Philippa Rasmussen, Ann Henderson and Eimear Muir-Cochrane

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Feature Article

Conceptualizing the clinical and professional development of child and adolescent mental health nurses

Philippa Rasmussen,1,2 Ann Henderson1 and Eimear Muir-Cochrane1

1School of Nursing and Midwifery, Flinders University, and 2School of Nursing, The University of Adelaide, Adelaide, South Australia, Australia

ABSTRACT: Aspects of mental health nursing and its subspecialties are not easily defined. Child and adolescent mental health (CAMH) nursing is a subspecialty of mental health nursing, and some of its characteristics are tacit. This paper presents a deeper understanding of the meaning that CAMH nurses make of their role and work in the inpatient setting. The research was undertaken through a PhD candidature. The epistemological framework for the research was social constructionism. Interpretive enquiry was the methodology, as it allowed for the interpretation of multiple realities, which resulted in a rich description of the role and work of CAMH nurses. Methods of data collection were document analysis, focus group interviews, and individual interviews. Participants included nurses and multidisciplinary staff. Iterative and aggregative analyses were utilized for the documents. The focus group and individual interview data were analyzed utilizing a thematic analysis process. This paper presents the findings of the combined analysis and the resultant holistic conceptual framework for the work of the CAMH nurse in the inpatient unit. The findings have contributed new knowledge to mental health nursing, specifically CAMH nursing, making the parameters of practice more explicit. Implications for practice, education, and research are identified.

KEY WORDS: child and adolescent, conceptual framework, mental health nursing, qualitative research.

INTRODUCTION

The global prevalence of the development of a mental health problem in children and adolescents is 20% (McDougall 2006; World Health Organization 2005). There is a clear link between applying early interventions towards potentially-enduring mental health problems in adolescence and the reduction of mental health problems in adulthood (McDougall 2006; World Health Organization 2003; 2005).

Changes to legislation and the regulation of nursing in Australia in July 2010 resulted in the loss of the previous mental health register and recognition of the specialty of mental health in nursing. Competency standards were developed for mental health nurses in Australia in 1995 and updated in 2010 (Australian College of Mental Health Nurses Inc 2010), and were endorsed by The Nursing and Midwifery Board of Australia. A subspecialty of mental health nursing is child and adolescent mental health (CAMH) nursing. However, unlike mental health nursing, which has specific competency standards to guide practice, there is no clear definition of the role and work of the CAMH nurse in Australia. A UK study...
(Baldwin 2002; Limerick & Baldwin 2000) investigated the role of CAMH nurses in an outpatient unit; the authors of that study were unable to articulate their practice. McDougall (2006) further highlighted the risks of the effect on the future of CAMH nursing if they were unable to identify their role, that is, a loss of this specialty to the nursing profession.

For this reason, it is important to investigate the nature of the work of CAMH nurses. A comprehensive understanding of their work and how they make meaning of their role will provide an important contribution to current clinical practice and the supporting literature, as well as countering the risks that McDougall (2006) identified.

Against this background, a three-stage qualitative research study was designed to determine the role and work of CAMH nurses in an inpatient unit. This paper presents the development of a conceptual framework that details the clinical and professional development of CAMH nurses.

Research question
The research question was: What is the work of CAMH nurses in an inpatient unit?

Aim and purpose
The aim and purpose of the research were to: (i) identify the specific knowledge and skills that CAMH nurses use on an inpatient unit; (ii) explore and interpret the role (e.g. nursing practice, beliefs, and attitudes) of mental health nurses working in a CAMH inpatient unit; and (iii) provide a comprehensive understanding of the role and function of mental health nurses in a CAMH inpatient unit.

Methodology
The research framework of the study follows the work of Crotty (1998), which sets out the logical pathway from social constructionism (epistemology) to symbolic interactionism (theoretical perspective) to interpretive enquiry (methodology), concluding with the methods of document analysis, focus groups, and interviews for data collection.

Social constructionism, the chosen theoretical framework for this study, lies within the interpretive paradigm. The underlying assumption about reality (ontology) of this paradigm is that acting units or human beings produce and reproduce the social world (de Laine 1997). Further, reality is derived as a result of social interaction, and there are multiple interpretations within the social construction of realities (Hibberd 2005). The interpretation of meaning is pivotal to this paradigm (Sarantakos 1995).

The role of the researcher working in this paradigm is not just to observe phenomena, but also to interpret them (de Laine 1997). Social constructionism seeks to illuminate how human beings make sense of the world in which they live through the processes of description and language (Burr 2003; Gergen 1985; 1999). This is an appropriate framework when exploring the role and work of the CAMH nurse.

