

Introduction

THE CHALLENGE OF CLINICAL AUDIT IN CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Clinical audit allows multi-disciplinary teams to actively and systematically review their practice with the aim of improving the quality of the services delivered and ultimately the outcomes for service users. The clinical audit process provides a focus for multi-professional team-building and, if managed correctly, helps to foster a learning environment. People in all aspects of the health service, from service users to managers and commissioners, can benefit from the effective use of clinical audit.

The 1990s could be viewed as a growth period for clinical audit within child and adolescent mental health services (CAMHS). Historically, less money has been invested in audit in the therapy professions than in medical audit (Robinson, 1996), and thus the development of the former has naturally been somewhat slower. In the National Health Service the audit movement began with medical audit followed by clinical audit, reflecting a multi-disciplinary approach to service delivery. Since mental health services for children and adolescents are usually provided by multi-disciplinary teams, the quality of care needs to be audited by all those concerned with its delivery (Firth-Cozens, 1993). The need for a multi-professional approach to clinical audit in health care has gradually been recognised and increasingly emphasised.

The structure and delivery of CAMHS vary considerably across Great Britain. There is comparatively little research available about the efficacy of certain therapeutic interventions, and therefore national guidelines and standards are lacking in this field. Deciding on what constitutes 'good practice' and, from this, setting standards for clinical audits in CAMHS can be difficult. The conventional clinical audit cycle identifies the setting of standards before beginning data collection. This traditional clinical audit cycle is presented with a challenge, however, when large sets of 'ready-made' standards are not available to audit practice against. One way this can be overcome is to go through the stages of the audit cycle without first setting standards. The findings can then be used to develop appropriate standards.

Evaluating treatment and service outcomes is a current preoccupation of most health care professionals (including those working in CAMHS) who find themselves under increasing pressure to demonstrate the effectiveness of their work. Gathering data on the success (or otherwise) of a treatment is relatively straightforward in general medicine or surgery, but auditing outcomes in CAMHS is not so easy. Children and adolescents referred to CAMHS often present with complex problems arising from a combination of interrelated causes. The dynamic social context in which they live means that familial, social and environmental factors continually influence the nature of the difficulties they experience. It is extremely difficult to disentangle these factors when trying to measure the impact of input from CAMHS professionals. Decisions about what constitutes a 'good outcome' and how this can be measured also require careful thought. Professionals, parents and children tend to have different perspectives on the nature of a 'good outcome'. Standardised outcome-measuring tools (e.g. the child and adolescent version of the Health of the Nation Outcome Scales – HoNOSCA), specifically designed for child and adolescent mental health, are gradually being developed and will greatly facilitate CAMHS professionals attempting to examine this area.

Measuring outcomes is important, but may not always be possible in CAMHS for the reasons already outlined. It should not be forgotten that process measures "can be sensitive indicators of the quality of care and have many advantages over outcomes" (Crombie & Davies, 1998). They are generally readily measured and easily interpreted, unlike some outcome measures which may require detailed questionnaires and subjective assessments. Process measurement can also directly reveal aspects of care which need improving.

In CAMHS, clinical audit presents the additional challenge of finding ways to incorporate the voices of children, young people and their families: "Obtaining patients' views about their

experiences of care should be an integral part of clinical audit" (Avis, 1997). The views of older children and their parents can usually be accessed through questionnaires or interviews, but imagination and creativity is required when designing ways of collecting information from younger children.

Clinical audit in CAMHS is of great importance and should ideally be integrated into everyday practice. A survey conducted by FOCUS revealed strong interest and enthusiasm among CAMHS professionals in the further development of clinical audit in their organisations. Examples of clinical audits included in this book indicate that there is some innovative and ambitious work being done within CAMHS. There also appear to be a number of professionals in child and adolescent mental health who, although keen to undertake clinical audit, feel slightly uncertain about the best way to approach this activity.

This book was developed to promote clinical audit in CAMHS. It attempts to clarify the purpose of clinical audit and suggest ways of approaching it. The 'Step-by-step guide' is intended as a practical aid to completing the audit cycle. This is followed by examples of clinical audit projects kindly provided by members of FOCUS's network and other CAMHS professionals. These examples are intended to generate ideas for clinical audit projects and should not be perceived as ideal templates. They include honest accounts of the strengths and weaknesses of the designs as experienced by the contributors. 'Audit purists' may question the designs used for some of these examples, which sometimes cross the boundaries between research and clinical audit. However, where practice has been reviewed in a creative and useful way and used to inform changes in practice, examples have been included. The final chapter details resources for clinical audit in CAMHS, such as useful organisations and clinical audit summary and report forms.

It is hoped that this book will encourage other CAMHS professionals to submit examples of clinical audits to FOCUS in order for a CAMHS clinical audit database to be developed and a second volume of examples to be published. FOCUS hopes to facilitate the pooling and sharing of ideas and experiences among CAMHS professionals with regard to clinical audit, in order that the frequency and quality of work in this area may continue to increase.