# The utility of pre-assessment standardised diagnosis in child and adolescent mental health services

Submission date	<b>Recruitment status</b> No longer recruiting	[X] Prospectively registered		
30/09/2005		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
23/11/2005	Completed	[X] Results		
Last Edited	Condition category	Individual participant data		
27/06/2017	Mental and Behavioural Disorders			

#### Plain English summary of protocol

Not provided at time of registration

#### Contact information

#### Type(s)

Scientific

#### Contact name

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## Additional identifiers

#### Protocol serial number

N/A

# Study information

#### Scientific Title

The utility of pre-assessment standardised diagnosis in child and adolescent mental health services

#### **Study objectives**

- 1. Are the clinical assessments more likely to agree with the standardized diagnosis if the clinician has had access to the standardized diagnosis prior to the first appointment with the family?
- 2. Are the children more likely to receive an evidence-based treatment if the clinician has access to the standardized diagnosis prior to the first appointment with the family?
- 3. Are children able to access specialist clinics if clinicians/managers are aware of the diagnostic assessment?
- 4. Is the level of agreement between the clinical and standardized diagnoses higher in the last six months of the study compared to the first, suggesting that the clinical team is learning from their exposure to the standardized assessments?
- 5. Do clinicians find the information provided by the standardized diagnosis useful in making their own assessment?
- 6. Is the rate of attendance at first appointments higher among children whose parents have completed a standardized diagnostic assessment while on the waiting list as compared to control children?
- 7. Do parents find the completion of a standardized assessment prior to meeting the clinician useful and/or acceptable?

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Joint South London and Maudsley and Institute of Psychiatry Research Ethics Committee, 14/09/2005, ref: 05/Q0706/185

#### Study design

Randomised controlled trial

### Primary study design

Interventional

#### Study type(s)

**Not Specified** 

#### Health condition(s) or problem(s) studied

Childhood psychiatric disorders

#### **Interventions**

Current interventions as of 27/06/2017:

Practitioners assessing and treating children in the intervention were provided with a copy of the standardised diagnostic assessment (the DAWBA www.dawba.info) in the clinic notes –

children in the control arm had assessment and treatment as normal – follow up was by questionnaire to the treating CAMHS practitioner and parents at six, 12, 18 and 24 months after baseline – obviously practitioners could only report while the child was still attending the clinic.

#### Previous interventions:

The intervention would be the provision of diagnostic information to the intervention group, while the control group would undergo the ordinary clinic assessment. The diagnostic information will be gathered from parents and teachers using the Development And Well-Being Assessment (DAWBA).

#### Intervention Type

Other

#### Phase

**Not Specified** 

#### Primary outcome(s)

The primary outcome measures will be the level of agreement between the DAWBA diagnoses and the clinical assessment, and the type of intervention. After the assessment, clinicians will be asked to report which diagnoses they endorse, including no disorder or none of the above, using a pro forma listing the disorders described by the DAWBA. At six months or case closure, the clinicians will describe the type of intervention using a second structured pro forma, which will be based on the categories available on those used in the proposed national minimum data set for child and adolescent mental health services.

#### Key secondary outcome(s))

Secondary outcome measures will be parental and clinician measures of outcome, parents and clinicians opinion of the utility of the standardized assessment, the number of appointments attended and the non-attendance rates of the two groups. The latter is collected routinely by the clinic. Questionnaires using a combination of structured and unstructured questionnaires will address the utility of the standardized assessment from the perspective of parents and clinicians. The outcome measures are the Strengths and Difficulties Questionnaire (SDQ), which will be completed by parents, and the Child Global Assessment Scale (CGAS), which will be completed by parents.

#### Completion date

30/09/2011

# Eligibility

#### Key inclusion criteria

The trial will include all referrals to Croydon child and adolescent mental health service of children aged between 5-11 years of age who are accepted onto the waiting list.

#### Participant type(s)

**Patient** 

#### Healthy volunteers allowed

No

#### Age group

Child

#### Lower age limit

5 years

#### Upper age limit

11 years

#### Sex

All

#### Key exclusion criteria

Children of parents with insufficient English to complete the assessment interview and emergency referrals will be excluded due to the difficulty in completing the standardized assessment. Due to the complexity of parental responsibility and therefore gaining consent, children looked after by the local authority will be excluded.

#### Date of first enrolment

01/03/2006

#### Date of final enrolment

31/05/2008

#### Locations

#### Countries of recruitment

**United Kingdom** 

England

# Study participating centre Croydon CAMHS (Lead site)

Lennard Lodge Lennard Road Croydon United Kingdom CR0 2UL

# Sponsor information

#### Organisation

King's College London (UK)

#### **ROR**

# Funder(s)

#### Funder type

Research council

#### **Funder Name**

Medical Research Council (MRC) (UK)

#### Alternative Name(s)

Medical Research Council (United Kingdom), UK Medical Research Council, MRC

#### **Funding Body Type**

Government organisation

#### **Funding Body Subtype**

National government

#### Location

**United Kingdom** 

# **Results and Publications**

#### Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study is not expected to be made available due to they do not have appropriate consent for this.

#### IPD sharing plan summary

Not expected to be made available

#### **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/04/2013		Yes	No
Results article	results	01/05/2014		Yes	No
Participant information sheet		27/06/2017	27/06/2017	No	Yes
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes