**Referral criteria:**

-Young person (under the age of 18) must be open to a consultant attached to the EMCHC (e.g. PEC, consultant holding local clinic, or other paediatrician that is part of the network). The presenting psychological or emotional difficulties must be related or suspected to be related to the young person’s congenital heart disease (CHD), including difficulties relating to past or future treatment, health outcome, or neurodevelopmental differences. Specifically, we accept referrals for:

-Child/young person affected by any of the following:

* Difficulties with compliance with or adherence to medical advice/treatment, where nurse- or dentist-led intervention has been tried and found to be unable to alleviate the difficulty
* Difficulties/emotional distress surrounding interventions or procedures necessary for care (including compliance with echo/ECG/interventions involving needles) where involvement of play specialists has not had the desired outcome
* Problems with adjustment to or acceptance of their heart condition or related features (e.g. sensitivity about physical appearance [e.g. scars] or restrictions to activities, etc.) which are causing distress for the young person
* Acute or predicted distress around hospitalisation or procedures – e.g. fear related to future surgery based on past experiences. Where the young person is inpatient, play specialists should have been consulted in the first instance before a referral is made.
* Supporting young people and families after surgery and helping with adjustment following traumatic or prolonged hospital admissions. This includes work with anxiety, post-traumatic event symptoms, and mood changes including low mood, irritability, etc.
* Concerns about learning or neurodevelopmental problems that cannot be addressed by other services (e.g. educational psychology, learning disability services, local paediatric services). Please note, Psychology cannot diagnose ADHD/ASD or provide an educational needs assessment, but we can perform initial screening/differential diagnostic support prior to referral on to other services, for example.

-Parents/families challenged by any of the following:

* Managing complex/challenging behaviour or child distress around procedures or health appointments related to congenital heart condition where play specialist intervention has not been successful in the first instance.
* Family adjustment to diagnosis of CHD, including but not limited to fears and concerns or changes in role within the family related to CHD – this can be before the child is born or at any point during development
* Promoting attachment and bonding of babies/infants and parents during prolonged hospitalisation, particularly early in the child’s life
* Supporting with feeding difficulties that are believed to be emotionally/behaviourally driven, when a physical cause has been ruled out (please see below: at a minimum, the child should have been seen by a dietician, paediatrician, and be involved with local early years support before referral to psychology for feeding difficulties is considered).

Additionally, we can support professionals working with families to consider and plan for psychological challenges around life stage transitions, including transition to adult services, and/or upcoming procedures such as surgery (including transplant, working in conjunction with transplant centres) or other potentially anxiety-provoking interventions.

**Exclusion criteria:**

* Situations where the main concern is a child-protection or safeguarding one. These should be directed via local safeguarding processes by the concerned professional.
* Feeding difficulties where appropriate investigation of physical potential causes has not been completed, usually via referral to local services (GI difficulties, dietary sensitivities/allergies, swallowing/dysphagia problems, etc.).
* Feeding difficulties where paediatrician, dietician, and Health Visitor/local authority early years offer has not been utilised to attempt to overcome in the first instance.
* Where there is a clear mental health presentation that appears to be unrelated to the CHD – these should be referred via local service pathways (e.g. CAMHS, school nursing, etc.). Psychology can provide advice regarding this.
* Where the sole issue of concern is related to bereavement. Specialist bereavement services, particularly those local to families, should be referred to in the first instance for on-going support if clinicians have concerns. It may be appropriate for psychology to be involved briefly with bereavement work if the child/family are already known to the psychology service, or if there are other special circumstances – rationale for this should be made clear in any referral made.
* Child or young person not under the care of the EMCHC network
* School refusal not clearly and explicitly linked to CHD

*To make a referral, please complete the attached referral form. We actively encourage discussion prior to referral, so please also consider ringing Dr Larson on 0116 295 2959 to discuss informally before sending a referral.*

**PAEDIATRIC CLINICAL PSYCHOLOGY REFERAL FORM**

**East Midlands Congenital Heart Network**

**Main office: 0116 295 2959**

**Date of referral**:

**Patient’s name** :

**Address**:

**D.O.B** **NHS/Hospital number**:

**Names of parents/carers:**

**Have you sought consent from the parents/carers before sending the referral?**

*(Please tick)* **Yes❒ No❒**

**Inpatient ❒** **Outpatient❒ Glenfield/Network Consultant’s name:**

**Family’s preferred language:**   **Interpreter required Y / N**

**REFERRED BY:** **Job title/designation***:*

**Contact telephone number/e-mail for referrer:**

**REASON FOR REFERRAL:** (Please include any relevant information about mood, anxiety, coping, adherence to treatment, making reference to referral criteria. Please also include any relevant information such as previous referrals to paediatric psychology or CAMHS).

**RELEVANT MEDICAL INFORMATION:** (Please include information about diagnoses, reason for hospital admission, medications, co- morbidity, current complications i.e. infections or organ failure etc.)

**OTHER RELEVANT INFORMATION:** (Including family background/circumstances)

**Please list details of any other professionals working with the patient:** (For example -Physiotherapist, Speech & Language Therapist, Dietician, etc. Please include contact details if possible)

**Please complete ALL sections and return to:**

**Paediatric Psychology - Cardiology**

**Artemis House**

**Westcotes House Site**

**Westcotes Drive**

**Leicester**

**LE3 0QU**

**OR**

**via secure email to: felicity.larson@nhs.net**