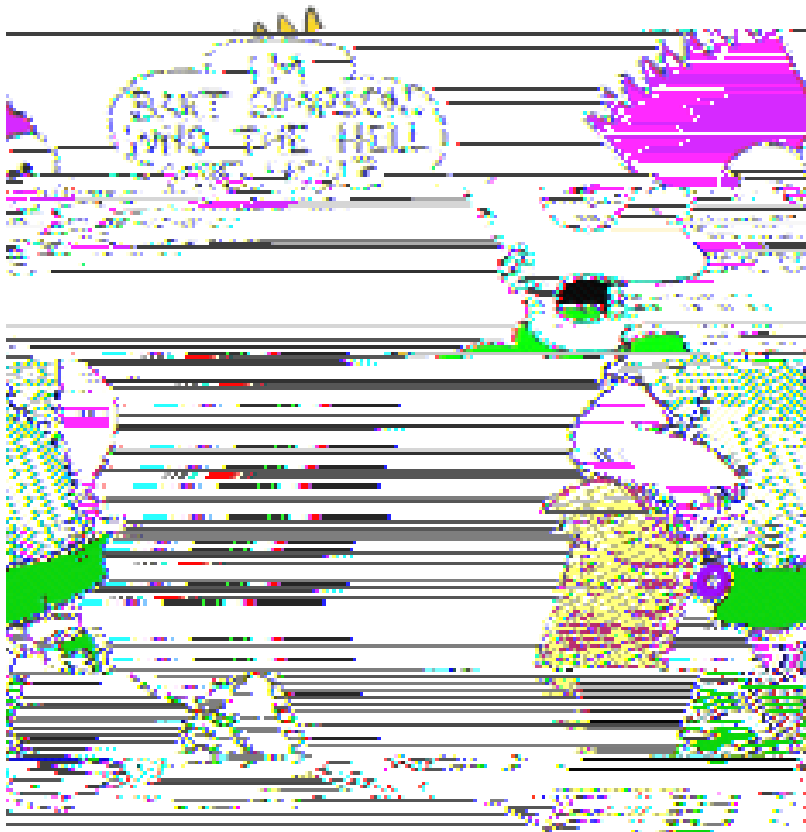


Transforming the Mental Health of Children with Epilepsy (MICE)





- Name
- Service/site
-

Name 39ctionse



Meet the Team



- Sophie Bennett
- Sarah Byford
- Bruce Chorpita
- Anna Coughtrey
- Helen Cross
- Emma Dalrymple
- Caroline Dore
- Peter Fonagy
- Tamsin Ford
- Isobel Heyman
- Rona Moss-Morris
- Colin Reilly
- Roz Shafran
- Jonathan Smith
- Terence Stephenson
- Sophia Varadkar



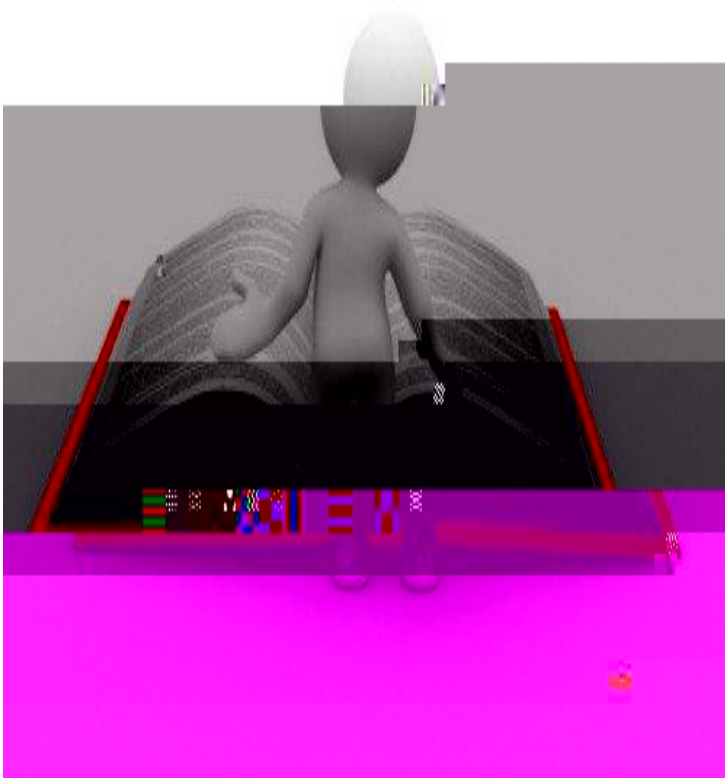
Goals



- Building relationship
 - Site liaison link
- Understand the project
- Gain skills to deliver intervention
- Timetable at front of folder



Contents



- Clinical contents
 - User guide
 - Therapy manual
 - Measures
- Research contents
 - Summary of study design
 - Consent sheets/info. for you to be interviewed



Overview of the Programme



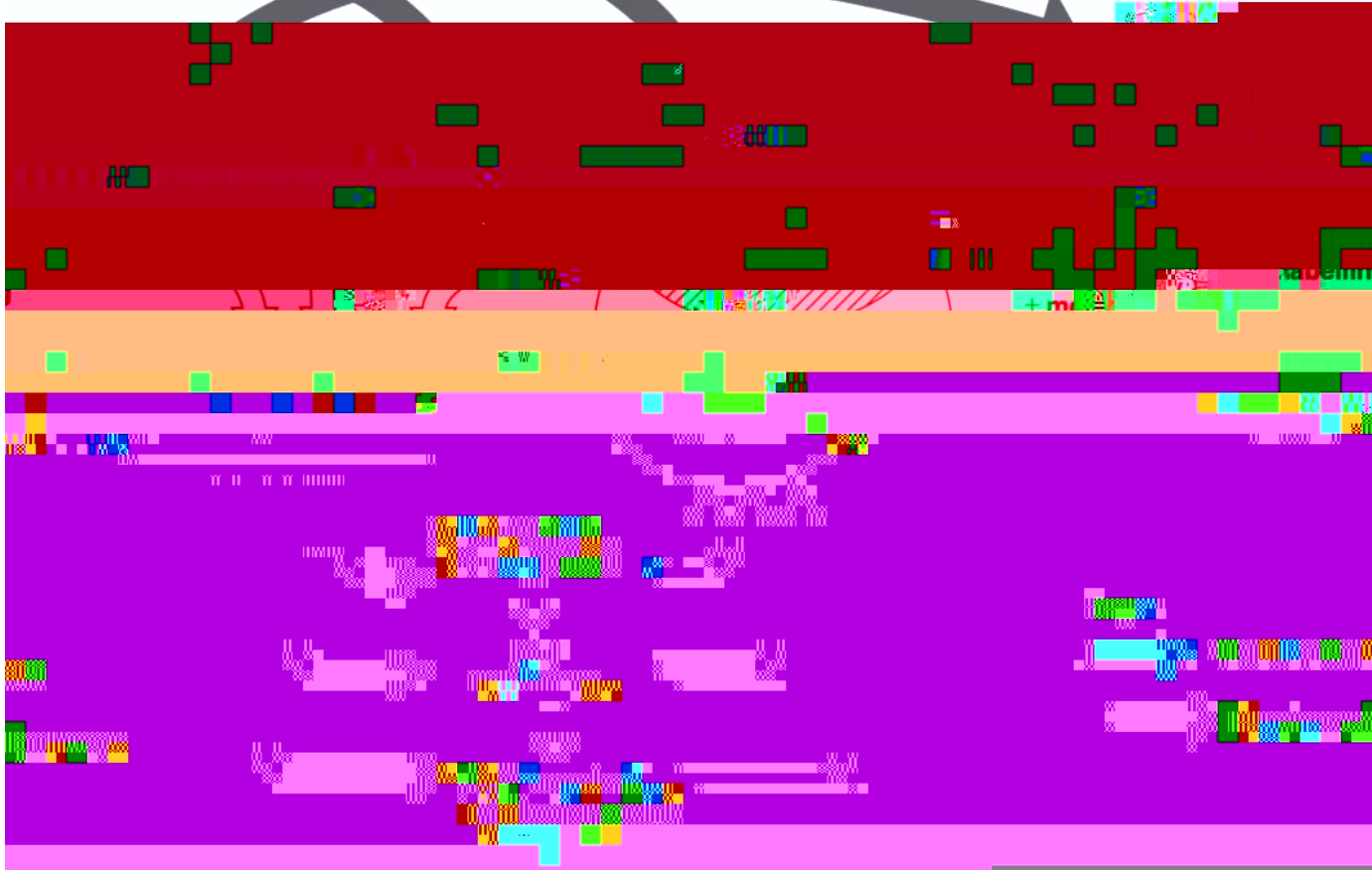
Development, trial and qualitative evaluation of modular mental health treatment in children and young people with epilepsy, delivered over the telephone from within epilepsy services.

