

What evidence is there that Paediatric Clinical Psychologists are effective?

Clinical Effectiveness

There is an ever increasing, good evidence base to support the clinical effectiveness of psychological interventions for a number of medical conditions and illnesses (Roberts and Steele, 2010; Spirito and Kazak, 2006; Drotar et al, 2006; Edwards and Titman, 2011). Psychological interventions *may* result in:

- Better medical outcome (e.g. by increasing levels of adherence)
- Better psychological functioning (anxiety, low mood, distress, anger)
- Better family functioning
- Reduced levels of disability & pain
- Reduced levels of distress around procedures
- Improved communication between the family and the medical team

Cost Effectiveness

Research on psychological influences on health care use has shown that there is a link between psychological distress and increased use of health care. Benefits of psychological treatment may include better use of health resources (such as higher levels of adherence, higher attendance at clinic appointments) resulting in lower medical costs through reduced complications in long term (Lemanek et al, 2001). Indirect cost benefits also include improved staff retention and a reduction in the number of days sickness reported when staff feel well supported in their work.

Examples of paediatric studies which have included an evaluation of the medical offset cost of psychological intervention include a study of motivational techniques with adolescents with diabetes (Channon et al, 2007). A controlled trial of multisystemic therapy for diabetes demonstrated reduced inpatient admissions and significantly lower care

costs for adolescents with poorly controlled diabetes (Ellis et al, 2005). Holmes, Walker, Llewellyn and Farrell (2007) showed that the cost of providing a transition care programme was covered by the cost savings made through fewer admissions to hospital.

Within clinical health psychology focusing on adult patients, there is a more robust body of evidence from studies demonstrating cost effectiveness. These include Chiles, Lambert and Hatch (1999), who carried out a meta analysis of psychological interventions and estimated that the medical cost offset was around 20%.

Generally, psychological interventions can result in fewer cancelled or delayed medical procedures through universal management strategies for all children from extra help from play specialists (often supervised by psychologists) to direct intervention by psychologists for more complex cases. The cost benefits of this are evident to Trusts through greater through put and more funds from 'payment by results'