41 days. Following the intervention (September 2023 to March 2024), mean waiting times steadily declined, dropping to 34 days in October 2023 and continuing to improve to as low as 23 days in January 2024. By March 2024, mean waiting times had stabilised at 26 days, representing a sustained improvement. This data is presented in Figure 11.

Figure 12 highlights the number of referrals received per month across the study period. The number of referrals received is relatively consistent across the study period with a notable reduction in December 2023. The lower referrals received in March 2023 and March 2024 represent the data only encompassing part of March (11 March 2023 to 11 March 2024 inclusive). The mean number of referrals across the period was 760. The relative consistency of levels of referrals received suggest it is not a variable causing a reduction in the RTT.

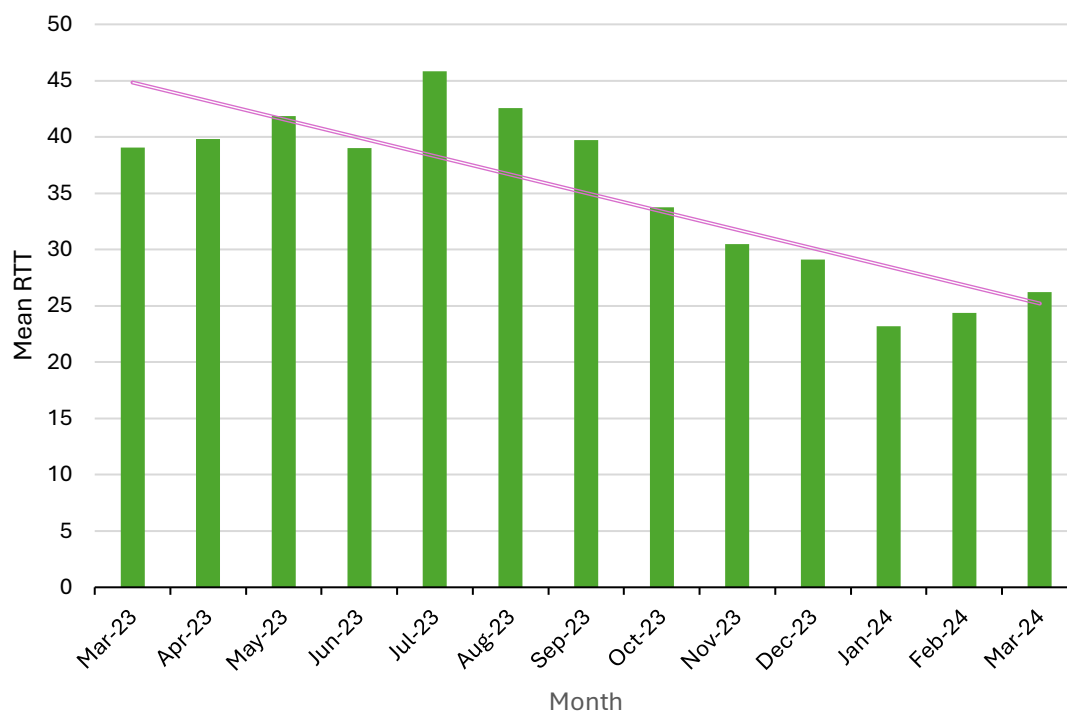


Figure 10: Mean referral to treatment time per month. $n = 3315$, missing = 0

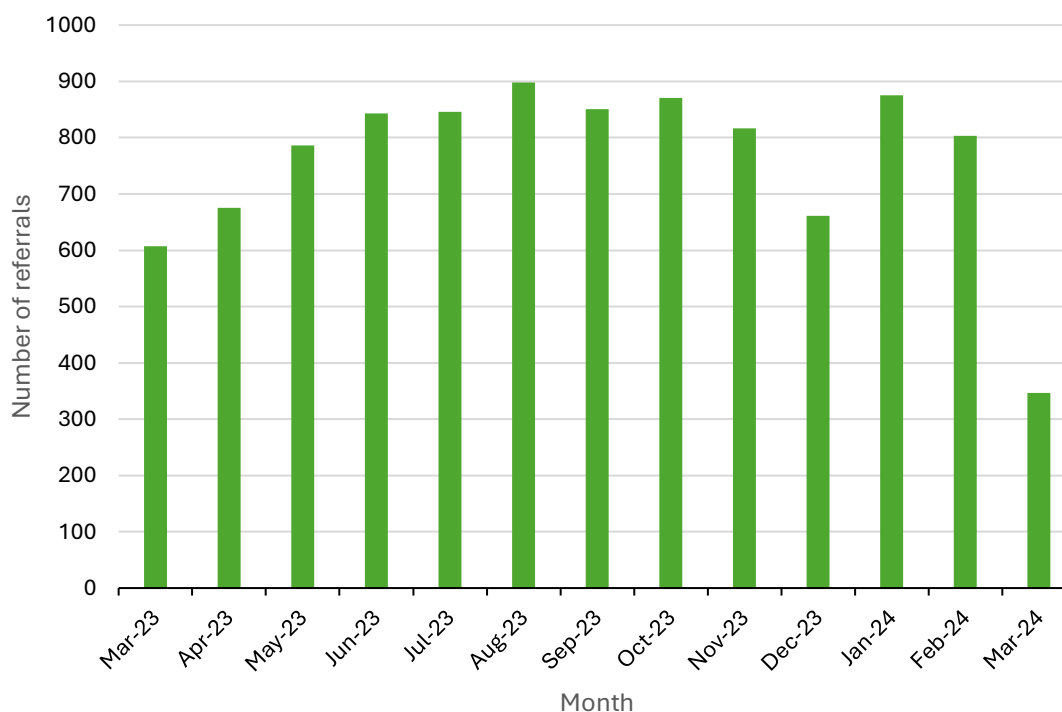


Figure 11: Total referrals into the service between March '23 and March '24. $n = 9,918$, missing = 0

Impact on Referral to Discharge

The statistical analysis of the cleaned dataset indicated differences in both the median and mean referral to discharge times between the pre-group and post-group. The median referral to

discharge time was 14 days in the pre-group and 11 days in the post-group, representing a reduction of three days. The mean referral to discharge time also decreased, from 50 days in the pre-group to 32 days in the post-group. This reduction in both median and mean times suggests that the referral to discharge process was completed more quickly in the post-group.

Variability in referral to discharge times also differed between the groups. The pre-group displayed greater variability, with a broader range of referral to discharge times. In contrast, the post-group showed improved consistency, characterised by a narrower range and fewer outliers.

A Mann-Whitney U test was performed to statistically compare the two groups due to the non-normal distribution of the data. The test results indicated a significant difference between the pre-group and post-group ($p < 0.001$), confirming that the observed reductions in referral to discharge times after the implementation of Censeo were unlikely to be due to random variation.

Box-and-whisker plots were used to visualise the distribution of referral to discharge times across the two groups. The post-group exhibited a compressed interquartile range and a lower median, indicative of faster and more consistent discharge processing. In contrast, the pre-group displayed a wider interquartile range and a higher median, reflecting longer and more variable referral to discharge times.