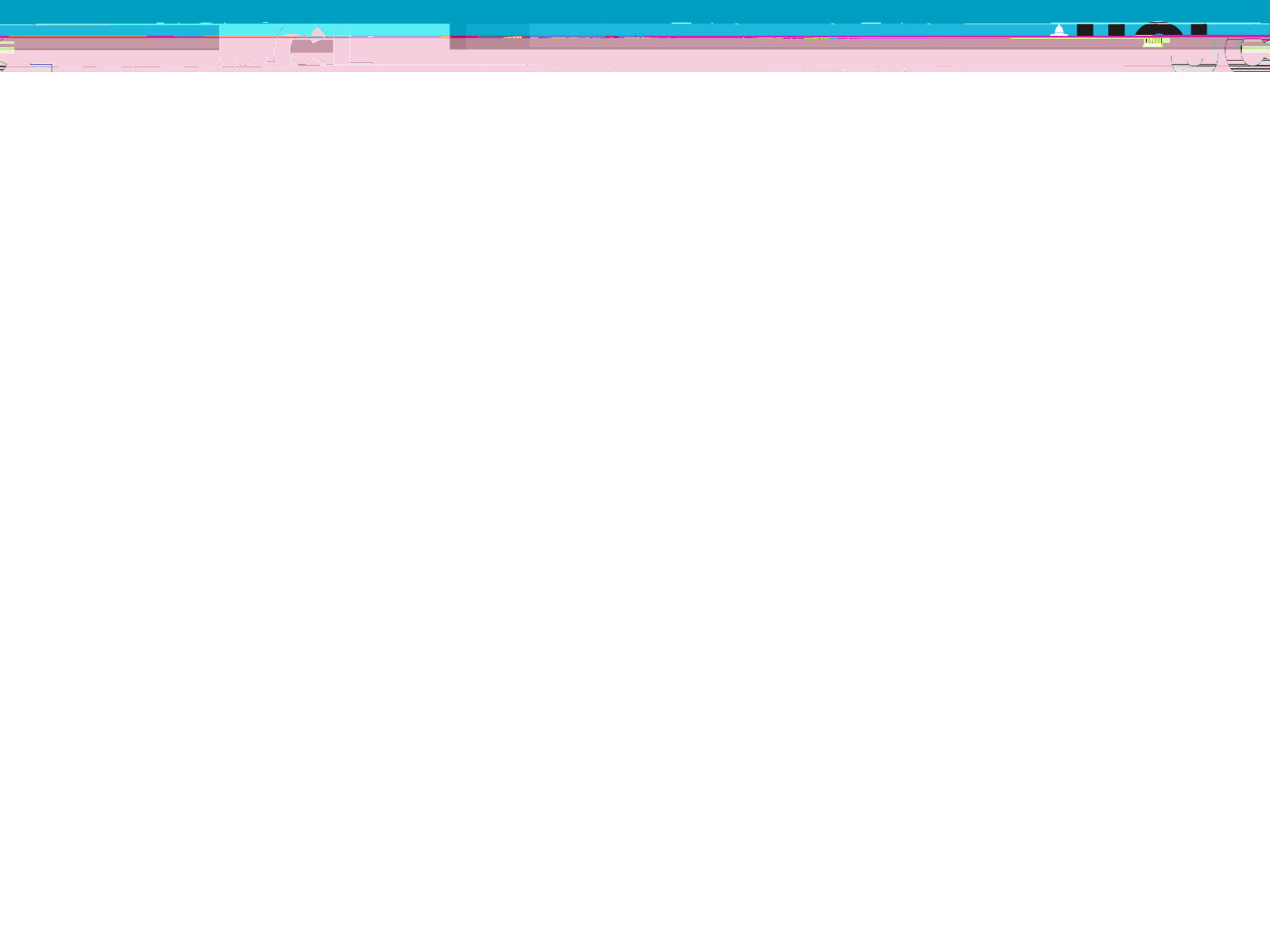


Background



Why?





Access to mental health services

- Struggle to access to CAMHS, especially when comorbid long-term conditions



Current detection and treatment

- Often not picked up – lack of integrated service?
- When they are picked up, often not treated with evidence-based treatments (e.g. PrognWhe 010729 0 720 540 rea7elop54 treatment)



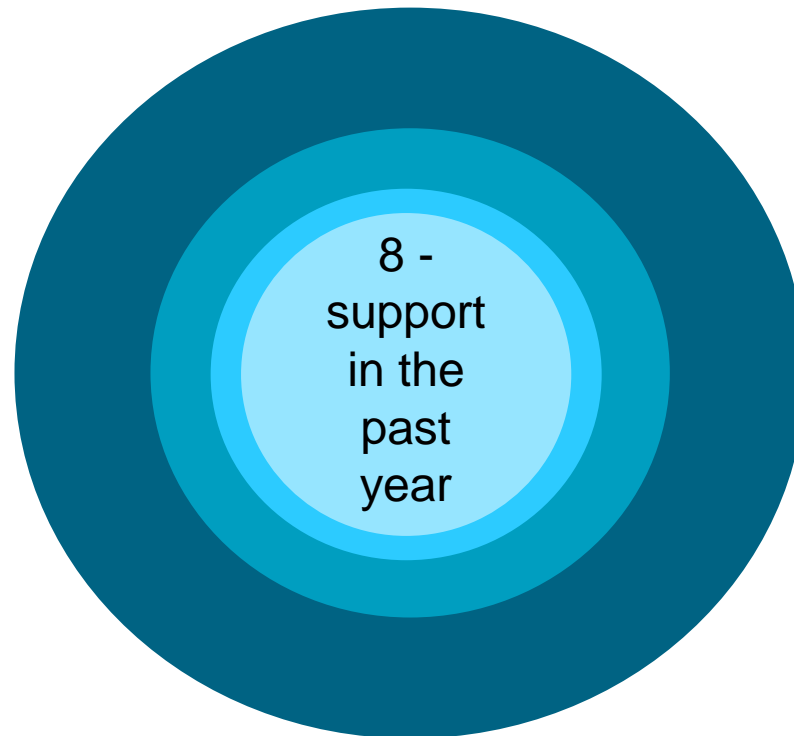
Current detection and treatment

- Often not picked up – lack of integrated service?
- When they are picked up, often not treated with evidence-based treatments (e.g. Programme Development Grant)



Current detection and treatment

- Often not picked up –



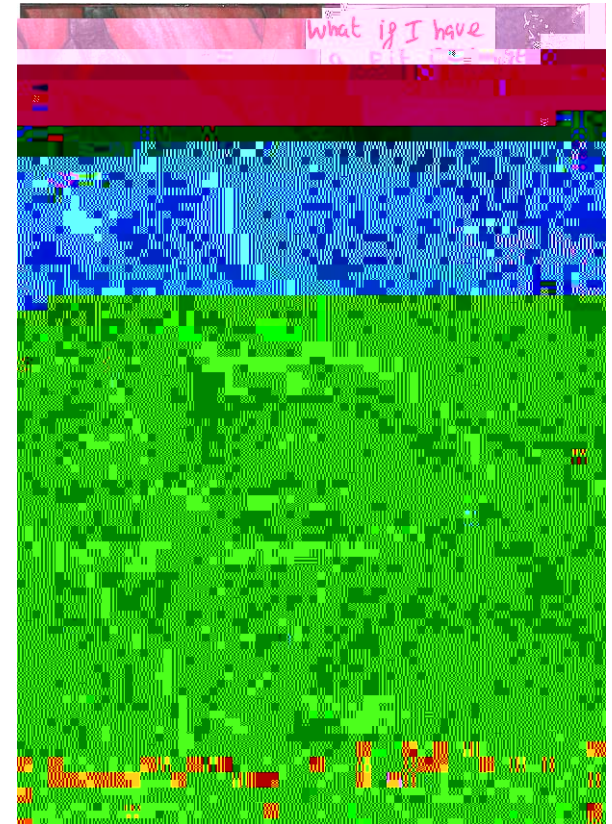
The evidence base

- Thousands of papers demonstrate efficacy of standard evidence-based intervention for mental health intervention in children (Weisz et al., 2012)
- We don't know if evidence-based mental health treatments are safe and efficacious in children with epilepsy