METHODS
There were three sequential stages of data collection: (i) stage 1 (document analysis) entailed the analysis of documents relevant to the practice of CAMH nursing; (ii) stage 2 (focus group interviews) explored questions that were generated from the analysis of documents in stage 1; and (iii) stage 3 (individual interviews) elicited a deeper understanding of the role through further semistructured questioning.

Ethical considerations
Ethical approval from the health service and the university were granted for this research. The ethics application complied with the National Health and Medical Research Council guidelines in relation to ethical conduct in human research (National Health and Medical Research Council 2007).

Study setting
The setting for the study was a CAMH service inpatient unit in a public hospital in South Australia, Australia. The unit was a 12-bed open unit, which provided 24-hour-a-day specialist support for children and adolescents with mental health problems up to 18 years of age.

Participants
The 19 participants included CAMH nurses and Graduate Diploma Mental Health students who had worked on the unit in the 5 years prior to data collection for a minimum of 6 months. Three members of the multi-disciplinary team also participated in the study.

Data collection
The data were collected through the three sequential stages. The first stage of document analysis identified common domains of the work and role of the CAMH nurses at the professional, organizational, divisional, and unit levels. Documents included job and person specifications, competencies and standards of practice, policies, and procedures. In the second stage, seven focus group
interviews were conducted. One focus group was composed of multidisciplinary CAMH nurse colleagues, while the remaining six groups were composed of CAMH nurses. Questions generated through the document analysis were used as a basis for discussion on the work and role of the CAMH nurse (Appendix 1). Interviews were recorded and transcribed with permission from participants, and later sent to each for verification. The third stage involved individual interviews with voluntary participants from each focus group. More in-depth and focused questions were generated following an analysis of focus group interviews in stage 2 (Appendix 1). A semistructured format allowed flexibility in the depth of responses. The data were collected between December 2008 and March 2010.

Data analysis

Thematic analysis was the approach used for generating findings. Stage 1 documents were analysed using the (Attride-Stirling 2001) iterative thematic networks process and the Joanna Briggs Thematic Analysis Program (2008). Details of stage 1 and the analysis of the documents in this research have already been reported in a recent article (Rasmussen et al. 2012b). Stage 2, the focus group interview data, and stage 3, the individual interview data, were undertaken using Braun and Clarke’s (2006) six-phase thematic analysis process. The more detailed analysis of stage 2, the focus group data, has been reported in an earlier article (Rasmussen et al. 2012a). The findings and significance of the research presented here have not been reported elsewhere.

Findings

Focus group and individual interview data unequivocally identified some of the processes that were implied and apparent that contributed to the participants’ ways of knowing. From the findings, a conceptual framework was developed that reflected the CAMH nurses’ knowledge and knowledge development.

Conceptual framework for CAMH nurses’ knowledge and knowledge development

The ways of knowing and learning to become a CAMH nurse on the inpatient unit are an integration of the five stages of learning through the clinical environment within the supporting scaffold of clinical development and the framework for learning. The conceptual holistic framework of CAMH nurses’ knowledge and learning, which was supported by the findings, is illustrated in Figure 1 and represents the components of their role.

The stages of learning to become a CAMH nurse are identified in the centre of Figure 1. Parallel to these stages were two distinct areas, clinical development and the framework for learning, which represent the scaffold.
that supports the stages of learning to become a CAMH nurse. These are described below.

**Clinical development**

Clinical development incorporated both the practice and theoretical aspects of the work of the CAMH nurse. The clinical fields of the role were its primary interest. These fields included the clinical skills, risk and safety (assessing, monitoring, and maintaining), theoretical framework for practice, clinical supervision and reflective practice, and becoming a CAMH nurse (knowledge transfer).

**Framework for learning**

The framework for learning sets the environmental context for the role. Environmental context is not just about the physical environment, but also the contextual factors within which the CAMH nurse practices. These fields include the contextual perspective of the role, the team, legislation and regulation, and the learning environment. The ways of learning are embedded in a contextual scaffold, which informs practice.

**Becoming a CAMH nurse**

Becoming a CAMH nurse is a developmental process in which the individual cultivates the clinical skills and the contextual understanding of the specialty. The role itself is a combination of prescribed aspects and individual interpretation. The developmental stages within the process of becoming a CAMH nurse contain both uniform and unique elements. The uniformity refers to the identified stages that all CAMH nurses encounter as they negotiate the role. The uniqueness is about the individual and how they interpret the taken-for-granted uniformity and make meaning of it. The concept of the ways of knowing (Carper 1978; Chinn & Kramer 2004; 2008; 2011) can be used to explain the five stages of the developmental approach and the supporting scaffold.