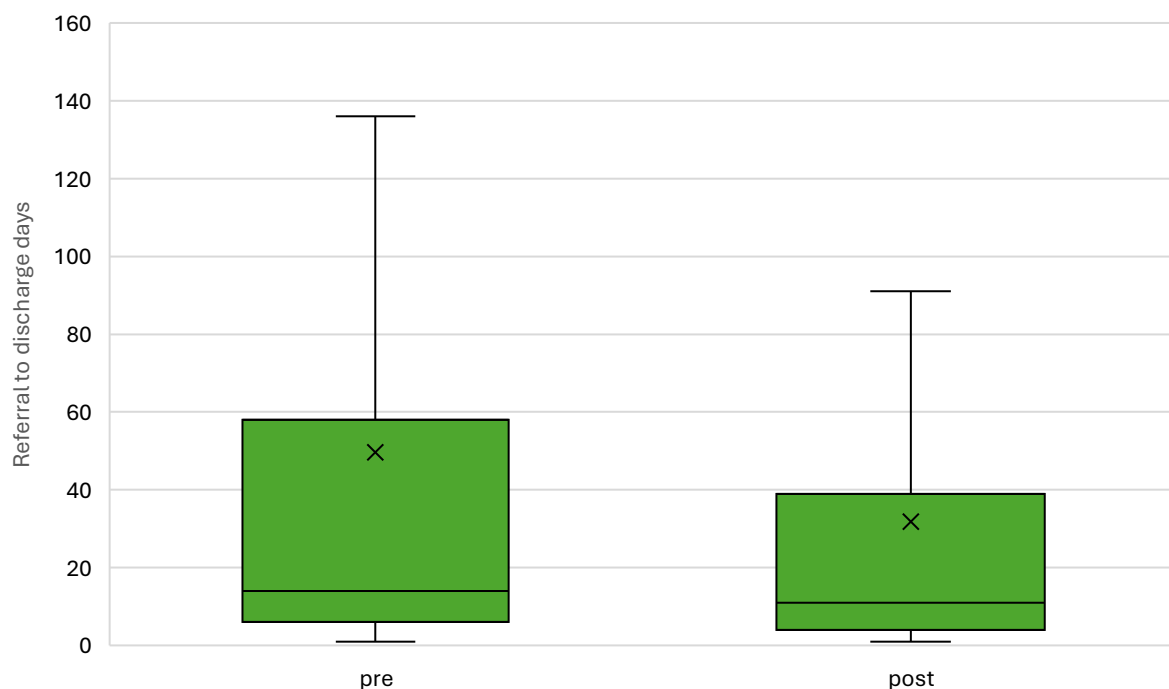


Figure 12: Box-and-whisker plot comparing referral to discharge days between the pre and post group. $n = 8,342$, missing = 0

Impact on Number of Assessments

Clinicians interviewed did not feel that Censeo impacted on the number of assessments that could be performed within a day. On the contrary, one felt that "*This is more about staff satisfaction in regards to admin time after assessments – the processes after the assessment –*

that's a win for staff" (C10). Clinicians emphasised their focus on patients "receiving the appropriate support at the right time. We don't see it as saving resource. It is about getting the person in treatment quicker, referring them to the right services. It could reduce their waiting time" (C3).

The data analysed as part of the clinician survey and the statistical analysis of the service level dataset did not provide any evidence of an impact on the number of assessments performed.

Impact on Clinician Time Spent Performing Assessments

Staff had mixed views on the impact of Censeo on clinician time spent performing assessments:

- Positive impact, i.e. assessments are shorter due to Censeo n=3
- 'It depends' n=1
- Censeo has had no impact n=5
- Negative impact i.e. assessments take longer due to Censeo: n=1

Three of the 10 clinicians interviewed felt assessments were sometimes shorter as they only had to confirm some pieces of information, rather than collect them. C10 described how Censeo could support shorter assessments for certain categories of service user:

"I also sometimes do 'proportionate assessments' for some cases where we can fill in lots of information so we don't put them through a full assessment or maybe they were discharged recently, so I sometimes do those assessments, I use Censeo there." (C10)

"I think...they're probably spending less time doing initial assessment because they've had so much of information beforehand." (C4)

There is a potential for this to advantage more digitally literate service users: *"The ones with insight who took their time, you don't really need to spend as much time in the assessment room."* (C3)

Other interviewees did not think Censeo had shortened the time spent on assessments significantly, or, in the case of SPA interviewee C7, felt that *"it depends...I still like to cover everything"*. Many expressed that since they still had a specific format for the clinical assessment, it could not be made significantly shorter due to Censeo. For one interviewee from the ACMHS, Censeo had lengthened the time they spent performing triages, *"because it sort of added another layer"* (C9).

The clinician survey provided mixed views on whether the Censeo reports reduce time spent on assessments. When discussing whether the Censeo report reduced the time needed to triage,

service users, 38% (add n) of clinicians who had used the tool agreed it has reduced the time needed to triage. Similarly, when asked if the Censeo report had reduced the time required for initial assessment, 23% (add n) of those that had used it for initial assessment agreed it had

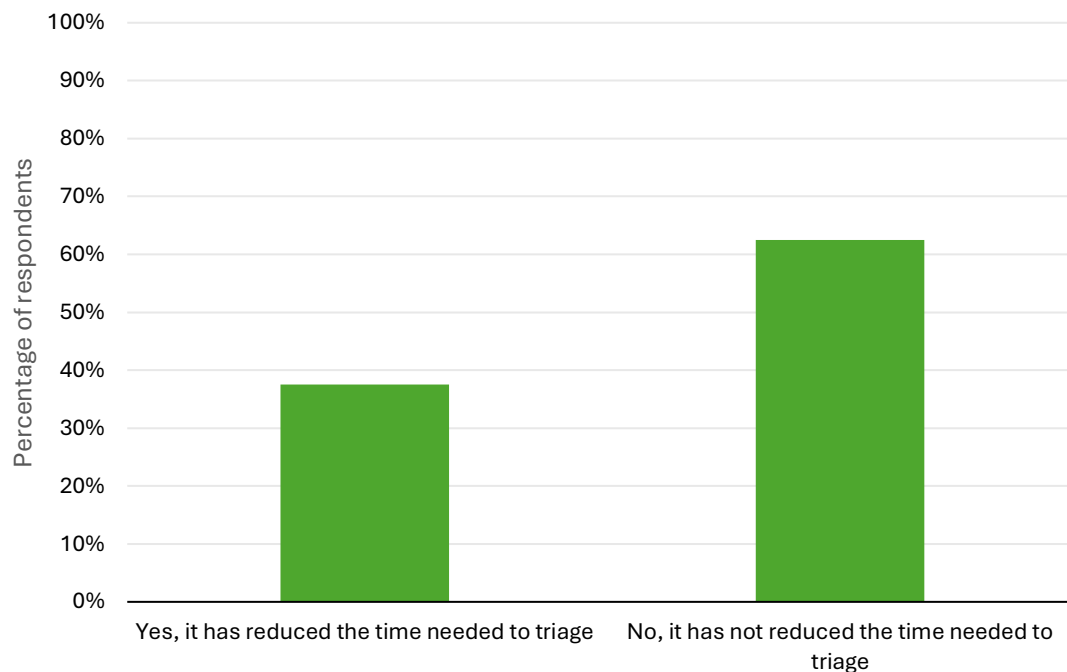


Figure 13: Participant responses as to whether Censeo has reduced the time needed to triage (n=8 missing = 24)

