

Epilepsy12 Quality Improvement Case Studies 2023

Cwm Taf Morgannwg University Health Board

Royal College of Paediatrics and Child Health's (RCPCH) Epilepsy12 is a UK collaborative clinical audit of health care for children and young people with suspected epileptic seizures within Health Boards and Trusts in England and Wales. The audit assessed several aspects/measures of the quality of care and outcomes for children and young people with seizures and epilepsies.

Using Epilepsy12 audit, we identified mental health screening and support as an area of improvement for the paediatric epilepsy service within Cwm Taf Morgannwg University Health Board.

We set out to fulfil the RCPCH recommendation that all paediatric epilepsy services should routinely screen for mental health difficulties, use mental health referral pathways for patients with comorbid mental health problems, and provide integrated (and ideally co-located) mental health support within paediatric epilepsy clinics.

We reviewed several mental health measures for a paediatric population and identified three mental health screening measures paediatric index of emotional distress (PI-ED), the 9 item Patient Health Questionnaire (PHQ-9) and the 7 item Generalised Anxiety Disorder questionnaire (GAD-7) to use, based on validity, reliability, ease of use and cost. Instructions were developed to support clinical staff in discussing mental health concerns and on administering and scoring the screening tools. Decision flow charts and referral pathways were designed in conjunction with the Child and Adolescent Mental Health Service CAMHS to determine the most appropriate ways forward following screening. Conversational prompts were also provided for members of the epilepsy team.

The screening and referral processes are reviewed in regular multidisciplinary meetings. Discussions centre around implementation and practicalities concerning the administration of the screening measures and ultimately on how best we can support children and young people following screening and when to refer on to the child's/young person's local CAMHS.

Outcomes

Prior to the project, referrals were made to paediatric clinical psychology on an ad hoc basis, based on the presentation of the young person in routine epilepsy clinics and dependent on the clinical skills of the staff to identify a need for mental health support. Staff did not feel confident in their skills or ability to identify mental health issues nor did they feel they had the skills to address or support these concerns. Referrals were not always made in a timely manner and, at times, were not appropriate.

The project has enabled the cascading of psychological screening and assessment skills to the wider multidisciplinary team. Referrals are now made in a coordinated systematic way, allowing better management of waiting lists for the paediatric clinical psychology service. A stepped level of care can be applied to these referrals with regards to psychological intervention, which allows for clarity and transparency to all those in the team.

Initial feedback from paediatric epilepsy service staff and families was positive. Young people who have been referred to paediatric psychology have had appropriate referrals, were able to receive timely and appropriate psychological intervention. Screening has opened conversations around mental health with patients and has also provided the opportunity for reflection and sharing of psychological theories and formulations between the paediatric clinical psychologist and epilepsy team.

Next Steps

A special interest group was established between paediatric clinical psychology services across Wales and the UK. Methodology and results of this project have been shared with these services and clinical pathways following our model have now been established in several other services across the UK. A more detailed review of the data collected is planned to help support a bid for dedicated psychology support for CYP with epilepsy.