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

Submission date	Recruitment status	[X] Prospectively registered
30/09/2005	No longer recruiting	[_] 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
Prof Tamsin Ford

ORCID ID
https://orcid.org/0000-0001-5295-4904

Contact details
Room 2.05c
University of Exeter Medical School
South Cloisters
St Luke's Campus
Exeter
United Kingdom
EX1 2LU
+44 1392 722 973
T.J.Ford@exeter.ac.uk

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

https://ror.org/0220mzb33

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, Medical Research Committee and Advisory 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 appropraite 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