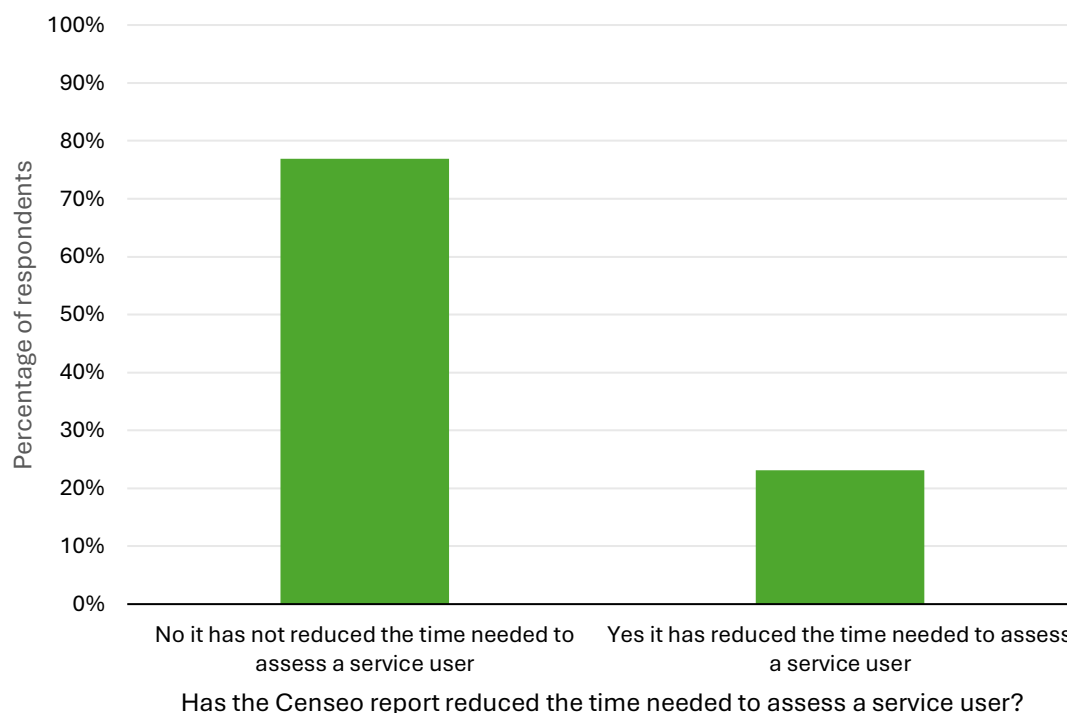


Figure 14: Clinician survey responses as to whether Censeo has reduced the time needed to assess a service user. n = 8, missing = 24

reduced time, and 77% (add n) stated it had not reduced time needed to conduct initial assessments.

Impact on HPFT Target Adherence

An analysis was conducted to evaluate the impact of the intervention on adherence to the HPFT 28-Day Target for mental health treatment. The time period used to establish if a case had been seen within 28 days was the time between the referral and the first clinical treatment appointment.

In the pre-intervention period, the proportion of cases meeting the 28-day target was 54.5%, while 45.5% of cases exceeded this timeframe. In contrast, the post-intervention period demonstrated a notable improvement, with 69.9% of cases meeting the target and only 30.1% exceeding it. This shift in proportions suggests an increase in the proportion of cases receiving their first clinical appointment within 28 days of approximately 15% after the implementation of Censeo.

To determine whether this observed difference was statistically significant, a chi-square test of independence was performed. The results revealed a significant association between the intervention and adherence rates ($p < 0.001$). This finding indicates that the intervention likely contributed meaningfully to the improvement in adherence to the HPFT 28-Day Target. The accompanying graph further illustrates this impact. A grouped bar chart comparing pre- and post-intervention adherence rates highlights the increased proportion of cases meeting the target and the reduction in delays.

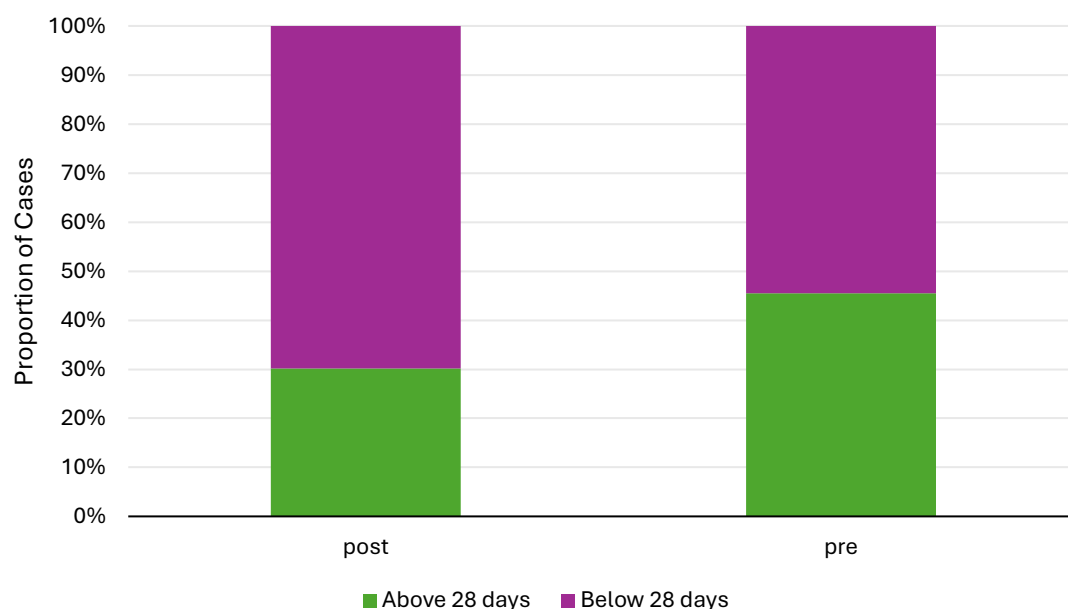


Figure 15: Proportion of service users who receive their first clinical appointment within 28 days of referral pre vs post. $n = 3315$, missing = 0

The results showed a high level of adherence to the 14-day target in both groups. In the pre-group, 98.29% of referrals were processed within 14 days. In the post-group, the proportion was 97.64%. Although the post-group demonstrated a slightly lower adherence rate, a two-

proportion z-test indicated that this difference was statistically significant ($p=0.022$). However, the magnitude of this difference, 0.65 percentage points, is small and may not represent a meaningful change in operational efficiency.

Discussion and Recommendations

The findings from this evaluation provide a comprehensive understanding of the implementation and impact of Censeo within HPFT. While quantitative metrics such as referral-to-treatment and referral-to-discharge times demonstrated measurable improvements, qualitative data offered critical insights into the acceptability and usability of Censeo among service users and clinicians.

