



# AMHOCN

Australian Mental Health Outcomes and Classification Network

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(NOCC) basic training vignettes:

## **CHILD AND ADOLESCENT SERVICES**

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# Danny, 8 years

## Admission



**Danny is an 8 year old boy referred by his School counsellor at the local public school. He lives at home with his mother and father and younger sister. Danny has been increasingly worried about germs and his mother dying. He refuses to use public toilets including those at school. His mother has noticed that he frequently washes his hands and has begun taking long showers at night after school. He refuses to take his school bag and books into the house because they are "dirty".**

Although he knows that these thoughts are strange, he says he can't do anything about it. Danny is described as a shy and quite child but he is able to make friends at school. His teachers describe Danny as having good verbal skills but being around the average in terms of academic performance. Danny's teacher reports a recent deterioration in the quality of his homework as well as his school work.

Recently he has no longer been enjoying his friends' company and prefers to stay at home watching TV or listening to the radio in his room. He becomes very anxious when his mother leaves the house, he becomes argumentative, throws tantrums, and occasionally kicks furniture. Last week, Danny had a tantrum when his mother indicated she needed to go shopping and during this tantrum he broke her favourite vase.

When you meet with Danny and his mother, you notice that he sits very close to her and looks at her frequently seeking reassurance that his answers are correct. Danny's mother appears anxious and often interrupts Danny's answers. Danny's mother describes Danny's father as supportive but has little understanding of Danny's problems and is sceptical that health services can do anything for Danny. Danny's father's employment requires frequent interstate travel.

Danny has been complaining of frequent stomach aches and has missed about 5 days at school over the last two weeks. No medical cause for these stomach aches has been found after several visits to GP.

Danny's mother was diagnosed with breast cancer three years ago, treatment involved surgery and adjunctive radiation and chemotherapy. Although she has recovered well physically, she has had significant anxiety symptoms since the cancer diagnosis. She experiences intermittent panic attacks, and worries about her own health, her family's well being, their finance, and many aspects of daily living.

She denies any other family history of physical or mental illness. Danny's mother indicates that she is unsure of cause of Danny's difficulties but has a good understanding of the services available.

# Danny, 8 years

## Admission



### HoNOS consensus ratings

Scale	Recommended Rating	Rationale
1 Problems with disruptive, antisocial or aggressive behaviour	2	Danny becomes argumentative, throws tantrums, and occasionally kicks furniture, when his mother leaves the house and last week broke her favourite vase. However, there is no evidence of antisocial behaviour or vandalism and therefore warrants the rating of 2.
2 Problems with over-activity, attention or concentration	0	No indication of problems with attention and concentration, with Danny being capable of staying at home at watching TV for long periods.
3 Non-accidental self-injury	0	No indication non accidental self injury.
4 Problems with alcohol, substance or solvent misuse	0	No indication problems with alcohol, substance or solvent use.
5 Problems with scholastic or language skills	3	Impaired academic performance with a deterioration in the quality of homework and school work noted by teacher.
6 Physical illness or disability problems	0	No indication problems with physical illness and disability.
7 Problems associated with hallucinations, delusions or abnormal perceptions	0	No indication of problems with hallucinations, delusions or abnormal perceptions. Danny indicates that he recognises that his thoughts about germs are abnormal and therefore they can not be seen as delusional.
8 Problems with non-organic somatic symptoms	3	Severe stomach aches with no organic cause have impacted to a moderate degree on Danny's activities at both school and home.
9 Problems with emotional and related symptoms	4	Obsessional ideas are intrusive and uncontrollable and have impact on all areas of life, will not bring school bag into the house, use toilets at school and has significant washing rituals.
10 Problems with peer relationships	3	Moderate problems with peer relationships with recent active withdrawal. However, Danny is able to make friends at school.

# Danny, 8 years

## Admission



11	Problems with self-care and independence	0	No indication of problems with self care or independence. His inability to use the toilet has already been rated as the impact on his behaviour of his obsessional thinking.
12	Problems with family life and relationships	2	Mother interrupts and answers for Danny indicating mild but definite enmeshment problems. Danny's father is away and does not appear an active participant in family relationships.
13	Poor school attendance	3	Danny has refused to go to school several times during the last two weeks indicating a marked problem during the rating period.
14	Problems with knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)	3	Both mother and father indicate that they are unsure of the diagnosis, cause and prognosis of Danny's problems.
15	Problems with lack of information about services or management of the child or adolescent's difficulties	0	No indication of problems accessing services has made contact with GP and school counsellor to start and has now made contact with CAMHS.