Stage 1: Unknowing

The first stage or introduction to CAMH nursing is ‘unknowing’, reflecting the individual not knowing what they do not know. There is a lack of depth of understanding of the meaning of the work within the role and the individual’s place within it. The rapid learning curve involved in processing the new clinical environment means that a full understanding of the aspects of the role, and indeed the individual’s position and function within it, cannot be fully known by the individual nurse. The term ‘unknowing’ does not suggest that the student or registered nurse new to the CAMH field has no knowledge, but rather a lack of knowing within the context of CAMH nursing.

Stage 2: A cursory understanding of the known

The second stage of ‘feeling confused’ highlights the beginning of the process of a ‘cursory understanding of the known’ of the role and an increased depth of understanding of how the individual sees themselves situated within the CAMH nursing role and what that means. At this stage, the nurse is beginning to develop the skill of critically analysing both the role and how they fit into it. A sense of innovative autonomy is felt when integrating what is known and understood into practice, and the role juxtaposed with the sense of the great ‘unknown’. This is a time to begin to cement the individual’s identity as a CAMH nurse, yet still negotiate the cognitive, emotional, and cultural components of the role. These internal and external factors influence the individual’s development and ability to articulate the role.

Stage 3: Becoming known

The last three stages of becoming a CAMH nurse, described as ‘looking, learning, understanding, and becoming’, are a period when knowledge and skills are ‘becoming known’ and consolidated, and an individual’s identity within the external and internal factors is identified. The confidence to integrate external information in the context of knowledge and skills pertinent to CAMH is emergent in the first of these latter three stages. The aspects of the role are much more evident to the individual nurse, which contributes to their self-assurance in understanding the meaning of the role. Although there is still a noticeable theme of reliance on more experienced nurses, this stage heralds a new era of exploring what it means to the individual to be a CAMH nurse. Individuals begin to shape their practice within the understanding and meaning they make of this.

Stage 4: The known facilitates

From this stage, the CAMH nurse moves on to a more autonomous stage of self-reliance, where ‘the known facilitates’ the integration and interpretation of new information, skills, and knowledge within their own established meaning of what the role encompasses. The individual meaning they have made of the role is tested and reorientated as they gain further experience and knowledge to augment their practice. The external aspects of the role remain the same, as they are more perpetual in their structure and the individual has less influence on changing these. This is in contrast to the internal or individual meaning of the role of which the nurse has much more control over.

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CONCEPTUALIZING THE WORK OF CAMH NURSES

Stage 5: Understanding the known

The final stage is one of autonomy of practice and 'understanding the known' and how it relates to the aspects of the role of the CAMH nurse both within the role and individually. This stage symbolizes a high level of expertise and fine tuning of what is known, as well as integrating new knowledge and assigning it to previously-identified knowledge. This stage is concerned with seamless interpretation and reinterpretation of knowledge into practice. As with the other stages of becoming a CAMH nurse, this stage works within the identified external aspects of the role, but there is a clearer understanding of the individual’s identity within the role. By this stage, the individual nurse has developed a comprehensive, distinctive understanding of what being a CAMH nurse means to them. Additionally, they have the insight into what the role encompasses from both an internal and external perspective to identify and delineate the aspects of all the stages. This level of clarity about the role and what it means is crucial in assisting other less-experienced nurses negotiate the trajectory of understanding moving from 'unknowing' to 'understanding the known'. The CAMH nurse can now see the horizon and put it into context with the foreground.

Moving between the final three stages

Although the latter three stages of becoming a CAMH nurse are identified as being reflective of understanding the role and a high level of clinical knowledge and skills, the nurse might move between these stages. This situation transpires as new clinical challenges appear, and therefore, further knowledge and skills are needed to be developed. Within these experiences, the nurse reassesses what s/he knows, and integrates new understandings into their clinical repertoire. The internal or individual meaning of the role is then reinterpreted and adjusted accordingly in line with the new understandings.

Individual nurse developing an understanding of what it means to be a CAMH nurse

Moving through all of the five stages is concerned with developing and understanding what it means to be a CAMH nurse. In addition, it is a fluctuating incremental pathway, which begins as linear in stages 1 and 2, but as the individual explores the new understandings and the meaning of the role, the pattern becomes more non-linear in stages 3–5, as the nurse can interchange between the last three stages in particular circumstances.

