



Synopsis

Clinical and cost-effectiveness of a standardised diagnostic assessment for children and adolescents with emotional difficulties: the STADIA multi-centre RCT

Kapil Sayal,^{1,2*} Laura Wyatt,³ Louise Thomson,^{1,2} Grace Holt,³ Colleen Ewart,⁴
Anupam Bhardwaj,^{1,5,6} Bernadka Dubicka,^{7,8,9,10} Tamsin Marshall,¹¹
Julia Gledhill,¹² Alexandra Lang,¹³ Kirsty Sprange,³ Christopher Partlett,³
Kristina Newman,² Sebastian Moody,³ Helen Bould,^{14,15,16} Clare Upton,^{3,17}
Matthew Keane,³ Edward Cox,³ Marilyn James³ and Alan Montgomery³

¹Unit of Mental Health and Clinical Neurosciences, School of Medicine, University of Nottingham, Nottingham, UK

²Institute of Mental Health, Nottinghamshire Healthcare NHS Foundation Trust, Nottingham, UK

³Nottingham Clinical Trials Unit, School of Medicine, University of Nottingham, Nottingham, UK

⁴STADIA Patient and Public Involvement Co-Lead, Institute of Mental Health, University of Nottingham, Nottingham, UK

⁵Cambridgeshire and Peterborough Foundation Trust, Brookside CAMHS, Cambridge, UK

⁶School of Medicine, University of Cambridge, Cambridge, UK

⁷Hull and York Medical School, University of York, York, UK

⁸Greater Manchester Mental Health Trust, Manchester, UK

⁹Pennine Care NHS Foundation Trust, Ashton-under-Lyne, UK

¹⁰Faculty of Biology, Medicine and Health, Manchester Academic Health Sciences, University of Manchester, Manchester, UK

¹¹Berkshire Healthcare NHS Foundation Trust, Bracknell, UK

¹²Central and North West London NHS Foundation Trust, Harrow CAMHS, Ash Tree Clinic, Harrow, UK

¹³Human Factors Research Group, Faculty of Engineering, University of Nottingham, Nottingham, UK

¹⁴Centre for Academic Mental Health, Population Health Sciences, Bristol Medical School, University of Bristol, Bristol, UK

¹⁵MRC Integrative Epidemiology Unit, Bristol Medical School, University of Bristol, Bristol, UK

¹⁶Gloucestershire Health and Care NHS Foundation Trust, Gloucestershire, UK

¹⁷Liverpool Clinical Trials Centre, University of Liverpool, Liverpool, UK

*Corresponding author kapil.sayal@nottingham.ac.uk

Published November 2025

DOI: 10.3310/GJKS0519

Volume 29 • Issue 61

Plain language summary

Clinical and cost-effectiveness of a standardised diagnostic assessment for children and adolescents with emotional difficulties: the STADIA multi-centre RCT

Health Technology Assessment 2025; Vol. 29: No. 61

DOI: 10.3310/GJKS0519

NIHR Journals Library www.journalslibrary.nihr.ac.uk

Plain language summary

Emotional difficulties are common in children and young people, and many may be referred to Child and Adolescent Mental Health Services. Referrals are sometimes rejected because of insufficient information. Even if the referral is accepted, a clinical diagnosis is often not reached. A correct diagnosis is vital so that the right help can be offered. We investigated whether a standardised online information-gathering package (development and well-being assessment) helps with the assessment and diagnosis process in Child and Adolescent Mental Health Services.

We invited children and young people and their families, following a routine (non-urgent) referral into Child and Adolescent Mental Health Services, from eight National Health Services Trusts across England. One thousand two hundred and twenty-five (1225) families took part – half received usual care (control group), and half received usual care and were also asked to complete the development and well-being assessment (development and well-being assessment group). Families also completed questionnaires about the child's/young person's mental health at the beginning of the study and then 6 and 12 months later. Child and Adolescent Mental Health Services clinical records were reviewed 12 and 18 months after joining the study to look at what care was offered and received through Child and Adolescent Mental Health Services. We also interviewed a range of young people, family members and staff in Child and Adolescent Mental Health Services about their views and experience of using the development and well-being assessment and the summary development and well-being assessment report.

At 12-month follow-up, there was no difference in the number receiving an emotional disorder diagnosis; 11% in the development and well-being assessment group and 12% in the control group. The same was found at 18 months (14% vs. 15%). There was no difference between the groups in the time taken to reach a diagnosis or to offer or start treatment, nor was there any significant impact on whether Child and Adolescent Mental Health Services accepted the referral. The interviews showed that young people and families found the development and well-being assessment and report to be useful; however, the development and well-being assessment report was not used consistently, as intended, by clinicians during assessments to aid diagnosis.

These findings show that completing the development and well-being assessment after referral into Child and Adolescent Mental Health Services did not have any impact on whether a diagnosis was made by Child and Adolescent Mental Health Services or on the care received.