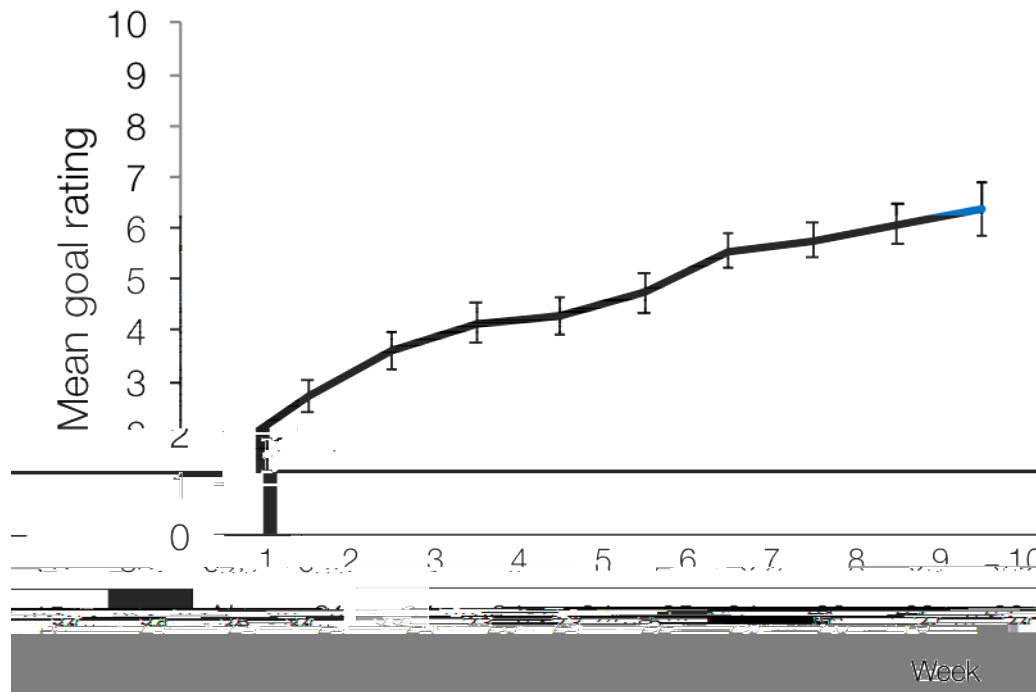
Our view

- No evidence that these interventions don't work in children with epilepsy and they are efficacious in a wide range of young people
- Many of the underlying causes may not be directly related to seizures
- *“The relationship between epilepsy and anxiety or depression was complex for young people; it wasn't just feeling down about their diagnosis. Most people who had had anxiety or depression said it was connected to their life situations, such as problems in the family or losing (Health Talk)”*



Previous work: feasibility of intervention

- Telephone treatment – ease of access
- Modular and evidence-based (MATCH) – comorbidity
- Not adapted for epilepsy
- Work towards specific goals



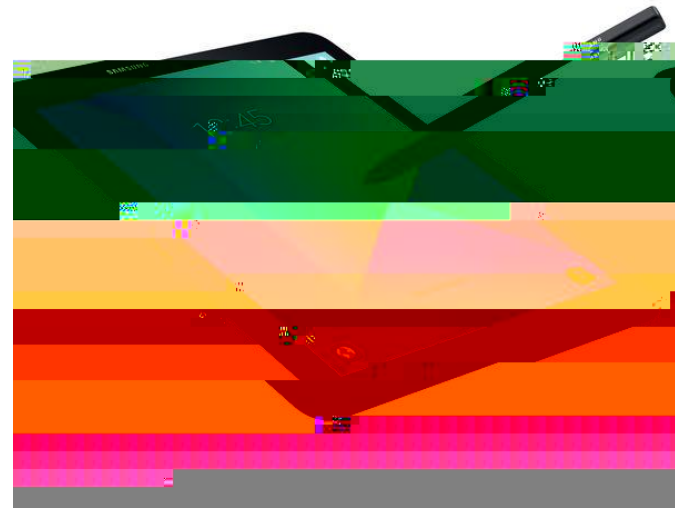
Qualitative interviews

-



Feasibility of recruitment

- Integrated with physical health care
- SDQ in clinic waiting room
- Bespoke algorithm
- Development And Well-Being (DAWBA) at home



Design

4 phases:

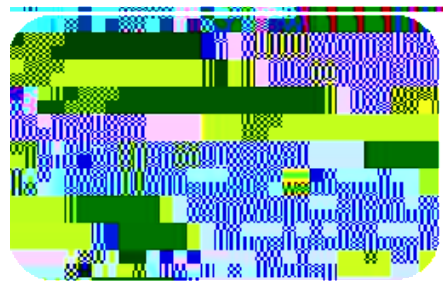
- 1. Development of epilepsy-specific devices



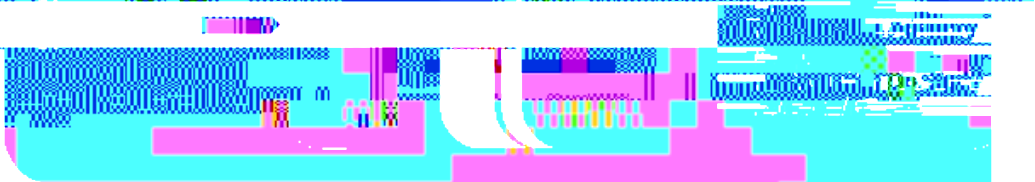
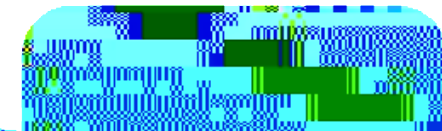
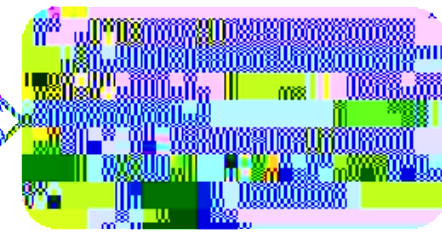
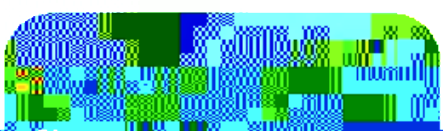
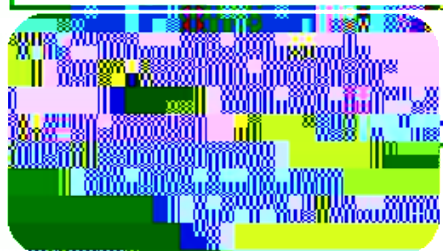
Work Package 1 (Oct 2017-18):

- Develop Multicomponent Epilepsy-Specific Module for Youth (ESMY)
- Developed iteratively with significant input from patients, carers and professionals via repeated focus groups





4th of a Patient Public Involvement group (elderly, sick, carers and young people with experience of mental health services).



