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Practices and Perceptions: Referral and Intake to Child and Adolescent Mental Health

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Grimwade, Jolyon Roderick (2006) *Practices and Perceptions: Referral and Intake to Child and Adolescent Mental Health Services*. PhD thesis, Victoria University.

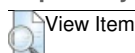
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Abstract

This thesis reports research into referral and intake to child and adolescent mental health services intended to illuminate a largely unnoticed but potentially powerful clinical phenomenon in service provision. Referral and intake to child and adolescent mental health services was demonstrated to be a complex process that shapes subsequent clinical interactions. Three questions guided the present research. Why are the practices of referral and intake as they are and how have they been shaped, historically? What are the specific practices involved? What are the effects of these practices upon subsequent case consultations and outcomes? Four enquiries were conducted. An extensive and critical literature review was directed toward the first question and demonstrated the historical roots of child and adolescent mental health services, elucidated the phases of the referral and intake process, clarified the many images of the parent in such services, and postulated the existence of three categories of service applicants, namely committed, containable, and crisis-reactive parent referrers. A retrospective empirical enquiry addressed the second question and a prospective empirical enquiry addressed the second and third questions. A further, integrative and empirical enquiry addressed the practices, role, and clinical thinking of referral and intake workers. The empirical studies demonstrated that, when done well, referral and intake provides momentum toward change in subsequent clinical contact. The referral and intake worker was shown to perform nearly one hundred tasks within a 15 to 25 minute referral call. The committed parent referrer, who was distinguished from other referring parents, was characterized by hopefulness, determination, and often, emotional pain in gaining access or the active presence of another party opposed to the referral, in the xviii retrospective study. The findings have major implications for the conduct of psychotherapy research and for the efficient and personable management of child and adolescent mental health services.

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DESIGN: Quantitative analyses on patient databases were used to ascertain the source of referrals into Child and Adolescent Mental Health Services (CAMHS) and identify the relative contribution from GP practices. Qualitative semistructured interviews were then used to explore challenges faced by GPs in referring to CAMHS.

CONCLUSIONS: There are longstanding structural weaknesses in the services for children and young people in general, reflected in poor multiagency cooperation at the primary care level. GP-friendly guidelines and standards are required that will aid in decision-making and help with understanding the referrals process. in Child and Adolescent. Mental Health Services. KKiimmbbeerrllyy HHooaaggwwooodd,, PPhh..DD.. BBaarrbbaarraa JJ.. Beyond this interaction, parental perceptions of the nature of. presenting problems differ substan- tially from the child's perceptions. (22). The nature of the diagnosis itself. is contextually bound for children and. Appendixes CER 181 Mental Health Children MR CH. Comparative Effectiveness Review Number 181. Strategies To Improve Mental Health Care for Children and Adolescents. e. Comparative Effectiveness Review. Number 181. Prepared for: Agency for Healthcare Research and Quality U.S. Department of Health and Human Services 5600 Fishers Lane Rockville, MD 20857 www.ahrq.gov. Contract No. 290-2012-00008-I. AHRQ or U.S. Department of Health and Human Services endorsement of any derivative products that may be developed from this report, such as clinical practice guidelines, other quality enhancement tools, or reimbursement or coverage policies, may not be stated or implied. This report may periodically be assessed for the currency of conclusions.