



The Psychological Society of Ireland’s Special Interest Group in Paediatric Psychology’s Position Paper on Paediatric Psychology in Ireland – January 2017

The purpose of the position paper is to provide information on the current context and role of paediatric psychology in Ireland in view of the planned future development of the National Paediatric Hospital.

Paediatric psychology is defined as “a field of research and practice that considers a wide variety of factors in the relationship between the psychological and physical well-being of children and young people. This includes the behavioural and emotional impact of disease, illness and acute physical trauma” (p. 71 Mercer et al., 2015). Paediatric psychologists draw on their theoretical knowledge of social, emotional and cognitive development, and their understanding of attachment, mood and behavioural disturbance, in their work with children and families (Carroll, 2016). It is in the context of this psychology specialty that The Psychological Society of Ireland’s Special Interest Group in Paediatric Psychology has prepared this position paper on Paediatric psychology in Ireland.

Data from the *Growing Up in Ireland Study* indicates that more than 15% of 3 year olds in Ireland presented with a “longstanding illness, condition or disability” (p. 24, Institute of Public Health in Ireland, 2014). Between 10 and 30 per cent of children and young people in the United Kingdom have been shown to have a chronic illness or physical health need (Kush & Campo, 1998). In Dublin in 2014, there were more than 110,000 presentations to the Emergency Departments of Children’s University Hospital (CUH), Temple Street; National Children’s Hospital (NCH), Tallaght and Our Lady’s Children’s

Hospital, Crumlin (OLCHC). The process of adjusting to and coping with the demands of an acute or chronic medical condition, and navigating a complex health system, is significantly challenging (Mercer et al, 2015).

International research consistently indicates that children and young people with chronic conditions are at an increased risk of psychological difficulties when compared to their peers (Edwards & Titman, 2010). Psychological services are an essential part of integrated, multi-disciplinary healthcare within the paediatric setting and the crucial role of the Paediatric psychologist as recorded by Mercer and colleagues (2015) includes the following:

- Sharing psychological formulations with medical and health and social care professionals to enhance the team's understanding of the child's presentation.
- Evaluating the child's developmental or cognitive profile in the context of the medical condition.
- Completing psychological assessments, including neuropsychological assessment, to explore the impact of neurological conditions or injury on cognitive ability, personality and behaviour. Developing interventions aimed at understanding these impacts and improving the child's day to day function.
- Providing individual and group psychological intervention for children with chronic illness and their families. Such interventions address concerns including adherence to medical regimes; life transitions; facilitating participation in complex treatment decisions; preparation for surgery and medical procedures; reduction in post-traumatic distress or trauma; and pain management.
- Conducting risk assessments with young people experiencing overwhelming psychological distress in the context of their medical condition.
- Supporting medical teams in clinical work by facilitating reflective practice and psychosocial meetings. This support encompasses joint working, consultation, supervision, psychoeducation and teaching.
- Engaging in research, evaluation and audit in health care settings to develop and maintain evidence based practice.

Children, young people and their families who receive support from a paediatric psychologist demonstrate better adherence to treatment and positive health behaviours, have fewer in-hospital admissions, and report reduced levels of distress and pain around medical procedures (Kahana, Drotar, & Frazier, 2008; Ellis et al., 2005; Uman, Chambers, McGrath & Kisley, 2008). Ensuring the presence of paediatric psychologists within a multi-disciplinary medical team can lead to prevention of psychological distress through early identification and reduction in stigma for young people and families. The economic argument for psychological intervention within healthcare settings has been made time and again, evidenced by the often quoted finding that for every dollar spent on psychological treatment there is an expected subsequent saving of five dollars to the health care system (Gonick, Farrow, Meier, Ostmand, & Frolick, 1981), figures that extrapolate convincingly into the Irish economic context. To illustrate, the impact of chronic pain is considerable in terms of a young person's function and quality of life, and has significant economic cost. In the UK the economic cost of adolescent pain was calculated at approximately £8,000 per patient. To this end there is extensive evidence demonstrating the effectiveness of psychological intervention in the management of chronic pain (Eccleston et al., 2014). Thus within paediatric settings "there is a clear economic argument for good psychological services" (Mercer et al., 2015).

In Ireland, current documents relating to standards of care underline the need for appropriate access to psychological support and intervention as an integral part of the child's medical care (*National Clinical Programmes for Diabetes and Paediatrics, 2015; National Clinical Programme in Epilepsy Care, 2014; National Clinical Programme for Paediatrics and Neonatology, 2015; National Rare Disease Plan for Ireland 2014 – 2018 and Services for People with Cystic Fibrosis in Ireland*). Paediatric Psychology services are provided by psychologists working across hospital and community based teams. At present, the vast majority of Paediatric Psychology posts are within the three national children's hospitals in Dublin (approximately 24 WTE posts), with significantly less service available within regional hospitals and community services. For example there are 2000 children with Type 1 diabetes in Ireland, with 1400 of these children cared for within the three paediatric hospitals in Dublin. Guidelines suggest that 1 psychologist

should be provided for every 300 patients. At present there is 1.5 WTE psychologists, suggesting a shortfall of over 5 WTE psychologists for diabetes alone. Additionally, the services within hospitals are usually dedicated to particular specialties with some medical specialties having limited or no access to a Paediatric Psychology service. Hence significant expansion is needed to meet the demand.

It is anticipated that by 2021 these services will merge with the advent of the proposed purpose-built National Paediatric Hospital (NPH) in Dublin. The plans for the NPH are underpinned by a 'hub and spoke' model of care. This refers to a concentration of services in one 'hub', the National Paediatric Hospital, with 'spokes' linking this to

- Regional hospitals,
- Community services such as the Child and Family Agency,
- Child and adolescent mental health services,
- Disability services, and
- Primary care providers.

