

M.I.C.E — Mental Health Intervention for Children with Epilepsy Training

Isobel Heyman
11.15-12.30 p.m.

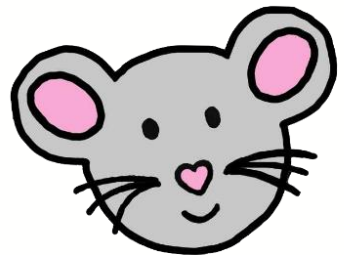


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Overview

- Up to 70% of children with epilepsy have psychiatric disorders.
- These associated psychological problems are often far more distressing and impairing than the epilepsy itself.
- Untreated, the problems are often very persistent.
- Treated, the problems often improve substantially.



The evidence base

- Thousands of papers demonstrate efficacy of standard evidence-based intervention for mental health disorders in children (Weisz et al., 2012)
- Preliminary evidence that these are effective in children and young people with Long Term Conditions (LTCs)

What is the effectiveness of mental health interventions for children with long term physical conditions: a systematic review

Michael Nunns¹, Darren Moore¹, Obi Ukoumunne¹, Liz Shaw¹, Morwenna Rogers¹, Sophie Bennett², Chris Dickens¹, Tamsin Ford¹, Isobel Heyman³, Fiona Lockhart², Roz Shafran⁴, Penny Titman³, Russell Viner⁴, Erin Walker³, Paula Lavis⁵, Rob Anderson¹, Jo Thompson Coon¹

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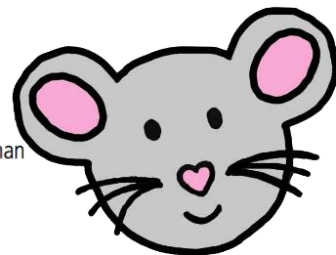
Original article



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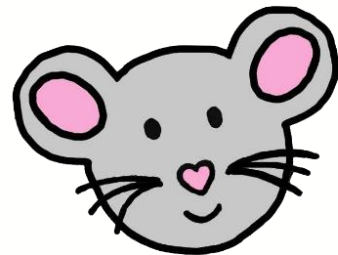
Psychological interventions for mental health disorders in children with chronic physical illness: a systematic review

Sophie Bennett,¹ Roz Shafran,¹ Anna Coughtrey,² Susan Walker,^{1,2} Isobel Heyman

