MICE in practise – How the pilot project works in the hospital setting

York and Scarborough Teaching Hospitals NHS Foundation Trust

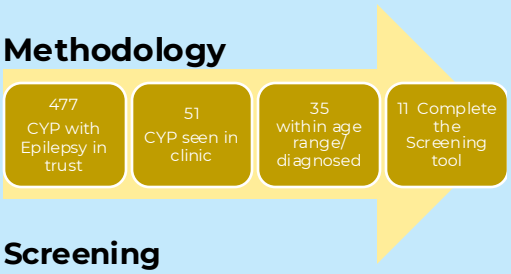
Jenni Reid and Gemma Hartley

Introduction and Aims

Recognition that epilepsy and mental health (MH) difficulties in children and young people (CYP) are negatively correlated (Dreier,2019) as well as NHSE's 2023 recommendation (following the Epilespy12 audit) that physical and mental health care should be integrated has paved the way for this pilot project into MH support for young people in epilepsy services.

Our aim is to offer MH screening to all children and young people with epilepsy and deliver targeted support in a timely manner to families who need it the most.

Methodology

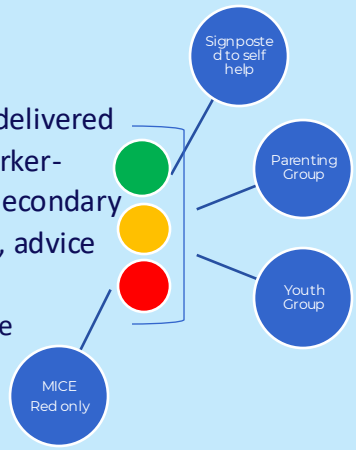


Screening

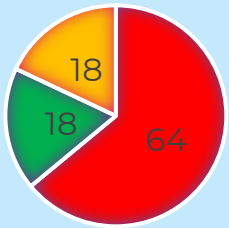
The SDQ and Me and Epilepsy questionnaires are sent to all families of children (5-17) with their next clinic appointment letter. Completed online and automatically submitted, the psychology team then review and RAG rates these in line with the PAVES (2021) model.

Treatment Options

- Signposting to self help
- Online Parent/Carer Workshop – delivered by psychologist and Wellbeing worker- Separate groups for primary and secondary aged CYP focusing on information, advice and connection
- Youth Group Course - a 6-week course led by a psychologist and Epilepsy nurse for CYP aged 12-17 years old to learn to self- manage their epilepsy based on the PIE group (PAVES,21)
- 1-1 talking therapy support – MICE –delivered by Wellbeing Worker - only offered to those scoring red



Results



RAG Rate by %

Early data suggests a majority proportion of CYP with high levels of MH need. Currently 42% of CYP families with high needs have not opted into any treatment options, 28% are booked onto the parent group and 28% are accessing MICE. 14% are concurrently booked on the youth group.

	Weekly	Monthly	Termly
Seen in clinic	12	48	192
Completing Questionnaires	3 (Total)	12	48
Youth Group	9% of Total	1	4
Parent Groups (over 2 groups)	27% of Total	3	12
MICE	28% of High needs	2	8

Projection of referral numbers

Conclusions

- Our results echo the clear evidence of increased MH needs for CYP with epilepsy with 64% of CYP surveyed being rated as High need but engagement of this demographic is difficult in practise.
- 56% of families access support following screening but a minority of families are completing the screening tool. Having a clinician in the clinic waiting room has improved engagement hugely but this needs more consideration.
- MICE adds value to the project with nearly 1 in 3 families preferring MICE over group options.
- Implementation is more cost effective with Wellbeing practitioner delivering MICE and cofacilitating groups over psychology only support.

Reflections on MICE

- Parent led CBT works well over video call
- Session numbers can be reduced for some clients especially with parent led work
- Needs adapting for older CYP as some paperwork more suitable for younger ones.

Acknowledgements & Fundings

NHSE, 2023, National bundle of care for children and young people with epilepsy, Publication reference: PRN00318_i.
Felix S., McLellan A., Shetty J., Middleton, J., Chin R., Povedab., Brand C., Small M., Verity K. (2021), Pilot project of psychological services integrated into a pediatric epilepsy clinic: Psychology Adding Value – Epilepsy Screening (PAVES), *Epilepsy & Behavior 120* (2021) ID- 107968
CB, Cotsapas C, Christensen J. Childhood seizures and risk of psychiatric disorders in adolescence and early adulthood: a Danish nationwide cohort study. *Lancet Child Adolescent Health 2019*; 3: 99–108.
George, C., ier JW, Pedersen