Quantitative analysis indicated reductions in key performance metrics, including a decrease in median referral-to-treatment times from 28 to 25 days and a decline in median referral-to-discharge times from 14 to 11 days. These results suggest enhanced workflow efficiency and a potential improvement in the timeliness of patient care delivery. Adherence to the HPFT 28-day target for referral-to-treatment improved substantially from 54.5% to 69.9%, indicating that more patients received care within the recommended timeframe following the implementation of Censeo. However, adherence to the 14-day referral processing target remained high in both periods, with only a marginal difference between the pre-group (98.29%) and post-group (97.64%). These findings suggest that, while Censeo has contributed to improvements in service delivery, its impact on specific targets may vary depending on the metric. Further investigation could explore whether other factors, such as the complexity of cases or changes in referral volume, contributed to this observed difference.

While the intervention reduced median RTT, the presence of outliers in both groups suggests variability in patient pathways that could influence the overall effectiveness of the intervention. These outliers may be associated with complex cases requiring longer treatment times or systemic challenges not addressed by the intervention. Further analysis of these cases could provide insights into potential improvements. The findings of the analysis of referral to discharge times indicate that the implementation of Censeo has contributed to a reduction in referral to discharge times. The reduction in median times from 14 days to 11 days and in mean times from 50 days to 32 days, alongside improved consistency in the post-group, provides evidence of enhanced efficiency in the referral to discharge process. These results can inform further optimisation of the intervention and related workflows. Future research could investigate the mechanisms underlying these changes and consider qualitative insights from clinicians and patients to provide a broader understanding of these outcomes.

After consulting with the HPFT performance team, their data did not suggest any contextual elements or seasonal variation that would account for the changes in referral to treatment time. To further validate these findings, a further study analysing the referral to treatment time over a 24-month period to account for seasonal variations would be beneficial to add further confidence of Censeo's impact on the service.

Qualitative feedback highlighted mixed experiences among service users. Many users reported that Censeo was clear, structured, and fostered self-reflection, enabling them to better articulate their needs during clinical encounters. However, barriers such as limited digital literacy, mental health symptoms affecting tool completion, and the repetitive nature of questions reduced its acceptability for some. These findings emphasise the need to ensure that digital tools like Censeo are accessible to diverse populations and adaptable to varying levels of user ability.

From the clinician perspective, Censeo was recognised as a valuable source of detailed patient insights, particularly for assessing risk and urgency. However, delays in receiving completed Censeo reports and challenges with workflow integration hindered its full potential.

The analysis of service-level data indicated no statistically significant differences in the Index of Multiple Deprivation (IMD), age, or ethnicity between service users who completed a Censeo questionnaire and those who did not. This finding suggests that, overall, Censeo is accessible to service users from diverse socioeconomic backgrounds, age groups, and ethnicities, and it does not exacerbate existing inequalities in these areas.

However, qualitative feedback highlighted potential challenges for specific groups, such as those who are neurodiverse or have lower levels of digital literacy, which may hinder their ability to fully engage with the tool. These groups reported difficulties with navigating the questionnaire, accessing the tool digitally, or completing the form due to symptoms such as brain fog or exhaustion. While Censeo provides a standardised approach to gathering information that supports equity in decision-making, these findings suggest that additional support mechanisms, such as simplified formats or alternative modes of access, may be needed to ensure that all service users, regardless of digital skills or neurodiversity, can benefit equally from the tool. By addressing these barriers, Censeo has the potential to further contribute to reducing health inequalities within the service user population.

Service User Suggested improvements

Service users provided several suggestions to improve the accessibility, usability, and overall experience of the Censeo tool. To address accessibility challenges, they recommended the introduction of an autosave feature to prevent data loss if the questionnaire times out, enabling those who need to complete it in multiple sittings to do so without frustration. Additionally, they suggested implementing customisable screen colour and text style options to support individuals with dyslexia, as well as allowing users to record brief audio or video responses to accommodate those who find written communication challenging. Engaging individuals from diverse backgrounds, including neurodiverse and disabled users, in the tool's ongoing development was proposed to ensure inclusivity and accessibility for all users.

Service users also highlighted the need for customisation within the tool, such as optional fields for adding context or commentary without making it mandatory. This would allow users to elaborate on their feelings and circumstances as needed. They also suggest introducing a "sometimes" option alongside the current response scales to better capture nuanced emotional states.

Improving the overall user experience was another focus of the recommendations. Service users proposed enhancing the visual appeal of the interface by incorporating colourful and inviting elements, which could help reduce monotony and increase motivation to complete the questionnaire. Simplifying complex or unclear questions and reducing the length and repetitiveness of the assessment were also recommended to make the tool more user-friendly. Additionally, they suggest adding a "not applicable" option for questions that may not resonate with their experiences.

Service users emphasised the importance of clear communication about how Censeo fits into the mental health care pathway. They recommended that the Trust provide more comprehensive information about adult mental health services and explain why and when the Censeo tool is sent to service users. These improvements would help build trust and ensure service users feel more informed and supported throughout their engagement with the tool.

Clinician Suggested Improvements

Clinicians provided detailed recommendations to improve the utility and integration of Censeo into their workflows. One critical suggestion was introducing time-limited access to ensure that Censeo reports are received in a timely manner, particularly before key decision points, such as SPA screening and triage. To further enhance utility, they proposed refining or recalibrating the RAG risk ratings used in the reports to improve their clinical relevance and accuracy. Clinicians also suggested that Censeo could be explored in scenarios where initial assessments might be bypassed, enabling faster referrals to appropriate services. Including helpline numbers at the end of the questionnaire for high-risk patients was another recommendation to enhance safety.

Improving the usability of the reports was a key focus for clinicians. They suggested keeping the diagnosis disclaimer box visible while scrolling through the report to ensure important caveats remain accessible during use. Reorganising the Triage Priority Details section to prioritise critical information under each risk area, adding free-text boxes for clinicians to supplement risk assessments, and simplifying symptom lists to make them easier to interpret were also proposed. Addressing recurring technical issues, such as broken links, system crashes, and session timeouts, was identified as a priority to ensure smooth integration with existing workflows.

Clinicians also identified gaps in training and communication that need to be addressed. They emphasised the importance of ensuring that all staff receive comprehensive training on the purpose, features, and limitations of Censeo. This training should address common misconceptions, such as the mistaken belief that service users can see condition likelihood predictions and provide clearer communication about the tool's benefits for both clinicians and patients.

Finally, clinicians recommended improving accessibility for diverse users, particularly those with limited digital literacy or mental health conditions that make self-reporting challenging. They also proposed future development ideas, such as incorporating a patient-rated safety plan and refining risk assessments to move beyond generic classifications like low, moderate, high, or very high, which were sometimes seen as overly broad or unhelpful.

