STADIA

Information for CAMHS Teams

STAndardised DIagnostic Assessment for children and young people with emotional difficulties (STADIA):

A multi-centre randomised controlled trial

About the research

What is the research question?

Does completion of a standardised diagnostic assessment tool (the DAWBA), at the point of CAMHS referral receipt, help with the assessment process?

Who is taking part in the research?

Children and young people aged 5-17 years with emotional difficulties who are referred to CAMHS.

How will participants be identified?

Dedicated research staff (Research Assistants (RAs)) will work on the STADIA trial, within and alongside CAMHS teams. These staff will be responsible for identifying potential participants and contacting families to invite them to take part in the research.

How will the research be conducted?

Participants who agree to take part will be allocated, at random, to one of two groups:

1. The CAMHS referral will be looked at according to usual practice.
2. The CAMHS referral will be looked at according to usual practice, plus completion of the *Development and Well-Being Assessment (DAWBA).* This involves information being collected from the parent (and the young person, if aged 11 +) soon after the referral is received but before any decision has been made about accepting the referral. A report based on this information will be shared with the CAMHS team and the family.

We will assess how effective and cost-effective this approach is by seeing whether it makes any difference to whether or not a diagnosis is made and whether this better helps children and their families. We will follow the children up for 12 months to assess the impact on their emotional difficulties, day-to-day functioning and quality of life.

Why is this study important?

Referrals are sometimes turned down by CAMHS, often because of insufficient information. Even if the referral is accepted, assessments are often carried out without reaching a clinical diagnosis. This is important as appropriate identification could enable timely access to the right interventions, earlier recovery and better targeting of CAMHS resources.

For children and their families, receiving the right help at the right time can make a huge difference to their lives. By evaluating different approaches to assessment within CAMHS, and publicising our findings, we hope that this research will help improve care and inform clinical practice and guidelines. Our findings will help the NHS decide how best to ensure value for money with regard to the assessment of emotional difficulties in CAMHS.

What does this mean for CAMHS teams?

What is the DAWBA?

The DAWBA (http://www.dawba.info/) is a standardised diagnostic assessment tool for identifying mental health difficulties in children and young people. It has been developed by the same team as the SDQ. The DAWBA modules being used in STADIA focus on emotional and comorbid behavioural disorders.

As part of the research, half of the participants will complete the DAWBA. This will be done soon after the referral is received.

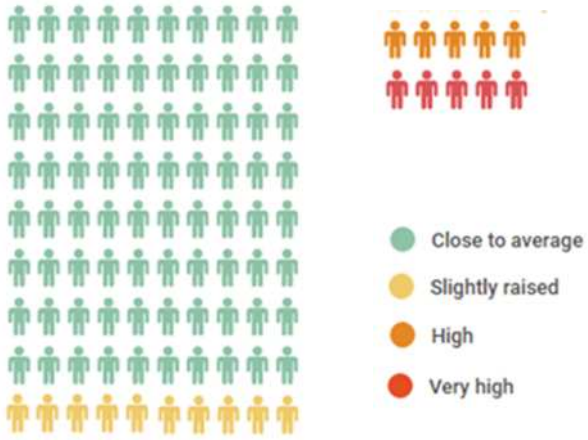
Information will be collected from up to two sources:

- An online (or telephone) DAWBA completed by the parent/carer, and/or
- An online (or telephone) DAWBA completed by the young person (aged 11+)

Information from both respondents is brought together by a computer program and summarised to provide an overview of the type and level of difficulties experienced by the young person.

What is the DAWBA report?

It is a visual 2-page report. Using a diagnostic algorithm based on information about thousands of children and young people, the DAWBA program generates the likelihood of the reported difficulties meeting diagnostic criteria for specific emotional or behavioural disorders. The ratings described in the report are compared with the levels of difficulty reported in the general population. A copy of the report will be sent to the parent/young person. Parents and young people will be encouraged to bring the report along to appointments.



	Close to average In the general population most children/ young people (roughly 80 out of 100) are in the "close to average" category.
	Slightly raised If the ratings are in the "slightly raised" category this means the difficulties are slightly higher than average. Roughly 10 out of 100 children / young people are in this category.
	High Around 5 in 100 children / young people score in the "high" category. This means that the difficulties are more severe than average.
	Very high Around 5 in 100 children score in the "very high" category. This means that the difficulties appear to be more severe than we find in 95 out of every 100 children / young people.

Very high for worrying a lot about different things (general fears and worries)

Close to average for worries about separation from key "attachment figures" such as parents (separation anxiety)

High for specific fears (specific phobia)

Very high for social fears (social anxiety)

High for panic attacks

High for fears of crowds, public places, open spaces etc (agoraphobia)

Close to average for stress linked to particularly frightening events (post-traumatic stress)

Close to average for obsessions or compulsions

Very high for depression or loss of interest

Slightly raised for disruptive and uncooperative behaviours (troublesome behaviour)

Close to average for antisocial or aggressive behaviours that can get people into serious trouble (troublesome behaviour)

How should I use the DAWBA report?

Please look on RiO (in the Documents section) to see if a DAWBA report has been uploaded. Its availability will depend on whether the family are taking part in the research and, if so, whether they were allocated to the DAWBA group. If there is a DAWBA report, please read and consider the information in the report.

The DAWBA report relies on information provided by parents and young people (either online or via telephone) and is not a substitute for a face-to-face clinic assessment. However, we hope that it will be useful to you in identifying areas of need that might require further assessment and clinical input and that you will use it alongside other information to assist your decision-making. The DAWBA report will be available prior to carrying out the first assessment meeting with the family.

What does this mean for me as a clinician?

This study will have no impact on clinicians in terms of time commitment. All we ask is that you look out for a DAWBA report on RiO, read the report and consider the information it contains as part of your informed decision regarding the child's / young person's difficulties and possible diagnosis.

The STADIA Team

Coordinating Centre: Nottingham Clinical Trials Unit

Telephone: 0115 8231588

Email: stadia@nottingham.ac.uk

Chief Investigator: Professor Kapil Sayal

For more information please visit our web page: http://stadia-research.info

or

www.institutemh.org.uk/research/projects-and-studies/current-studies/stadia

Collaborating Sites

- Nottinghamshire Healthcare NHS Foundation Trust
- Berkshire Healthcare NHS Foundation Trust
- Cambridgeshire and Peterborough NHS Foundation Trust
- Central and North West London NHS Foundation Trust
- Pennine Care NHS Foundation Trust
- Gloucestershire Health and Care NHS Foundation Trust
- Surrey and Borders Partnership NHS Foundation Trust
- Rotherham Doncaster and South Humber NHS Foundation Trust

Your local research team

Berkshire Healthcare NHS Trust

Principal Investigator: Dr Tamsin Marshall

Telephone: 0118 3788926

Email: tamsin.marshall@berkshire.nhs.uk

Research Assistant: Lilah Goodliffe

Telephone: 0118 207 0940

Email: delilah.goodliffe@berkshire.nhs.uk

Research Assistant: Kate Partridge

Email: Kate.Partridge@berkshire.nhs.uk

Research Assistant: Calum McDonald

Email: c.a.mcdonald@reading.ac.uk

Thank you

For taking the time to read the STADIA clinician leaflet.

FUNDED BY NIHR | National Institute for Health Research

This study is funded by the National Institute for Health Research (NIHR) Health Technology Assessment programme (Grant Reference Number 16/96/09). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.


STADIA