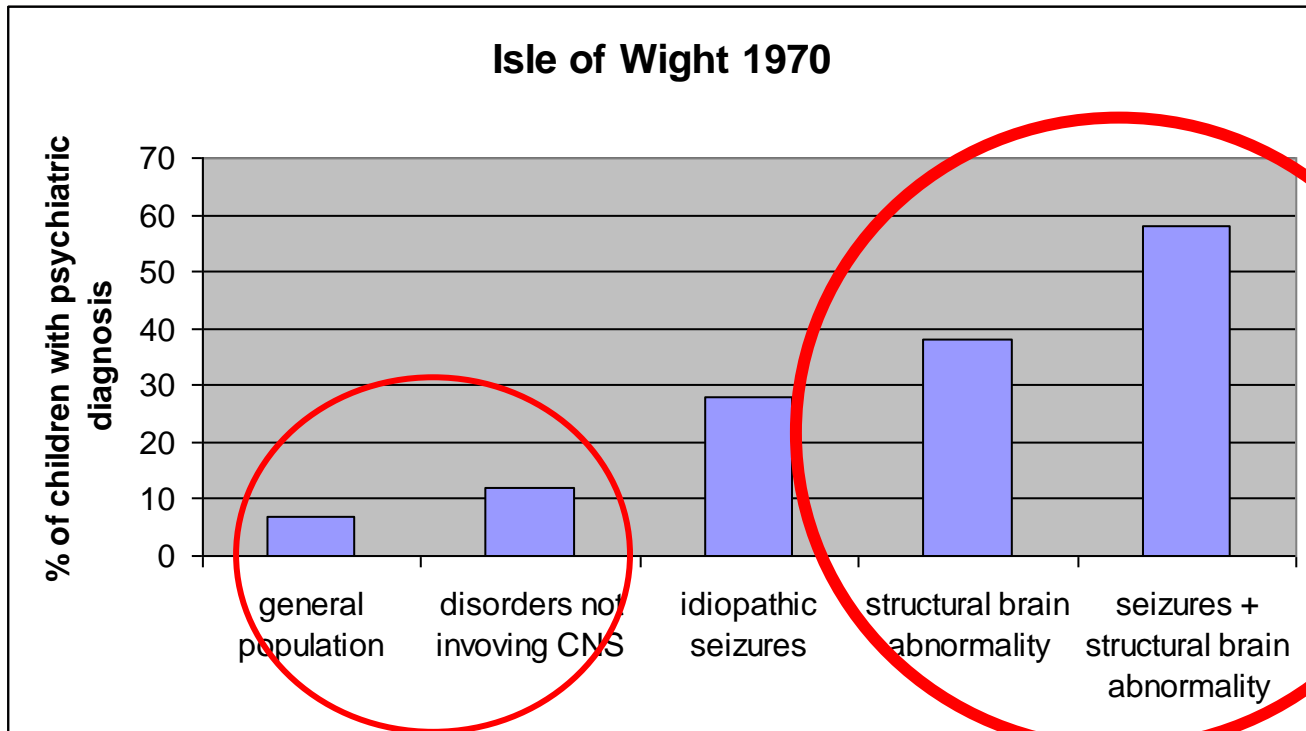


.....and these treatments can lead to full recovery.....

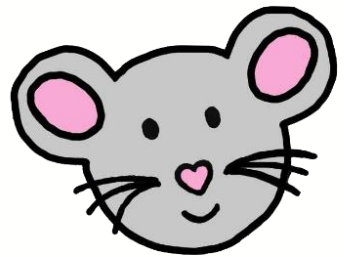
Treatment	% remitted (range)
Combination	46-68
Sertraline	34-46
CBT	20-46
Placebo	15-27



Isle of Wight, 1970



- Most of the mental health problems in children with epilepsy are common ones.
- Epilepsy and brain disorders are major risk factors for psychiatric disorders.

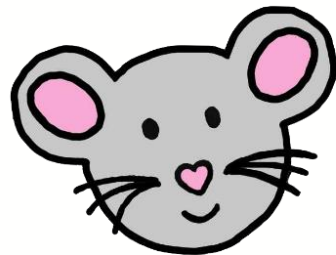


Rates of Mental Health Problems

- 7% general population
 - 12% disorders not involving CNS
 - 28% idiopathic seizures
 - 38% structural brain abnormality
 - 58% seizures + structural brain abnormality
- 9% general population
 - 11% diabetes
 - 28% uncomplicated epilepsy
 - 54% complicated epilepsy

Rutter 1970

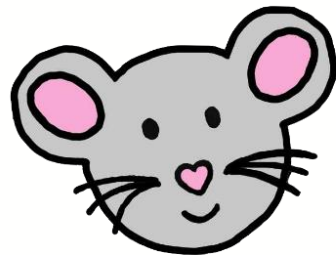
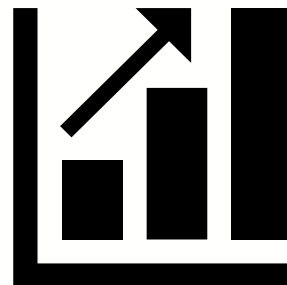
Davies et al, 2003



Symptoms of anxiety and depression in school-aged children with active epilepsy: A population-based study. Reilly et al 2015

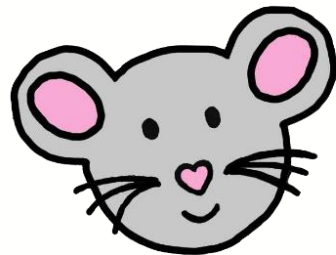
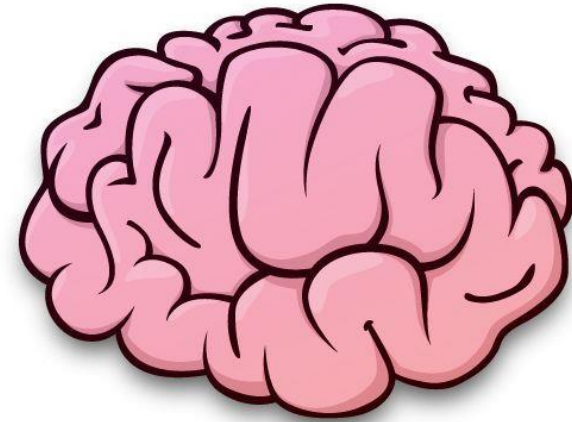
Significantly elevated rates of anxiety on self-report > 30%