Below is a table of all the recommendations collated by theme:

Table 7: Recommendations collated by theme

Theme	Recommendation
Accessibility enhancements	Add an autosave feature to prevent data loss on time-out for those completing the questionnaire in multiple sittings

	Provide options for screen colour and text style adjustments to support users with dyslexia.
	Allow users to record brief audio or video responses to accommodate those struggling with written communication.
	Engage individuals from diverse backgrounds or community representatives in the tool's development to ensure inclusivity.
	Simplify and improve the comprehensibility of language through active engagement with neurodiverse and disabled users.
Customisation	Add optional fields for users to provide additional context or commentary without making it mandatory.
	Include a "sometimes" option alongside existing response scales to better capture nuanced emotional states.
User Experience	Improve the visual appeal of the interface with colourful, inviting elements to reduce monotony.
	Reword unclear or overly complex questions to improve clarity.
	Reduce the length and repetitiveness of the questionnaire to prevent user fatigue.
	Add a "not applicable" choice for questions that do not resonate with users' experiences.
Integration into the mental health service systems	Enhance communication from the Trust regarding when and why Censeo is sent to service users.
	Provide clear and thorough information about the adult mental health service pathway and where Censeo fits into it.
Optimise utility in practice and reduce risk	Introduce time-limited access to Censeo questionnaire to ensure reports arrive in time for SPA screening and triage
	Include helpline numbers at the end of the questionnaire for high-risk patients
	Refine or recalibrate RAG risk ratings to improve clinical utility
	Explore scenarios where Censeo could bypass initial assessments and enable faster referrals to appropriate services
Improve report usability	Ensure the diagnosis disclaimer box remains visible while scrolling through the report.
	Reorganise the Triage Priority Details section to prioritise critical information under each risk area.
	Add free-text boxes within the Triage Priority Details section to supplement risk assessments.

	Simplify and clarify symptom lists to make them easier to interpret.
	Resolve technical issues, such as broken links, system crashes, and session timeouts
	Refine the assessment of risk levels, moving away from generic low/moderate/high/very high classifications based on clinician feedback.
Training	Provide comprehensive training to ensure clinicians understand the purpose, features, and limitations of Censeo.
	Address misconceptions, such as the belief that patients can see condition likelihood predictions.
	Improve communication with clinicians about the benefits of Censeo for both patients and staff.

Limitations

The evaluation faced several limitations, particularly regarding data quality and completeness. Some data points were excluded due to missing discharge dates or implementation period labels. While this exclusion was necessary to maintain the robustness of the analysis, it may have introduced selection bias. Additionally, records with a referral-to-discharge time of zero days were excluded, potentially overlooking specific scenarios that warranted further exploration.

The study utilised a pre-post design without randomisation, which limits the ability to establish causality. Although improvements in referral processing times and adherence to HPFT targets were observed, it is not possible to attribute these changes solely to the implementation of Censeo. Other external factors, such as changes in workload or staffing, may have contributed to the observed results. Furthermore, the evaluation was unable to completely control for confounding variables, such as seasonal variations in service performance. However, the performance team at HPFT reviewed their data and did not identify any trends or events that were likely to affect service performance during the study period. A longer study with a post-implementation period of 12 months would allow for a more comprehensive analysis of Censeo's impact.

Qualitative data from service users and clinicians, which formed an important component of the evaluation, were self-reported and may be subject to bias. Social desirability bias could have influenced participants to overstate positive experiences or downplay challenges, particularly in interviews and survey responses. Additionally, low survey response rates reduce the generalisability of these findings, potentially under-representing the views of the broader population engaging with Censeo. This limitation underscores the need for caution when interpreting qualitative feedback and highlights the potential for non-response bias.

A further limitation was the recruitment of service users for qualitative interviews. While the evaluation planned to interview 8 service users to gather a diverse range of perspectives, only 4 service users were willing to participate. This limited sample size was due to challenges with

recruitment, as the cohort of service users invited to participate by HPFT's research team yielded a lower-than-expected response rate. This reduced sample size may not fully represent the range of experiences among service users engaging with Censeo.

This evaluation has provided valuable insights into the implementation and impact of the Censeo digital mental health triage tool within HPFT. While the findings highlight notable improvements in referral-to-treatment and referral-to-discharge times, alongside evidence of high adherence to HPFT performance targets, they also underscore areas for refinement. Challenges related to accessibility, usability, and integration were identified, particularly for neurodiverse and digitally less literate populations, as well as technical and operational inefficiencies that affect clinicians. Addressing these issues will be critical to enhancing equity, efficiency, and the overall experience of mental health service users and clinicians alike. These findings offer a foundation for informed decision-making and ongoing development to further optimise the tool's effectiveness in delivering patient-centred care.

Appendix 1 – Demographic Information

Demographic information of service user survey respondents

Age	%	n
18 - 24	11.3%	7
25 - 34	17.7%	11
35 - 44	21.0%	13
45 - 54	27.4%	17
55 - 64	22.6%	14
65	0.0%	0
Prefer not to say	0.0%	0

Gender	%	n
Female	49.2%	30
Male	42.6%	26
Transman	1.6%	1
Transwoman	1.6%	1
Non-binary	0.0%	0
Other – please define if you feel comfortable	1.6%	1
Prefer not to say	3.3%	2

Ethnicity	%	n
Indian	0.0%	0
Pakistani	0.0%	0
Bangladeshi	2.1%	1
Chinese	0.0%	0
Any other Asian background	2.1%	1
Caribbean	0.0%	0
African	0.0%	0
Any other Black, Black British, or Caribbean background	2.1%	1
White and Black Caribbean	2.1%	1
White and Black African	0.0%	0
White and Asian	2.1%	1
Any other Mixed or multiple ethnic background	4.2%	2
English, Welsh, Scottish, Northern Irish or British	75.0%	36
Irish	0.0%	0
Gypsy or Irish Traveller	0.0%	0
Roma	0.0%	0

Any other White background	6.3%	3
Arab	0.0%	0
Any other ethnic group	2.1%	1
Prefer not to say	2.1%	1

Sexual Orientation	%	n
Straight/heterosexual	78.6%	44
Gay or lesbian	5.4%	3
Other – please define if you feel comfortable	8.9%	5
Prefer not to say	7.1%	4

Disability	%	n
Yes	39.6%	21
No	43.4%	23
Prefer not to say	17.0%	9

Appendix 2 – Participant Consent Form and Information Sheet

Implementation and Evaluation of Censeo

Consent Form

Please provide your initials in the boxes if you agree with each of the following statements:

	Initials
I confirm have read the information sheet dated 16/09/2024 (version "HPFT_Interview_PIS_v3") for the above study. I have had the opportunity consider the information, ask questions and have had these answered satisfactorily. I understand that I can request more information at any time.	
I consent to the research team holding my contact details so that they can contact me about the study. I understand these details will be held securely and destroyed at the end of the study.	
I agree for my contact information, a copy of this consent form and the information I provide, to be stored on a secure online server strictly controlled by Apollo Innovation through password protection and multi-factor authentication.	
I give permission for the interview to be audio recorded, which will then be transcribed by Apollo Innovation and any identifying information for individuals or Trusts will be removed. The audio recording will be deleted once transcription and the removal of identifying information is complete.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without this affecting my legal rights. I am free to refuse to answer any questions that I do not wish to.	
I understand that the information I provide will be held confidentially unless myself or others are considered as being at risk of harm. I understand that my data will not be personally identifiable in publications or reports and will be anonymised.	
I understand the information will be held securely in a password protected multi-factor only accessible environment and only accessible to key members of the research team.	
I give permission for written material from the interview transcript that has been de-identified and has had all my personal identifying details removed (e.g. name), to be used as research material and in reports, publications and presentations related to the study.	