The timelines of how any nurse moves through the stages of becoming a CAMH nurse is an idiosyncratic experience. There is no characteristic pathway that the individual needs to undertake in an ordered fashion to reach a meaningful understanding of the role.

The themes within the scaffolding are supported by McDougall et al. (2006), who suggested 10 essential capabilities for CAMH nurses. These capabilities encompassed partnerships with the young person, their family, and services; the CAMH nurse being focused on the young person and their family, promoting individual development through identifying strengths, as well positive risk taking. These capabilities are in a framework of advocacy and ethical practice.

These 10 areas were all identified by the participants in the research, and form the scaffold that support the five stages of becoming a CAMH nurse. The fields of knowledge and the five stages of learning to become a CAMH nurse help to distinguish what their practice is, and in turn, give it context and meaning.

Context and theoretical meaning

The work of Carper (1978) on the ways of knowing, provides context and theoretical meaning for this conceptual framework. Carper’s (1978) theoretical framework identifies four fundamental patterns of ways of knowing: moral (or ethical) knowing, personal knowing, aesthetic knowing, and empiric knowing. These four patterns of knowing contribute to the generation of nursing knowledge. They are not exclusive, and elements of all four contribute to nurses’ ways of knowing and how they make sense of their practice. Carper (1992, p. 79) posits that “The practice of nursing requires not only ‘knowing that’ but also ‘knowing how’ and ‘knowing why’ in regard to meaning, value, intentions, and goals”. This highlights the complexity of nursing knowledge and practice, and therefore, the multilayered perspective in which it needs to be contemplated.

A fifth pattern of knowing was identified much later by Chinn and Kramer (2008), which was emancipatory knowing: the praxis of nursing. This pattern was described as reflection and a critical analysis of all of the other patterns and the integration of that knowledge in the context of social justice, equality, and advocacy. Additionally, this fifth pattern is also concerned with bringing about change through seeing the potential for altering the circumstances of individuals’ lives and outcomes; an outcome that is relevant to the treatment of mental health issues in children and adolescents. These patterns of knowing are inextricably linked to the development of knowledge for the CAMH nurse as they assist nurses to understand their work within the role.

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DISCUSSION

The conceptual framework has the potential to inform CAMH nursing practice. The findings from this research are supported by Benner’s (1984) idea of tacit learning and the expert nurse. The final three stages of role development, ‘becoming known’, ‘the known facilitates’, and ‘understanding the known’, are underlayed by the application of tacit knowledge to the clinical scenario. The nurses were able to demonstrate a perceptual process of understanding a clinical situation through intuition, rather than the earlier stages where they relied more heavily on external input from their colleagues and more experienced nurses. Benner (1984) described the notion of tacit learning as being the domain of the expert nurse who no longer has to rely on an analytic principle to understand a clinical situation, but rather has an intuitive grasp of the situation (p. 32). These findings demonstrate that CAMH nursing combines the patterns of knowing and knowledge development to assist in evolving a richer understanding of nurses’ roles (Carper 1978; Polanyi 1966).

The findings in relation to the role and the work of CAMH nurse were supported by the five patterns of knowing (Chinn & Kramer 2004; 2011). Each pattern was intimately linked with the others, and that forms an integrated approach to knowing and knowledge development in CAMH nursing. In the reality of everyday clinical practice, the young person and their family are central to the role of the CAMH nurses on the inpatient unit, but the comprehensive nursing care provided is strengthened by the patterns of knowing. Each clinical encounter is considered strategically through the questions that guide the authentication process for each pattern of knowing. As the CAMH nurse becomes more experienced and confident, they seamlessly undertake the clinical role as they critically analyse and formulate a care plan while integrating all of the facets of knowing in nursing. With experience, some of facets of their practice become more tacit, that is, the patterns of knowing are not consciously considered individually, but rather become the complex practice of the CAMH nurse on the inpatient unit. The concept of knowing as unknowing was identified by Munhall (1993) as the phase in which the nurse must remove all filters to their ‘own structures of understanding’ (p. 126) in order to facilitate openness to the other’s perspective. Unknowing was an important facet of the ways of knowing for the CAMH nurse, particularly in the first two stages of becoming a CAMH nurse.

Values and attitudes developed over an individual’s lifetime provided a template for the CAMH nurse to navigate their ethical and moral stance on issues and dilemmas which they faced in their personal and professional lives. Nurses within their practice developed ethical knowledge through encountering ethical dilemmas. This development of ethical knowledge is supported by the work of (Chinn & Kramer 2011). Through learning to become a CAMH nurse, the individual gains an emergent understanding of the role, allowing them to critically analyse and reflect upon their professional and personal attitudes.

