

Establishing a pathway for Mental Health screening in CTM Epilepsy Clinics

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Introduction & Aims

Key findings from the Epilepsy12 project were that 85.3% of children did not receive routine screening for mental health problems and 86% of epilepsy services were unable to provide co-located mental health support.

Cwm Taf Morgannwg University Health Board (CTM), were part of this statistic and this was highlighted as an area for improvement across the CTM Paediatric Epilepsy clinics.

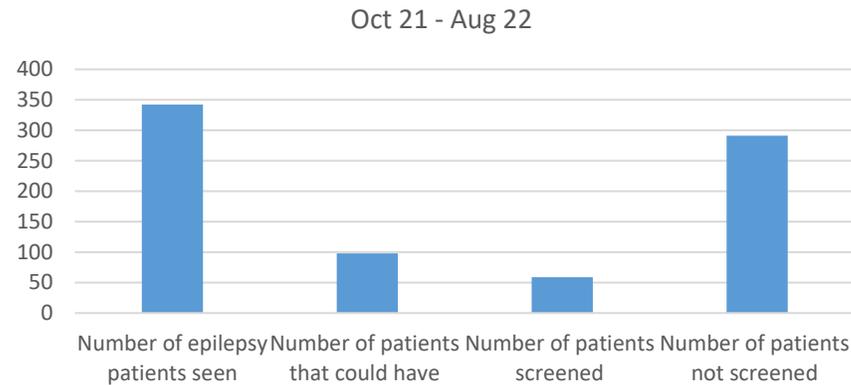
We set out to establish a pathway to allow clinicians within CTM Paediatric Epilepsy services to fulfil the RCPCH recommendations.

Methodology

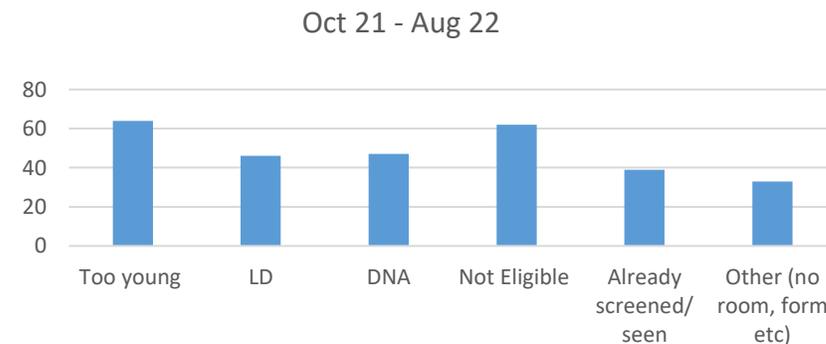
- Identification and review of appropriate mental health screening measures. On the basis of a number of factors (ease of use, access, validity reliability, etc), we selected the PI-ED, PHQ9 and GAD 7.
- Development of screening protocols for use within outpatient clinic settings - Discussions were held to develop instructions on how to administer and score; and how to discuss onward referrals. Aide memoire was developed to help interpret scores and decide best course of action. Conversational prompts were also provided for members of the Epilepsy team
- Development of referral pathways for Children and Young People (CYP) with co-morbid mental health difficulties. Flow charts were designed to provide a visual representation of these pathways.
- Liaison with Paediatric Psychology and CAMHS colleagues to develop integrated mental health support within epilepsy clinics.
- Review of protocols and pathways after an initial pilot project - Regular meetings are held within the Epilepsy teams to discuss the screening, how the staff are managing with the implementation and practicalities around the administration.

Results

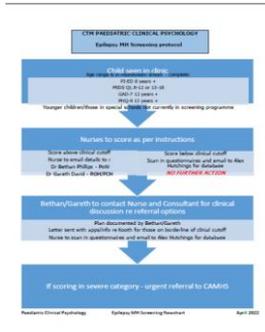
Data has been collated across 3 sites from the initiation of the screening pathway. The graph below provides a breakdown of screening figures



Further analysis has been done on those patients not screened, to help us pinpoint reasons why



Screening protocol flow chart



Conclusions

We have been very pleased with the development and initiation of this pathway – members of the MDT have adapted well to its introduction, and it is clear in informal discussions that staff are increasing in their awareness of mental health needs of CYP with epilepsy.

On initial glance figures screened appear low – 352 CYP with epilepsy were seen in clinic and however, only 98 were eligible for screening and 59 were screened. However, on further analysis legitimate reasons exist for those who were not screened, which include age, learning disability, already been screened, or other reasons. We are working alongside members of the MDT to help clarify these other reasons and increase the screening numbers.

In terms of next steps, we are regularly reviewing the data and the current pathway with members of the MDT. After 12 months we will formally review the implementation, and look further at outcomes post screening in terms of impact on referrals onto psychology and CAMHS.