I understand that, under the UK GDPR and Data Protection Act 2018, I can at any time, ask for access to the information I provide, and I can also request the destruction of that information if I wish.	
I understand that my data will be stored securely on Apollo Innovation's server whose access is strictly controlled by Apollo Innovation through password protection and multi-factor authentication for the duration of the study and in accordance with the UK GDPR and Data Protection Act 2018.	
I agree to take part in this evaluation by answering all of the questions in this section.	

Signed:

	Name	Signature	Date
Participant			
Researcher			

Contact details

If you have any questions or concerns about the project or your participation in the evaluation, please contact us:

Email: saul@apolloinnovation.co.uk

Email: seb@apolloinnovation.co.uk

Phone: 07342826930

Thank you for considering taking part in this evaluation.

Participant Information Sheet: Implementation and Evaluation of Censeo

Introduction

You are invited to take part in a semi-structured interview as part of the evaluation of the Censeo digital mental health triage tool. This tool is being used within Hertfordshire Partnership NHS Foundation Trust (HPFT), and this evaluation aims to explore its impact on clinical practice in greater depth. You have been invited to take part because we understand that you use or have used the Censeo tool as part of your work.

Purpose of the evaluation

Apollo Innovation have been commissioned by Health Innovation East and HPFT to conduct an evaluation to gather detailed insights from team members who use Censeo in their daily work. Censeo is a web-based non-diagnostic mental health platform that supports clinician assessment through an adaptive questionnaire that captures comprehensive patient-reported mental health information via a digital survey.

The four key questions that the evaluation aim to answer are:

How well is Censeo received by both Single Point of Access (SPA) staff and service users, encompassing their satisfaction and confidence in the tool.

How has Censeo been integrated into the HPFT's SPA workflows and what changes has it made to operational efficiency and service delivery?

How does Censeo influence the experiences of service users and SPA staff, including its effects on quality of care?

How does Censeo affect performance metrics, referral-to-treatment times and address potential health inequalities within the service user population?

The protocol for this evaluation has been reviewed and approved by the Information Governance team at HPFT.

Why are you receiving this information?

You have been invited to participate in this evaluation because we believe your insights will help us to answer the above questions given your experience in using Censeo in your day-to-day role.

Who is funding the study?

The study is funded by Health Innovation East and delivered by Apollo Innovation in partnership with HPFT.

What will participation involve?

We aim to conduct eight remote interviews with team members from a variety of roles. Your participation will involve taking part in a remote interview on either Microsoft Teams, Zoom, Google Meet or on a phone call. Interviews are expected to last approximately one hour.

During the interview, you will be asked about your experiences with the Censeo tool, your role, and how the tool fits within your team's workflow. The interview will be conversational, allowing you to share your thoughts and experiences in detail. The interview will be audio-recorded using MS Teams or Dictaphone depending on the method of interview, and transcribed, with any identifying information removed so you will not be able to be identified. The audio file will be deleted once the identifying information has been removed from the interview transcript.

The interview is expected to last approximately one hour. We recognise that this may be an additional demand on your time, particularly if you have a busy schedule. We will make every effort to schedule the interview at a convenient time for you. You will be able to take part in the interview as part of your normal working hours.

Do I have to take part?

No. Your participation in this interview is entirely voluntary.

Right to withdraw

You may choose to withdraw at any time before or during the interview without affecting your role or legal rights. If you decide to withdraw after the interview, your data can still be excluded from the study if the anonymisation process has not yet been completed.

Benefits of taking part

It is unlikely that participating in the evaluation will benefit you directly. However, participating in this evaluation may offer the below benefits to patients, NHS staff and the services offered at HPFT:

Influence future development

Your insights and feedback on the Censeo digital triage tool will directly contribute to its evaluation and future development. By sharing your experiences, you can help shape improvements to the tool, ensuring it better meets the needs of you and your colleagues.

Enhance clinical practice

The feedback gathered from this evaluation could lead to enhancements in the tool that may improve clinical workflows and patient outcomes. Your participation could help identify areas where the tool is effective and where it needs refinement, ultimately supporting better mental health service delivery.

Risks of taking part

While the risks associated with participating in this evaluation are minimal, it is important to be aware of the following potential concerns:

Emotional discomfort

During the interview, you may be asked to discuss your experiences with the Censeo tool, including any challenges or frustrations you may have encountered. Reflecting on these experiences could evoke negative emotions or cause some discomfort. Please remember that you are free to decline to answer any questions or to pause the interview if needed.

Confidentiality concerns

Apollo Innovation will ensure that your personal data is collected, processed, and stored in compliance with the UK GDPR and the Data Protection Act 2018. This includes securely handling your data, ensuring it is processed lawfully and only for the purposes of this evaluation, and protecting it from unauthorised access or disclosure. Our servers are password protected with multi-factor authentication with strict access controls.

Your information

All information collected during the interview will only be accessed by the research team at Apollo Innovation. It will be securely stored on Apollo Innovation's OneDrive, which has strict access controls, is password-protected, and uses multi-factor authentication. Only the Apollo Innovation research team members directly involved in this study will have access to the file. You will not be personally identifiable in any reports, outputs, or publications.

As an independent data controller for this evaluation, Apollo Innovation is committed to ensuring your personal data is handled in compliance with the UK GDPR and the Data Protection Act 2018. This includes secure processing, lawful use, and protection against unauthorised access or disclosure. We collect only the necessary data for this evaluation. You have the right to access, correct, or request the deletion of your data. Here's how you can exercise these rights:

Accessing your data

You can request access to your personal data by contacting us. Please provide sufficient information to help us identify you and the data you are requesting. We will respond within one month of receiving your request.

Correcting your data

If you believe any of your data is incorrect, you can request a correction. Please specify the data in question and provide any supporting evidence. We will address your request within one month.

Deleting your data

You have the right to request the deletion of your data. Submit your request clearly stating which data you want erased and why. We will respond within one month.

Contact Us

To exercise any of these rights, please contact the Apollo Innovation research team using the details provided below. For verbal requests, we recommend following up in writing to ensure there is a record of your request.

This is how your information will be processed:

Apollo Innovation will audio-record the interview between you and the researcher to capture your insights accurately and ensure the researcher does not miss important information.

The audio recording will be securely stored on Apollo Innovation's OneDrive, which has strict access controls, is password-protected, and uses multi-factor authentication. Only the Apollo Innovation research team members directly involved in this study will have access to the file.

Apollo Innovation will transcribe the audio file onto a Microsoft Word document, which will also be stored securely on the same server.

During the transcription process, any information that could be used to identify you, such as your name, role, or any other identifiable details, will be removed to ensure your anonymity.

Once transcription and anonymisation are complete, the audio file will be permanently deleted. The transcript will be given a unique ID number for our analysis purposes.

We will then analyse the anonymised transcript to identify key themes and insights valuable to the study.

Direct quotes from the interview may be used to illustrate key findings, but these will be anonymised and any potentially identifiable information removed so that you cannot be identified in any research outputs, such as reports.

After the transcript analysis is complete and the research outputs have been produced, Apollo Innovation will securely delete the transcripts. Any analysed data sets will be securely stored on our server until the study is fully concluded, after which they will also be deleted after 2 years.

What will happen to the results of this study?

The information you provide will be part of a final report that Apollo Innovation will provide to Health Innovation East upon conclusion of the study. You will not be identified in the report. The final report will be shared with relevant stakeholders and will also be published on Health Innovation East's website.