Supervision and reflection on clinical practice allowed the CAMHN to reflect on and explore their personal knowledge. The findings have demonstrated the significance of communication, developing a rapport, and trust with the young person through the therapeutic relationship, which is the bedrock of the clinical practice. Recognizing and understanding the link between the self and others is a skill that is developed over time. Developing, understanding, and trusting the role of intuition in their practice should be encouraged (Pretz & Folse 2011), and intuition was found to be a result of the combined effect of knowledge, experience, and expertise (McCutcheon & Pincombe 2001).

CAMH nursing is about recognizing the commonality and the uniqueness of the human experience in regards to individual experiences of a health-care episode. The impact of interpretation and understanding of the clinical environment and its meaning and what it encompasses in terms of CAMH nursing practice is the development of aesthetic knowing and has been identified through the findings of this research. This is reinforced by the work of Chinn and Kramer (2011) on the development of a deeper understanding of the underlying factors that provide meaning to clinical practice. The skill of interpretation and understanding of the clinical environment was also a product of confidence and trust developed over time. It was evident from the findings that as CAMH nurses became more experienced, they become more proficient in interpreting and identifying meaning earlier in a clinical encounter and establishing a meaningful connection with the client and their peers in both formal and informal conversations. The significance of this creative process was endorsed by the work of Chinn and Kramer (2004; 2008; 2011).

The findings established that conceptualizing and structuring human behaviour is an essential component of the practice of CAMH nursing as it is fundamental to clinical formulation. The significance of the development of nursing knowledge in clinical formulation is promoted by Chinn and Kramer (2011). Human behaviour needs to be considered at the core of nursing practice, as the client,
who cannot be considered wholly from an empiric perspective, must encompass both objective and subjective information. The clinical development of the CAMH nurse was dependent on the integration of both empiric and abstract concepts combined with other ways of knowing.

The research also demonstrated the importance of identifying injustice and equality in the context of nursing practice as an important facet of emancipatory knowledge development. The CAMH nurse is challenged to focus on learning and support through a culture of critical analysis of their practice. The significance of development of emancipatory knowledge is reinforced by the work of Chinn and Kramer (2011).

Implications for practice, education, and research illuminated through the study provide an underpinning for future recommendations for CAMH nursing. The findings of this study have identified the practice aspects of the work of CAMH nurses in an inpatient unit, and have the potential to be beneficial in recruitment and retention of CAMH nurses by providing clarity regarding the aspects of the role.

Furthermore, the findings of this research can be incorporated into undergraduate and postgraduate nursing curricula to provide an understanding of the aspects of practice, and therefore, the theoretical and practical applications. This CAMH nursing knowledge will provide a basis for students to benefit more from their placements by being cognizant of the context, which will not only benefit students, but also consumer outcomes.

Further research needs to be undertaken to trial the holistic conceptual framework for the work of the CAMH nurse in other and wider settings. This should encompass CAMH nursing community settings both nationally and internationally, which would assist in refining the framework, particularly in the UK where the need to define the role was first identified.

CONCLUSION

The work of CAMH nurses in an inpatient unit was identified through this study. The findings from the research have contributed to a new understanding of the work within the role of the CAMH nurse on an inpatient unit. The holistic conceptual framework illuminates aspects of the role that provide some clarity in relation to the development of nursing knowledge and skills needed to undertake the role. Further, the framework provides a guide to a flexible incremental process that reflects the development of the CAMH nurse through clinical practice and education.

The five stages of learning to become a CAMH nurse identify previously unknown points in the process and can be clearly linked to the development of clinical skills through the application of knowledge to practice. This is at the heart of learning and understanding the role. These flexible stages accommodate the ever-changing clinical environment that is CAMH, and therefore, provide a clear structure that guides the individual nurse, as well as their supervisor, in understanding where they are in terms of their practice.

Supporting these stages are the clinical development and the framework for learning scaffolding. These scaffolds are the components of the role that is the work of the CAMH nurse. As much as the five stages identify the process of learning to become a CAMH nurse, the scaffolding identifies the fields of nursing knowledge that provide a context to the role.

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What are the professional issues that relate to CAMH nursing in the inpatient unit? What is the contextual perspective of the CAMH inpatient nurse role? How does the CAMH inpatient nurse manage risk and ensure safety on the inpatient unit? How is the CAMH nurse positioned in the learning environment in regards to students, clinical practice, and self-development? What are the professional issues that relate to CAMH nursing in the inpatient unit?

CAMH, child and adolescent mental health.

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