Work Package 2: Oct 2018-April 2019

- Train therapists and their clinical supervisors across sites to deliver MATCH
- Use MATCH portfolio system to ensure therapist competence and adherence
- Therapist and patient perspectives on the intervention assessed using qualitative interviews



Work Package 3: April 2019-April 2021

- Full Scale Randomised Controlled Trial (n=334)
- 12-16 sessions MATCH + TAU vs. TAU
- Clinical and cost-effectiveness
- 1195 children and young people across 10 sites complete SDQ
- Above threshold complete DAWBA (as in PDG)
- Those meeting DSM-5 threshold invited to trial
- Primary outcome: SDQ





Work Package 4:

- Qualitative outcome and process evaluation
- 24 participants from WP3 (purposive sampling)
- Framework Analysis and Interpretative Phenomenological Analysis



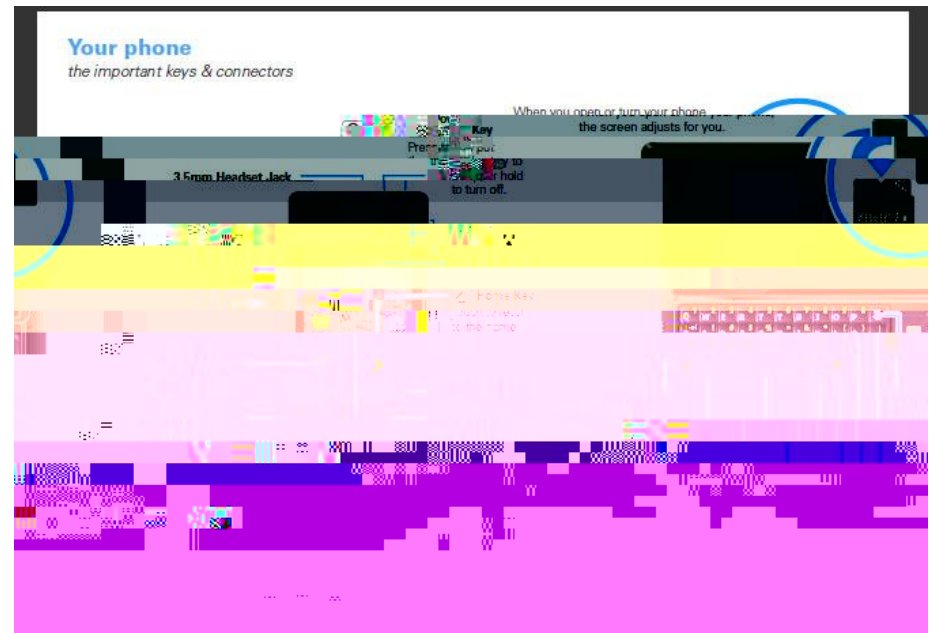
Consultation/support





The user guide

- Setting the agenda....
- A brief overview
- Time to look through
- Rating adherence



What is it?

- 'How to' use the manual, with hints and tips we have learned from our previous studies and clinical experience



Philosophy of the treatment

- Flexible
- Non-blaming – there are brain differences
- Collaborative



Practical issues

- Route to treatment: SDQ and DAWBA.
- Session timings – ideally at least weekly
- Telephone – need to make sure materials ready
- Who?
- Therapist stance – empowering and understanding – look for positives
- Homework and barriers to completion
- Help for other problems
- Further help/onward referrals



Working over the telephone

- Ideally meet face-to-face first
- Discuss concerns
- Use verbal indications of listening and explain pauses



Measures

- To be discussed in detail later
- Weekly measures of goals and symptoms that will be emailed before each session
- Also measures before and after the therapy and at follow-ups



Session timing

- 10-22, average of 16
- Delivered over 6 months including boosters
- 50 minutes
- Booster sessions at 1 month and 3 months after final treatment session



Session content

- Structure:
 - Setting an agenda
 - Questionnaires and goal review (to be discussed later)
 - Monitoring review
 - Review homework
 - Key concepts
 - Other issues
 - Setting homework
 - Summarise