Contact details

If you have any questions or would like more information about this evaluation, please contact the research team at Apollo Innovation:

Saul Stevens, Operations Director

Email: saul@apolloinnovation.co.uk

Phone: [07342826930](tel:07342826930)

Sebastian Stevens, Managing Director

Email: seb@apolloinnovation.co.uk

Phone: 07525212364

Appendix 3 – Data Collection Tools

Clinician Interview Topic Guide

Semi-Structured Interview Schedule: Staff Experience with Censeo Digital Mental Health Triage Report

Introduction

Greeting and Introduction:

Welcome the participant.

Introduce yourself and explain the purpose of the interview.

Check informed consent

Explain confidentiality and what happens if we have concerns about risks of harm to the participant/others etc.

Explain the recording process (if applicable) and what happens to data next (in terms of de-identification/anonymisation).

Opening Questions

Can you describe your role at HPFT?

How do you use the Censeo report as part of your work (if at all)?

Implementation and Integration

How is the Censeo report integrated into your existing workflows *and clinical systems*?

Prompts:

Have you faced any challenges whilst Censeo was being implemented into your workflows?

Did anything go particularly well during the implementation?

Training and Support

What training and support was provided to you and your colleagues to use the Censeo report?

Prompts:

Were the training materials provided sufficient for your needs?

How confident do you feel using the Censeo report?

Can you describe the training sessions delivered by Censeo?

How confident did you feel in using the Censeo report after your training?

Could the training have been improved?

Usability and Utilisation

How has the Censeo report impacted how you work and make decisions (if at all)?

Prompts:

How easy or difficult is it to use the report in practice?

How has Censeo changed the way you perform assessments or make triage decisions (if at all)?

Can you provide any examples of how Censeo has impacted your work (if at all)?

Impact on Service Delivery

What impact has the Censeo report had on service delivery?

Prompts:

Have you noticed any changes to the time spent conducting assessments?

Have you been able to conduct more assessments per workday due to the introduction of the Censeo reports?

How useful is the triage prioritisation system for flagging potentially urgent cases - can you describe an example case?

Challenges and Improvements

What challenges have you encountered while using the Censeo report? and what improvements would you suggest?

Prompts:

Are there any technical or operational challenges you've faced?

Have you received comments from service users about the report?

What has worked well using the Censeo report?

What improvements would you suggest for the Censeo report?

Closing **SNOWBALL INTERVIEWS: CAN THEY REFER ANYONE?**

Is there anything else you would like to share about your experience with the Censeo report?

Prompts:

Any additional comments or insights?

Suggestions for future development or support?

Semi-Structured Interview Topic Guide: Service User Acceptance of Censeo Digital Mental Health Triage Tool

Introduction

Greeting and Introduction:

Welcome the participant.

Introduce yourself and explain the purpose of the interview.

Check informed consent

Explain confidentiality and what happens if we have concerns about risks of harm to the participant/others etc.

Explain the recording process (if applicable) and what happens to data next (in terms of de-identification/anonymisation).

Opening Questions

Can you describe your overall experience using the Censeo tool?

Prompts:

How did you first hear about the Censeo tool?

What were your initial impressions when you started using it?

Which device did you use to access the tool (e.g., smartphone, tablet, computer)?

Can you walk me through the process of using the tool from start to finish?

Usability and User Experience

How did you find the usability of the Censeo tool?

Prompts:

Did you encounter any technical issues while using the tool?

Can you provide any examples where you found the tool either straightforward or confusing?

Privacy and Comfort

How did you feel about providing personal information about your situation through the Censeo tool?

Prompts:

Do you feel the questions were relevant to your situation?

Was there any information you wanted to provide but were unable to in the tool?

Impact and Suggestions

What aspects of the Censeo tool did you like or dislike? Prompts:

What specific features or aspects of the tool stood out to you, either positively or negatively?

Were there any elements of the tool that you found challenging or unhelpful?

Do you feel the tool missed any important aspects of your needs?

Do you have any suggestions for improvement?

How do you think the tool could be improved to better serve people like yourself?

Would you recommend the Censeo tool to others? Why or why not?

Contextual Understanding

How did using Censeo affect your overall experience with the mental health services?

Prompts:

Did you feel that you were repeating yourself unnecessarily?

Did the clinicians that provided your care talk to you about the information you provided in your Censeo assessment?

Wrap up and signposting

Thank you for participating in this interview. Your insights are incredibly valuable to us. We understand that discussing your experiences with mental health can sometimes bring up difficult emotions. If you have felt distressed at any point during our conversation, please know that support is available.

NHS 111 Option 2

Samaritans: phone or text 116 123 (free 24/7)

For free, confidential support, 24/7, text SHOUT to 85258.

Anxiety UK Helpline services - 03444 775 774, open from 9:30am to 17:30pm Mon to Friday, along with a text service 07537 416905 and 'Ask Anxia' chatbot service

CALM helpline on 0800 58 58 58 or use their webchat [here](#). The helpline and webchat are both open 5pm to midnight, 365 days a year

Hertfordshire Partnership Foundation Trust 24/7 mental health helpline: 08006444101

HPFT Staff Survey Questions

Apollo Innovation has been commissioned by Health Innovation East and is working with Hertfordshire Partnership Foundation Trust to understand your thoughts and experiences of using a digital mental health assessment survey called Censeo. This survey will take no more than 10 minutes to complete.

Taking part is voluntary and you will not be individually identified.

Thank you for your time!

What is your job role at HPFT?

Doctor

Nurse

Social Worker

Other Allied Health Profession

Nonclinical role (operational / administrative)

Other (please specify)

Which team do you work for? (please select from the list)

INITIAL ASSESSMENT WATFORD
INITIAL ASSESSMENT BOREHAMWOOD
INITIAL ASSESSMENT DACORUM
INITIAL ASSESSMENT ST ALBANS
INITIAL ASSESSMENT HITCHIN
INITIAL ASSESSMENT STEVENAGE
NORTH WELLBEING TEAM
INITIAL ASSESSMENT CHESHUNT
INITIAL ASSESSMENT B STORTFORD
INITIAL ASSESSMENT WELWYN HATFIELD
INITIAL ASSESSMENT WARE

NW ACMHS - DACORUM
NW ACMHS - ST ALBANS
ESE ACMHS - WELWYN/HATFIELD
ESE ACMHS - CHESHUNT
ESE ACMHS - HERTFORD/WARE
ESE ACMHS - BISHOP'S STORTFORD
NORTH ACMHS - NORTH HERTS
NORTH ACMHS - STEVENAGE
SW ACMHS - BOREHAMWOOD
SW ACMHS - WATFORD
EPMHS – SW
EPMHS – LLV
HERTS ACMHS ASD ASSESSMENT TEAM
EPMHS NW
EPMHS NORTH HERTS
EPMHS STEVENAGE
EPMHS ULV
EPMHS SVV
EPMHS WELHAT
INITIAL ASSESSMENT EATING DISORDERS
SPA CENTRAL

How many years' experience do you have in this profession? (For example, how many years' experience do you have in nursing?)

Less than 1 year

1 to 5 years

5 to 10 years

More than 10 years

How would you rate your expertise in conducting mental health assessments across various conditions and areas of risk (e.g. mood disorders, anxiety disorders, psychotic disorders, personality disorders, substance use disorders, and suicidality)?

Novice

Intermediate

Advanced

Expert

Did you receive any training to use the Censeo report?

Yes

No

Don't know

If yes, how would you rate quality of the training that you received to use the Censeo report?

Very good

Good

Neutral

Poor

Very poor

Don't Know

I did not receive training

How confident do you feel in navigating and using the Censeo report?

Very confident

Confident

Neutral

Not confident

Very unconfident

Don't Know

How easy or difficult do you find using the Censeo reports in your daily work?

Very easy

Easy

Neutral

Difficult

Very difficult

Don't Know

If you have used the Censeo report to triage service users, on average has the Censeo report reduced the time needed to triage a service user?

Yes, it is reduced the time needed to triage

No, it has not reduced the time needed to triage

I have not used the tool to triage

If yes, how much less time do you spend triaging a service user (In minutes)?

****Free text****

If you have used the Censeo report for a service users initial assessment, on average has the Censeo report reduced the time needed to assess a service user?

Yes, it is reduced the time needed to assess

No, it has not reduced the time needed to assess

I have not used the tool to triage

If yes, how much less time do you spend performing an initial assessment for a service user (In minutes)?

****Free text****

What aspects of the Censeo report (if any) have the biggest impact on the time you spend triaging or assessing service users? (Tick all that apply)

Comprehensive contextual information about the service user including employment.

Likelihood score per condition

Quantitative data using validated wellbeing scores

Other ****free text****

To what extent do you agree or disagree with this statement:

"Censeo reports contain a more comprehensive overview of the service user compared to before Censeo was introduced"

Strongly Agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

Don't Know

Have you noticed any changes in referral to treatment times since using the Censeo reports?

Significantly shorter

Shorter

No change

Longer

Significantly longer

Don't Know

On average, do you believe that Censeo reports improve your initial clinical encounters with service users?

Yes

No

Don't know

If yes, how does the Censeo report help to improve the clinical interactions with service users

Free text

Has the Censeo report helped to highlight any urgent cases within the routine care pathway?

Yes, the report has highlighted urgent cases for review

No, the report has not highlighted urgent cases for review

Don't know

What do you like about the Censeo reports?

Free text

What do you dislike about the Censeo reports?

Free text

Are there any ways in which you would improve the Censeo reports?

Free text

Would you recommend the Censeo reports to other similar organisations?

Yes

No

Don't Know

If no, why would you not recommend the Censeo reports?

Free text

Have you experienced any unexpected challenges or benefits of using the Censeo reports?

Free text

Which age bracket do you fall into?

18-24

25-34

35-44

45-54

55-64

65+

Prefer not to say

How would you describe your gender? (Please circle one option)

Female

Male

Transman

Transwoman

Non-binary

Other – please define if you feel comfortable:

Prefer not to say

Please select one option that best describes your ethnic group or background:

Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

Black, Black British, Caribbean or African

Caribbean

African

Any other Black, Black British, or Caribbean background

Mixed or multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed or multiple ethnic background

White

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish Traveller

Roma

Any other White background

Other ethnic group

Arab

Any other ethnic group

Censeo Service User Survey

Apollo Innovations has been commissioned by Health Innovation East and is working with Hertfordshire Partnership Foundation Trust to understand your thoughts and experiences of completing a digital mental health assessment survey called Censeo. This feedback survey will take no more than 10 minutes to complete.

You have been invited to take part in this evaluation because you have used the Censeo tool. Your feedback is important to help us understand how well the tool is working and how it can be improved.

This survey is anonymous, and you will not be identified from the information you provide. Taking part is voluntary and won't affect the care you have received or may receive in the future. You can withdraw from the study at any time by emailing a request to info@apolloinnovation.co.uk or contacting Saul Stevens at Apollo Innovations on 07342826930

The results of this study will be used to inform reports and recommendations that will be shared with Health Innovation East, Hertfordshire Partnership NHS Foundation Trust (HPFT), and other

relevant organisations. You will not be personally identifiable in any reports, outputs, or publications.

By completing this survey, you confirm that you have read and understood the information provided about the study, that you understand what participation involves, and that you consent to taking part. Your participation is voluntary, and you can withdraw at any time without giving a reason.

If you would like more information about the research, you can contact info@apolloinnovations.co.uk. Or Saul Stevens, Operations Director at Apollo Innovation on 07342826930.

Thank you for your time.

How did you access the Censeo survey?

Smartphone

Tablet

Computer/Laptop

Other (please specify)

How easy was it to complete the Censeo survey?

Very difficult

Difficult

Neutral

Easy

Very easy

How comfortable did you feel providing information about your mental health using the Censeo survey?

Very uncomfortable

Uncomfortable

Neutral

Comfortable

Very comfortable

Do you think the questions in the Censeo survey were relevant to your needs?

Very relevant to me

Fairly relevant to me

Neither relevant nor irrelevant

Fairly irrelevant to me

Very irrelevant to me

Don't Know

Did the staff that provided your care, talk to you about the information you provided in the Censeo survey?

Yes

No

Don't Know

How likely would you be to recommend the Censeo survey to a friend or colleague?

10 – Extremely likely

9

8

7

6

5

4

3

2

1 – Not at all likely

Is there anything you liked about using the Censeo survey?

Free text

Is there anything you disliked about using the Censeo survey?

Free text

Do you have any suggestions for improving the Censeo survey?

Free text

Is there anything else you would like to share about your experience with the Censeo survey?

Free text

Which age bracket do you fall into?

18-24

25-34

35-44

45-54

55-64

65+

Prefer not to say

How would you describe your gender? (Please circle one option)

Female

Male

Transman

Transwoman

Non-binary

Other – please define if you feel comfortable:

Prefer not to say

Please select one option that best describes your ethnic group or background:

Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

Black, Black British, Caribbean or African

Caribbean

African

Any other Black, Black British, or Caribbean background

Mixed or multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed or multiple ethnic background

White

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish Traveller

Roma

Any other White background

Other ethnic group

Arab

Any other ethnic group

Prefer not to say

How would you describe your sexual orientation? (Please circle one option)

Straight/heterosexual

Gay or lesbian

Bisexual

Other – please define if you feel comfortable

Prefer not to say

Do you consider yourself to have a disability? (Please circle one option)

Yes

No

Prefer not to say

If yes, please describe the disability or disabilities below (optional)

Free text

Please enter the first part of your postcode (e.g. AL1 or AL24) (optional)

Free text

Debrief

If you have felt distressed at any point during our conversation, please know that support is available.

NHS 111 Option 2

Hertfordshire Partnership Foundation Trust 24/7 mental health helpline: 0800 644 4101

Samaritans: phone or text 116 123 (free 24/7)

For free, confidential support, 24/7, text SHOUT to 85258.

Anxiety uk Helpline services - 03444 775 774, open from 9:30am to 17:30pm Mon to Friday, along with a text service 07537 416905 and 'Ask Anxia' chatbot service

CALM helpline on 0800 58 58 58 or use their webchat [here](#). The helpline and webchat are both open 5pm to midnight, 365 days a year

Appendix 4 – Theory of Change

