

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

Submission date 30/09/2005	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered
Registration date 23/11/2005	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 27/06/2017	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

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

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 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