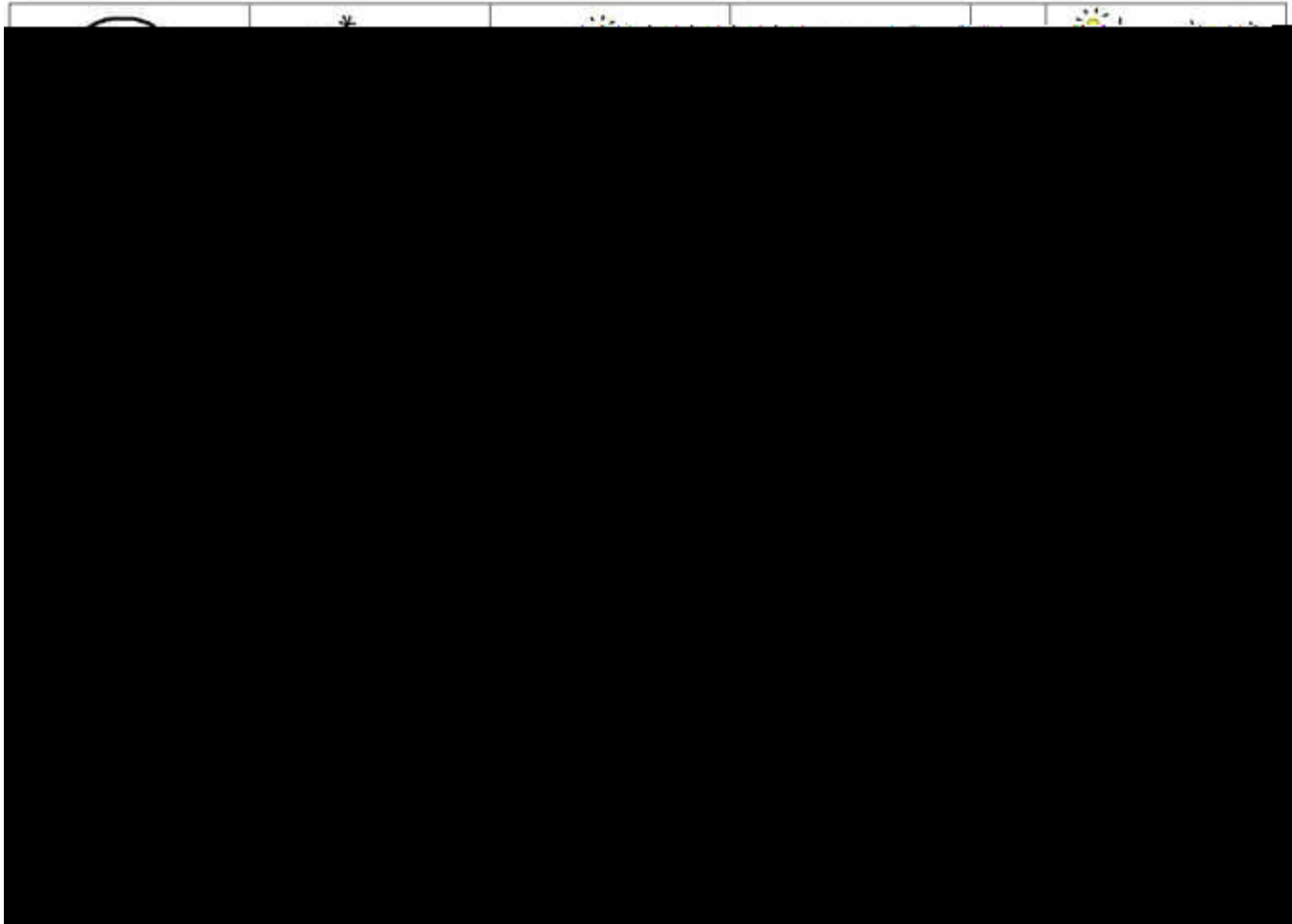
Agenda setting

- A collaborative process
- Prioritise items
- Questions to help:
 - *What items would you like to place on the agenda for*
 - *What topics do you think are important to discuss today?*
 - *What would you like to have achieved by the end of*



Session content: Monitoring

- Important but be flexible



Session content: Review homework

- Really important
- Don't move on to another strategy if not understood or not done



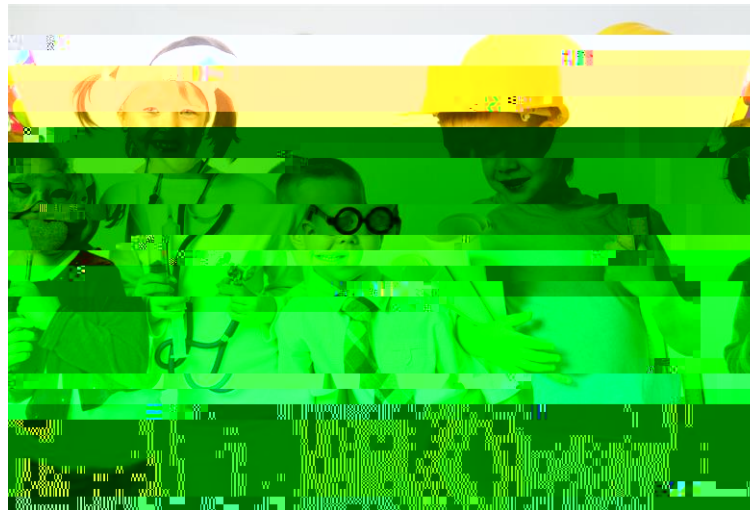
Session content: The main content

- Will be discussed in more detail on other days
- Example scripts – don't need word for word
- Exercises are important
- Flexibility
- Initial sessions may progress more slowly



Session content: Role plays

- Don't skip
- Adapt
- Verbalise
- Face-to-face is possible

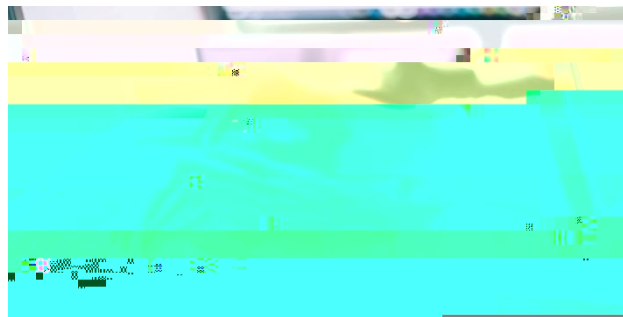


Session content: Summarise



After the session

- **Email:** typed summary, blank measures, homework sheet, reminder of materials
- **Notes** are logged on your clinical systems
- **Measures** to be updated and saved (this will be covered later)
- **Letters** – after assessment, mid treatment, end of therapy, each booster. Templates in pack.



