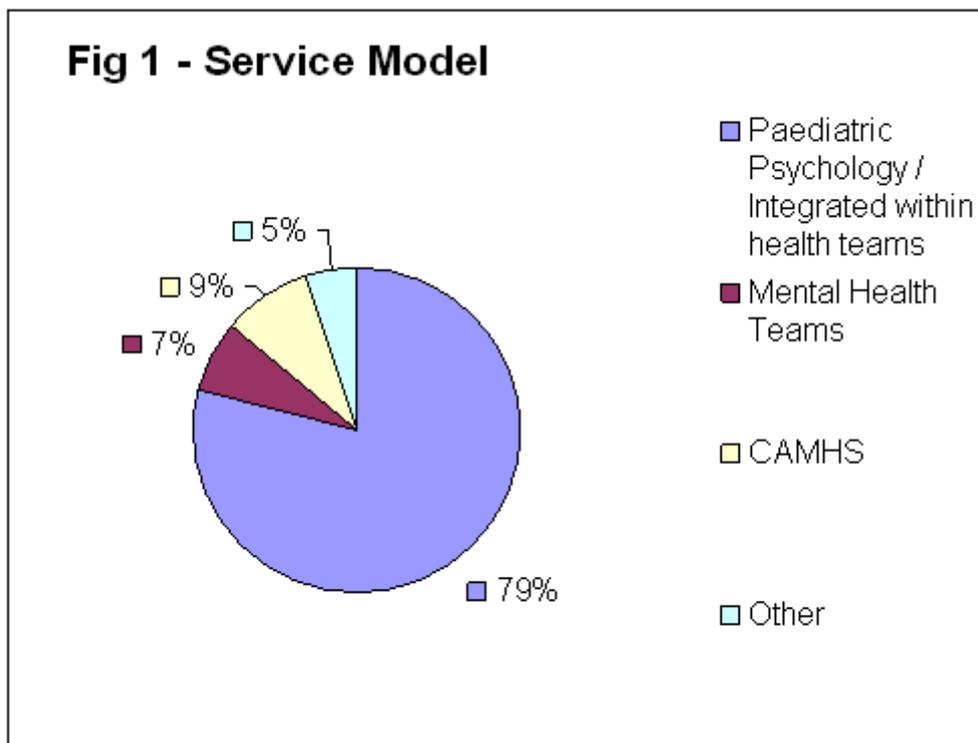


How are paediatric Clinical Psychology Services organised?

The Paediatric Psychology Network (PPN), a network of the Faculty of Children and Young People within the British Psychological Society (BPS), is the professional group representing paediatric clinical psychology in this country and has over 170 members to date. The PPN aims to promote the development of paediatric clinical psychology, including professional practice, clinical governance, research and training.

The Paediatric Psychology Network completed a review of paediatric services nationally in 2008, which included responses from 58 services, including those based in district hospitals, regional hospitals and in community services. The results indicate that psychology services are organised in a variety of ways, which can be categorized by the following models.



- The most prevalent model (79% of services) was that of a dedicated paediatric clinical psychology service, often based within a specialist Children's Hospital/Department (e.g. Sheffield, Bristol, Great Ormond Street Hospital, Evelina Children's Hospital, Yorkhill, Alder Hey,

Leeds, Birmingham, Oxford). In this model, psychology sessions are integrated within one or more multi-disciplinary health teams across a variety of clinical specialties and in some instances, provide generic cover across all paediatric specialities or duty systems to cover all inpatient services

- A further 7% of psychology services to paediatrics described themselves as being integrated within a broader multidisciplinary mental health service for example in a psychiatry liaison service or integrated mental health service. These teams often have a mental health remit as well as working with children with a physical illness and include services such as risk assessment following self harm.
- 9% of clinical psychology services to paediatrics were based in Child & Adolescent Mental Health Services (CAMHS) providing:
 - (i) Locality based services for children with medical conditions as part of general CAMHS caseload or with special clinics/dedicated sessions for these referrals.
 - (ii) Sessional input to local DGH as uniprofessional psychology service or part of a CAMHS Liaison service.
- 5% of clinical psychology input included community based palliative care/ life threatening illness teams (e.g. the Diana Teams)

In terms of the location of services, 90% of regional/national services were hospital based, with the remaining 10% being specialist services that were based within their specialist teams outside of the hospital setting (e.g Bath Pain Management unit). 70% of psychology services to district hospitals were hospital based. Most regional services (95%) have either dedicated psychology sessions to particular specialities or a mixture of dedicated and generic sessions. In district hospitals and those served by liaison services, a predominant model of generic sessions was evident.