Appendix 1: Analysis of Qualitative Data

1. Behavioural beliefs. Many participants described the benefits and challenges of referring to paediatric psychology.

***1a. Holistic approach*.**The majority of participants explained that referring to paediatric psychology provided scope for 'information sharing' between disciplines and a 'more holistic approach to care'. The introduction of different perspectives was said to give a 'view of the child as a whole'.

"This allows clinicians to look at not only the disease itself but the effect on the individual as well as family members."

1b. Stigmatised views of psychology.Many participants also referred to the 'taboos and stigma' attached to a psychology referral in the context of a physical health service.

"May disengage the family… Some people are open to this idea but others may be worried that people think they are 'mad.'"

How a referral to psychology is perceived by families was also spoken about in relation to medically unexplained physical symptoms.

"Some families whose children have functional disorders, e.g. functional abdominal pain, struggle to accept that there is no organic cause for their child's symptoms and feel that they are not taken seriously if a psychologist is consulted."

***1c. Type of service offered*.** Other participants spoke about the type of paediatric psychology service offered, including psychological 'model' used, level of therapist (e.g. 'trainees') and how this may differ from what they would view as helpful for a family they refer to paediatric psychology.

"Sometimes the service may not be offering the type of support that you are looking for."

1d. Familysupport. Many participants explained the importance of psychology for family 'emotional support' for various conditions.

"Involving a paediatric psychologist can help with child and family to cope with the illness."

"Help the patient/family live with physical symptoms which are medically unexplained despite medical assessment and investigation."

2. Normative beliefs. Groups whose views about paediatric psychology were described as significant by participants were identified; families, colleagues, budget holders and support groups/charities.

2a. Families. The vast majority of participants referred to the importance of families' views about a referral. Many described families 'crying out' for psychology, while others describe 'parental resistance' to a referral.

"Our patients greatly value [paediatric psychology]."

"Sometimes they don't understand the relevance."

"Most people are willing if it's presented as a way for supporting ordinary families under stress."

2b. Colleagues. The views and approval of colleagues in relation to paediatric psychology referrals was also described as significant, with some participants describing approval of 'all colleagues' while others described some colleagues who may not view paediatric psychology as helpful.

"Some physicians feel that no intervention will change a patient / family from their longstanding viewpoint or beliefs."

"Psychologically minded colleagues [would approve]."

2c. Budget holders. Several participants expressed the potential disapproval of referral to psychology from budget holders, due to 'cost' and 'financial resources'.

"Hospital managers can view it an expensive and under recognise the benefits"

"CCGs [Clinical Commissioning Groups], budget holders!"

2d.Support groups/charities.Some participants acknowledged the approval of support groups and charities in relation to referral to paediatric psychology

"Support groups appreciate the MDT approach with psychology input"

3. Control Beliefs. Participants described several barriers to referral as well as factors enabling them to refer to paediatric psychology.

3a.Waiting lists. 'Long waiting times' and lack of psychology availability due to 'limited resources' was the most frequently cited barrier to referral.

"More psychology time should be allocated to the service"

3b.Referral process. Some participants described being 'not sure of the referral process' while others explained 'pedantic inflexible referral pathways' as a barrier.

"I don't understand the need for a formal referral for psychology input. Patients are automatically proffered consultations with all other members of multi-disciplinary teams"

3c.Healthcare professionals' time. Several participants noted that it is difficult to 'commit the time' for joint meetings and that having 'another person to keep in the loop' can be 'time consuming'.

"Joint consultations are really excellent and I really enjoy them but they can be very time consuming"

3d.Cost and resources. Some participants commented on the 'lack of financial resources' for psychology.

"Their role is essential and I am worried about long term funding"