Developing a Paediatric Clinical Psychology Service to identify and meet the mental health needs of children attending a DGH Paediatric Epilepsy Clinic in Norfolk.

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Introduction and aims

The local Integrated Care Board awarded a sum of money, comprising both recurrent and non-recurrent funds to establish a dedicated Clinical Psychology service for children with a Norfolk address under the care of the Paediatric Epilepsy Service, and their caregivers at the Queen Elizabeth Hospital, Kings Lynn. An 8b Clinical Psychologist (0.1WTE) and Assistant Psychologist (0.5WTE, rising to 0.6WTE in November 2023) were appointed with temporary funds, and an 8a Clinical Psychologist (0.7WTE) was appointed with permanent funds . They started in post in November 2022.

The service aimed to identify the psychological support needs of children in the clinic and create and test a service model and pathway to suit this population, including a proposed pathway for Non-Epileptic Seizures (NES). The following study describes the model and pathway established, the access to services provided for patients and their satisfaction with care offered during Year 1 of the Project (January – December 2023)

Methodology

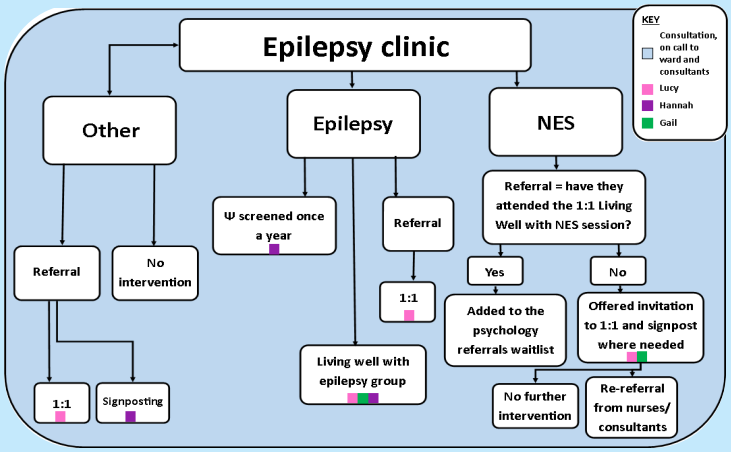
Service design was informed by information gathered via:

- A review of clinical standards and evidence for best practice, including review of the requirements of the Epilepsy12 Audit.
- Consideration of known provision in other UK services
- Identification of stakeholder needs by:
  - Engaging in regular meetings and discussion with the ICB
  - Holding both group and individual discussions with MDT members
  - Conducting separate service user groups for both children and carers
  - Reviewing patient and carer presentation and need in clinic
  - Reviewing the needs of children and carers on the generic Paediatric Psychology Service waiting list

Patient satisfaction was measured using Goal Based Outcomes (GBOs) and the Friends and Family Test (FFT).

Results

The following care pathway was created and trialled for provision of mental health screening and support for children and carers.



Service access

	Children/carers commencing first episode of care during Year 1				Number of MDT consultation episodes
	Mental Health screening	Living with NES single session (including care plan)	One to one therapy	Single session groups	
n	29	1	28	2	124
Wait for service	In clinic	Around 18 days	Soon = 75.5 days Routine = 116.88 days	Up to 12 weeks	Immediate

Patient satisfaction

	Living with NES single session (pre-set goals)	One to one therapy (individualised goals)	Single session groups (pre-set goals)
Average GBO increase (%)	241.67	132.23	54.89
Average FFT score	4.9 / 5		

Conclusions

The treatment pathway provided quick access to specialist, embedded psychology consultation for the MDT at the time of request. The data shows that this was accessible and well used, with an average of three consultations per week.

Assessment appointments, one-to-one therapy sessions and groups were well received by service users and led to marked improvement in Goal Based Outcomes. However, there were low attendance numbers at groups.

The mental health screening programme was effective at reaching some, but not all children under the care of the MDT. This may be because only children who were scheduled to attend clinic had access to screening using this model of care.

Over the coming year, we will develop the pathway to further improve access to screening. We will also be running focus groups to establish how to improve both access to and attractiveness of group provision.

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