Tailoring

- Flexible
- Intellectual Disability/ASD/ADHD
- Involve parents, simplify language, use pictures, have breaks



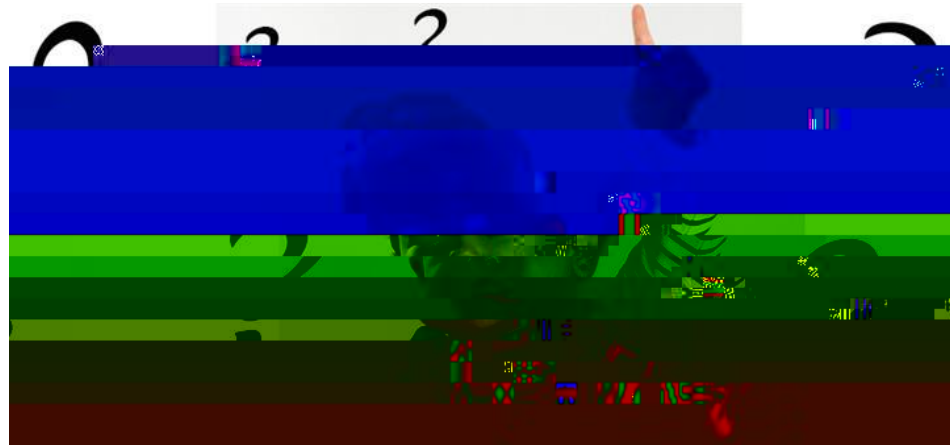
Working with schools

- Parents can share materials



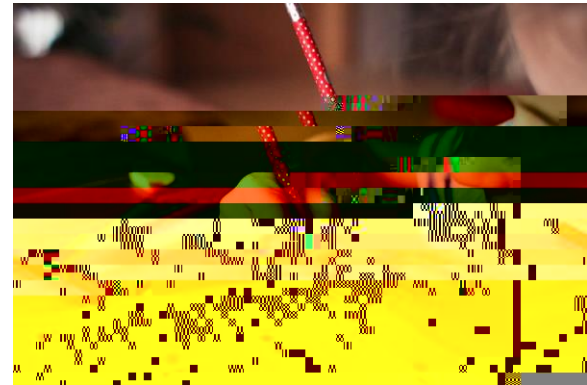
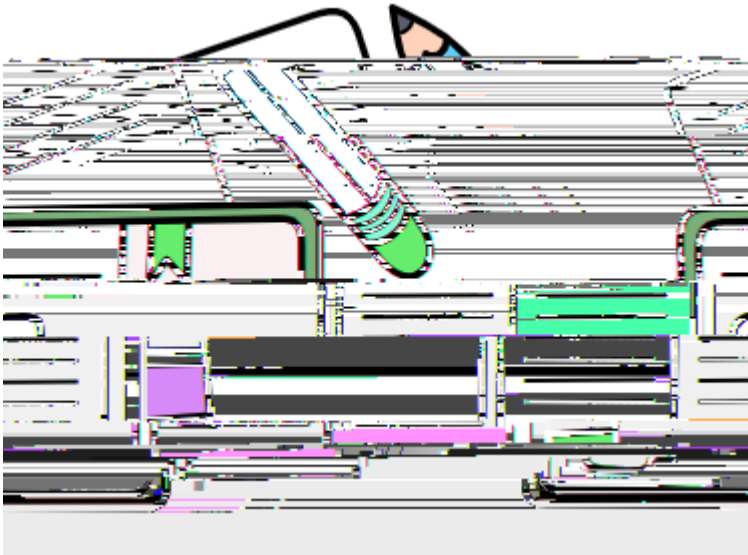
Using consultation

- To be discussed
- Site supervisors should be informed about risk
- Please get in touch if you have questions!