# Tim, 4 years

## Admission



**Tim is a 4 year old boy referred by the local child protection agency following reports that he is at risk of harm. Neighbours have raised concerns that in the last couple of weeks Tim is being verbally abused and hit by his mother and her boyfriend. They also say that he has been having severe tantrums.**

Child Protection has previously investigated a report that Tim is neglected and wanders the area unsupervised. Tim is a small child, unkempt, active and poorly focussed in play. His mother feels he has "ADHD" and finds his behaviour increasingly difficult to manage. When Tim was 2 years old, his mother took him to early child hood services because he was having tantrums and very oppositional. At this time, she failed to complete a behaviour management program she was encouraged to attend.

Around this time Tim's GP noticed that Tim had delayed language development and fine motor skills, his language skills remain below what is expected. Tim's mother admits that she has resorted to hitting him. Tim's behaviour has been deteriorating over the last six months since the birth of his sister. Tim's mother sees him as 'jealous' and says that he pinches the baby and says he "hates" her.

Tim has prolonged tantrums and sometimes hits and scratches himself, especially when his mother drops him off at preschool. Tim finds games and sharing difficult and he tends to become over-excited. He is easily frustrated and finds waiting very difficult.

Tim is easily angered and has been increasingly aggressive towards other children. During playtime at preschool he has had to be stopped from kicking and pulling the hair of other children. As a result of his behaviour and his refusal to use the toilet, instead defecating in play areas, he has recently been asked not to attend preschool and in the past had been asked not to attend day care.

He is a poor sleeper and at his mother request, the local GP has prescribed 0.25 micrograms of Clonidine at night. Although, Tim's mother is not satisfied that this medication is effective and he requires something more or different, preschool teachers indicate Tim has been drowsy in the morning but becomes much more active in the afternoon. Tim is a fussy eater, eating irregularly and 'hoarding' food. He requires significant prompting to wash and dress. He is unable to tie his own shoelaces.

Tim has erratic contact with his biological father (Dave), who left when Tim was four months old. His mother has had a series of brief relationships until becoming involved with her current boy friend 2 years ago. Tim is very close to his grandmother who often cares for him. However recently she has stopped visiting because she dislikes Tim's mother's current boyfriend and his aggressive behaviour.

Tim's Mother admits to previous problems with alcohol and substance use but denies regular use currently. She describes her boyfriend as having 'temper' problems because of his use of amphetamines. There is no indication of substance use in relation to Tim.

Tim's mother and boyfriend have a chaotic relationship and separate frequently. Tim refuses to sleep in his own bed.

# Tim, 4 years

## Admission



### HoNOS consensus ratings

Scale	Recommended Rating	Rationale
1	Problems with disruptive, antisocial or aggressive behaviour	4 Tim is oppositional, he has been kicking and pulling the hair of other children at preschool.
2	Problems with over-activity, attention or concentration	3 Problems with attention and concentration noted, mother indicates that Tim will not sit still.
3	Non-accidental self-injury	2 During his tantrums, Tim sometimes scratches himself. This is a clinically significant problem for someone of Tim's age.
4	Problems with alcohol, substance or solvent misuse	0 No indication problems with alcohol, substance or solvent use.
5	Problems with scholastic or language skills	3 Vocabulary and word use below expected on the basis of mental age.
6	Physical illness or disability problems	1 There is some suggestion that Tim is drowsy in the morning and this may be a side effect of the medication he has been prescribed to help him sleep. Medication side effects are captured on scale 6 and a rating of 1 is appropriate.
7	Problems associated with hallucinations, delusions or abnormal perceptions	0 No indication of perceptual abnormalities.
8	Problems with non-organic somatic symptoms	3 Tim is a poor sleeper and has required medication to improve his sleep. This is rated as a moderate problem.
9	Problems with emotional and related symptoms	2 Tim gets very distressed when his mother drops him off at pre-school indicating a mild degree of anxiety.

# Tim, 4 years

## Admission



10	Problems with peer relationships	3	Tim does not interact well with others at preschool, he becomes frustrated with others and does not share indicating the need for a moderate rating.
11	Problems with self-care and independence	3	Requires significant prompting to undertake simple self care activities, although with time and tie his own shoelaces.
12	Problems with family life and relationships	4	Significant difficulties in relationship with siblings and poor relationship with mother and her boyfriend prompt the highest rating.
13	Poor school attendance	4	Asked no to attend preschool due to behaviour and toileting issues prompt the highest rating.
14	Problems with knowledge or understanding about the nature of the child or adolescent's difficulties (in the previous two weeks)	4	Severe problems mother has no understanding of cause of Tim's difficulties.
14	Problems with lack of information about services or management of the child or adolescent's difficulties	3	Mother has limited understanding of management of Tim's behaviour.