Collaborative work within this model of care ensures that children and their families are supported in their social context to develop their health and well-being. In order for this 'hub and spoke' model of care to be successful, the identified gaps in psychological service provision at the new hospital across medical specialties, and the frequent absence of community Paediatric Psychology Services, must be addressed.

Certainly the evidence base for psychology within paediatric medical settings has grown considerably; this can be further developed by incorporating clinically orientated research and randomised control trials (Ellis et al., 2005). Close, intertwined and bidirectional relations between clinicians and researchers are crucial to develop evidence-based practice (Jelalian, 2015; Schurman, Gayes, Slosky, Hunter, & Pino, 2015); this crucial relationship between research and practice is currently stimulated within paediatric psychology in Ireland by the Specialist Interest Group in Paediatric Psychology (SIGPeP). The development of the new Research Centre as part of the NPH underlines the importance of positioning research within a clinical setting.

REFERENCES

- Carroll, S. (2016). SIGPeP Report: Beyond the hospital ward – bringing paediatric psychology into real life settings. *The Irish Psychologist*, 42, 78 – 79.
- Department of Health (2014). *National Rare Disease Plan for Ireland 2014 – 2018*. Dublin: Department of Health. Accessible from:
<http://www.hse.ie/eng/about/Who/clinical/natclinprog/rd/usefulinfo/natrareddiseaseplan.pdf>
- Eccelston, C., Palermo, T. M., Williams, A. C., Lewandowski Holley, A., Morely, S., Fisher, E. & Law, E. (2014). Psychological therapies for the management of chronic and recurrent pain in children and adolescents. *The Cochrane Library*, 14.
- Edwards, M. & Titman, P. (2010). *Promoting Psychological Well-Being in Children with Acute and Chronic Illness*. London: Jessica Kingsley Publishers.
- Ellis, D.A., Frey, M.A., Naar-King, S., Templin, T., Cunningham, P., & Cahan, N. (2005). Use of multisystemic therapy to improve regimen adherence among adolescents with type 1 Diabetes in chronic poor metabolic control. *Diabetes Care*, 28, 1604 – 1610.
- Gonick, U., Farrow, I., Meier, M., Ostmand, G., & Frolick, L. (1981). Cost effectiveness of behavioural medicine procedures in the treatment of stress related visits. *American Journal of Clinical Biofeedback*, 4, 16 – 24.
- Health Service Executive (2009). *Services for People with Cystic Fibrosis in Ireland: Conclusions of a Working Group established by the Health Service Executive*. Dublin: Health Service Executive. Accessible from
https://www.cfireland.ie/pdf/HSE_Services_Report_2009.pdf
- Institute of Public Health in Ireland (2014). *Longstanding health conditions among three-year-old children in the Republic of Ireland in 2011: A report based on data from the “Growing Up in Ireland” study*. Dublin: Institute of Public Health in Ireland.
- Jelalian E. (2015). Presidential address: Directions for pediatric psychology: Making it work in the new millennium. *Clinical Practice in Pediatric Psychology*, 3, 255 – 261.

Kahana, S., Drotar, D. & Frazier, T. (2008). Meta-analysis of psychological interventions to promote adherence to treatment in pediatric chronic health conditions. *Journal of Pediatric Psychology*, 33, 590 – 611.

Kush, S.A., & Campo, J.V. (1998). Consultation and liaison in the pediatric setting. In R. T. Ammerman & J. V. Campo (Eds.), *Handbook of Pediatric Psychology and Psychiatry*. Boston, USA: Allyn and Bacon.

Mercer, A., O'Curry, S., Donnan, J., Stedmon, J., Reed, J. & Groggs, H. (2015) Delivering psychological services for children and young people with physical health needs and their families. *Clinical Psychology Review*, 3, 71 – 82.

National Clinical Programmes for Diabetes and Paediatrics (2015). *Paediatric Diabetes: Model of Care for all Children and Young People with Type 1 Diabetes*. Dublin: Health Service Executive. Accessible from:
<http://www.hse.ie/eng/about/Who/clinical/natclinprog/diabetesprogramme/MoCforType1PaediatricDiabetes.pdf>

National Clinical Programme in Epilepsy Care (2014). *Model of Care (Consultation Draft)*. Dublin: Health Service Executive. Accessible from:
<http://www.hse.ie/eng/about/Who/clinical/natclinprog/epilepsyprogramme/consultationdocs/epilepsymoc.pdf>

National Clinical Programme for Paediatrics and Neonatology (2015). *Model of Care for Neonatal Services in Ireland*. Dublin: Health Service Executive. Accessible from:
<http://www.hse.ie/eng/about/Who/clinical/natclinprog/paediatricsandneonatology/Neonatal%20Services%20in%20Ireland.pdf>

Palermo, T.M. (2014). Evidence-based interventions in pediatric psychology: progress over the decades. *Journal of Pediatric Psychology*, 39, 753–762.

Schurman, J.V., Gayes, L.A., Slosky, L., Hunter, M.E., & Pino, F.A. (2015). Publishing quality improvement work in clinical practice in pediatric psychology: The “Why” and “How To”. *Clinical Practice in Pediatric Psychology*, 3, 80–91.

Uman, L.S., Chambers, C.T., McGrath, P.J., Kisley, S. (2008). A systematic review of randomized control trials examining psychological interventions for needle-related

procedural pain and distress in children and adolescents: An abbreviated Cochrane Review. *Journal of Pediatric Psychology*, 33, pp. 842-854.