Example of homework review

- <http://www.iapt.nhs.uk/workforce/low-intensity/reach-out--students-menu/>



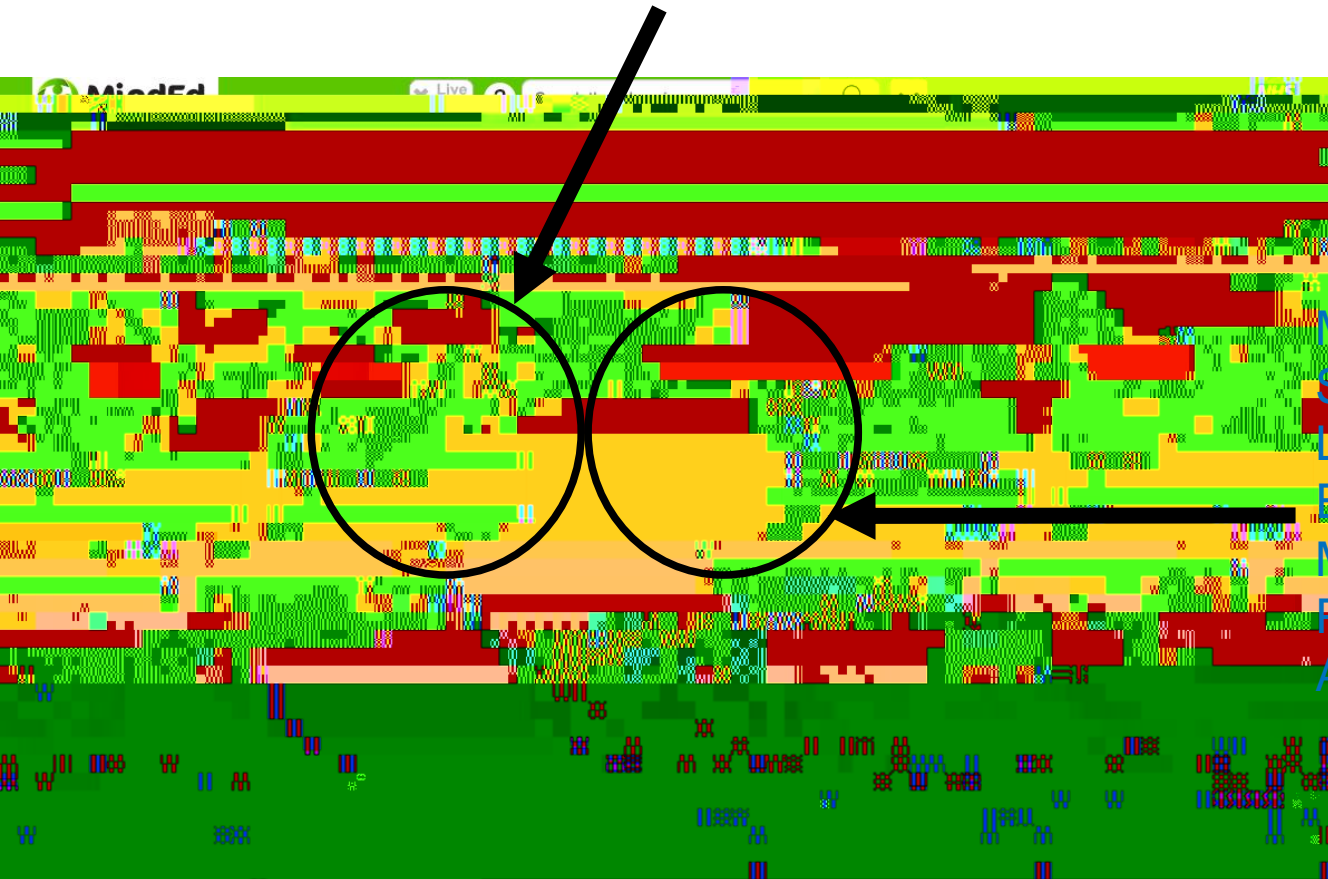
LUNCH

12:45 – 13:30



Anxiety disorders and depression

MindEd Targeted & Specific CAMHS Entry Level > Specialist CAMHS Entry Level > Clinical Management of the Major Presentations in CAMHS > Depression



MindEd Targeted & Specific CAMHS Entry Level > Specialist CAMHS Entry Level > Clinical Management of the Major Presentations in CAMHS > Anxiety Disorders



Behavioural difficulties

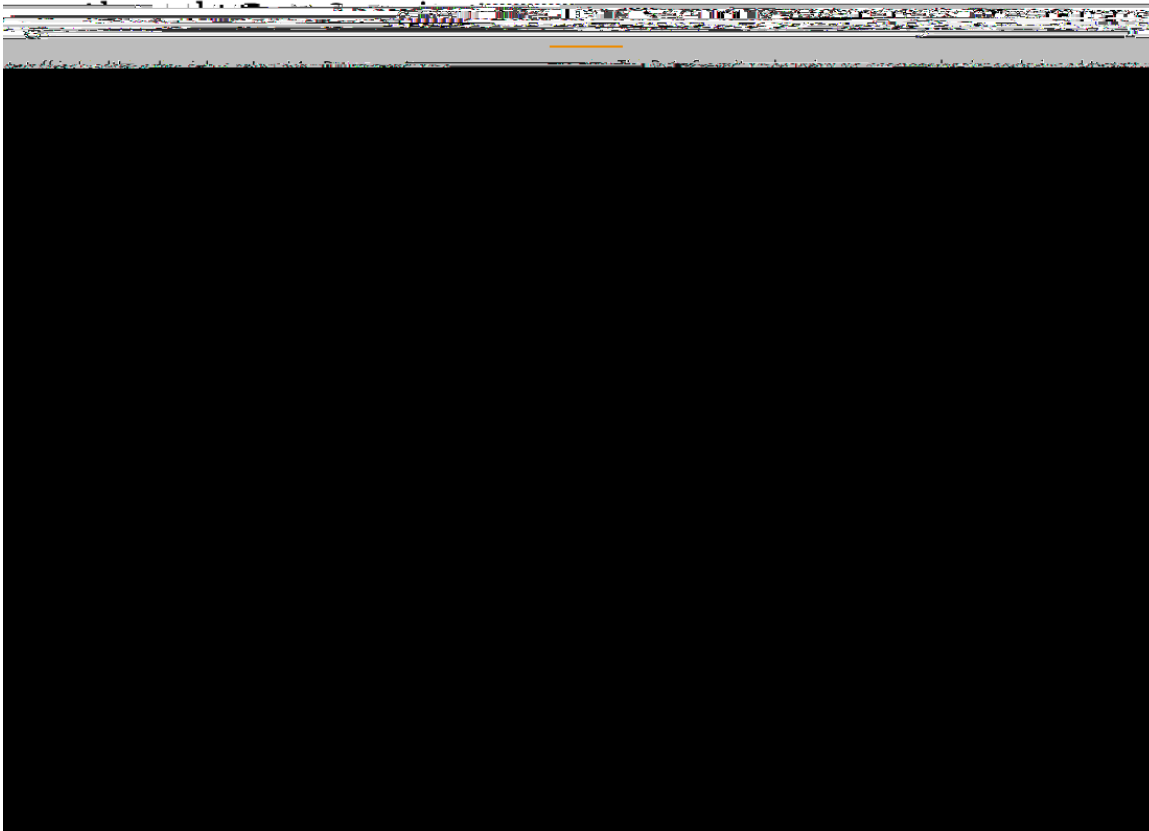


MindEd Targeted & Specific
CAMHS Entry Level > Specialist
CAMHS Entry Level > Clinical
Management of the Major
Presentations in CAMHS >
Oppositional Defiant Disorder
and Conduct Disorder 1



Information governance

- Data security level 1



<https://www.e-lfh.org.uk/programmes/data-security-awareness/>

