Increasing Psychology Provisions for ACHD Population

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Background

One third of ACHD patients have multiple psychological needs, mood or anxiety disorders[1].

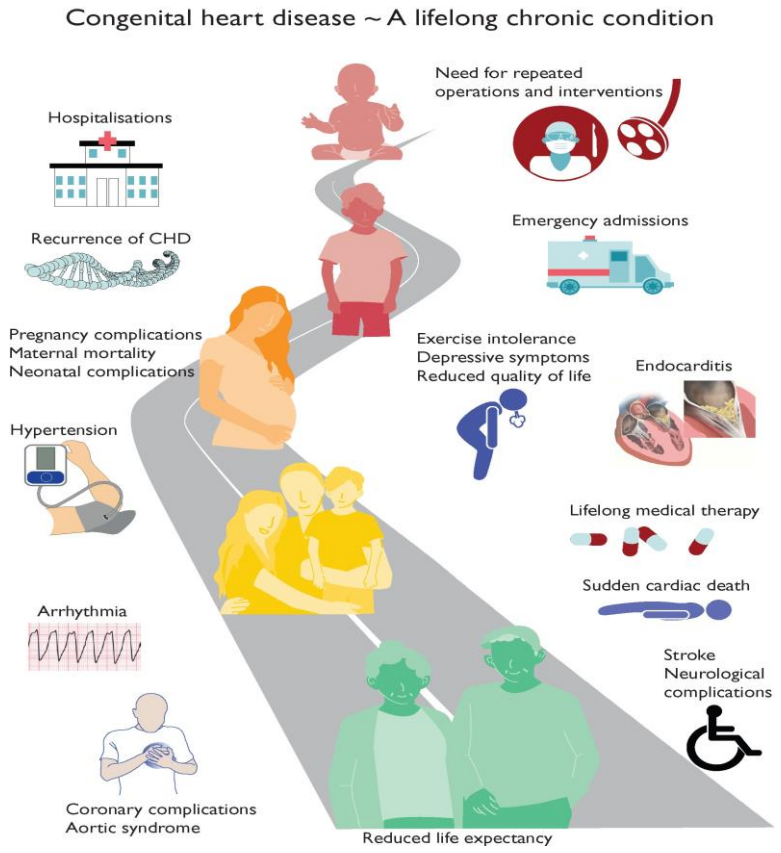
Patients and families do face emotional and behavioural challenges as a direct result of CHD with often intensive and intrusive medical interventions. The burden of living with an ongoing chronic condition is so grave, that the GUCH Commissioning Guide (2006) stated that a Clinical Psychologist should be part of a Specialist Centre.

Moreover, COVID-19 pandemic has added an extra level of stress especially in the presence of such unprecedented isolation measures. This had a negative impact on clinic DNA rates due to the psychological impact fearing the worse having been through so much in the past (PTSD).

At present the Southampton ACHD service has approximately 6000 patients who attend from a wide geographical area. The current psychology provision for ACHD population is 0.2 full time equivalent (one day a week) which is insufficient for the demand. As there are more paediatric patients with CHD surviving into adulthood, there is a predictable increase in psychology need projections.

Aims and Objectives

To increase psychology provision at UHS to reduce the psychological impact of living with a congenital heart condition and help patients adjust to their diagnosis, managing stresses and cope with health anxieties and depression of future interventions.



Methods

1. Multiple meetings with ACHD, psychology and management teams took place throughout a 6 months period.
2. We assessed previous Key Performance Indices (KPI) going by the “Improving access to psychological support therapies programme” reiterating the GUCH Service Standards (2009) which stated that Clinical Psychology should be available on a “sessional commitment basis”.
3. Compiled data on the number of patients who are current service users.
4. We compiled data on the number of paediatric patients aged 16-18 transitioning to our ACHD services to forecast the service need.

Results

The current number of patients using the ACHD psychology service was 50. Those patients require varying number of regular sessions. Paediatric patients (between the ages of 16-18) forecasted to transition to the ACHD team in the coming two years was 321. After the joint meetings an increase in psychology provision was accepted from 0.2 to 0.5 WTE. The financial support came from the “Recovery Fund”.

Conclusion

Important and successful increase in psychology provisions for ACHD population at UHS was achieved by appropriately communicating with the management team highlighting its need and impact.

References

Kovacs et al. Congenit Heart Dis.2009;4(3):139-46. Adults with congenital heart disease: psychological needs and treatment preferences