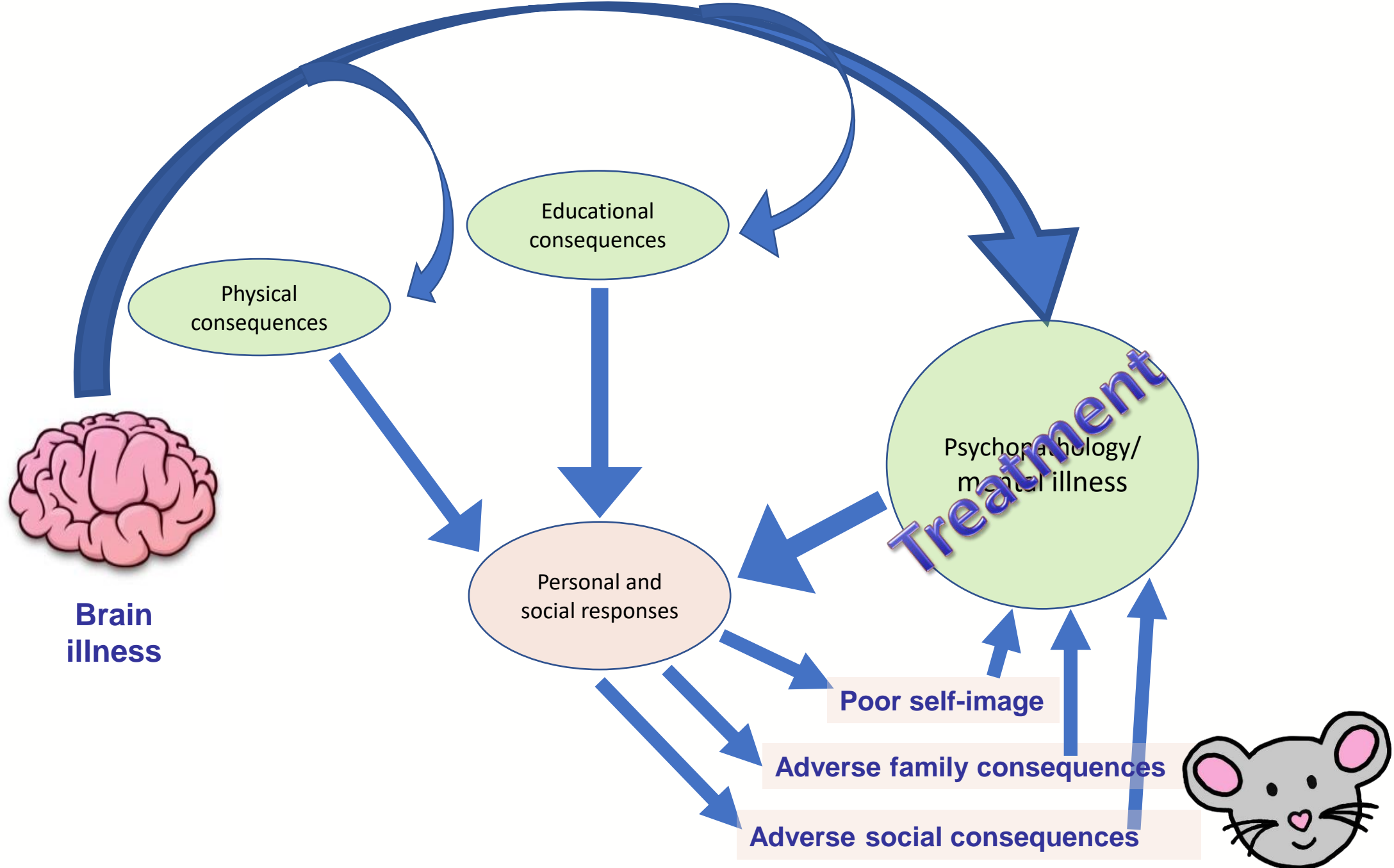
Significantly increased rates of depression >20%



Which patients are at particular risk?

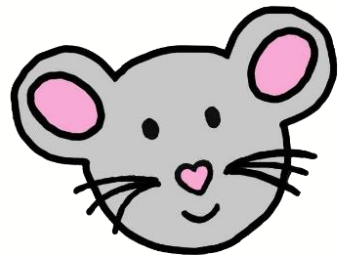
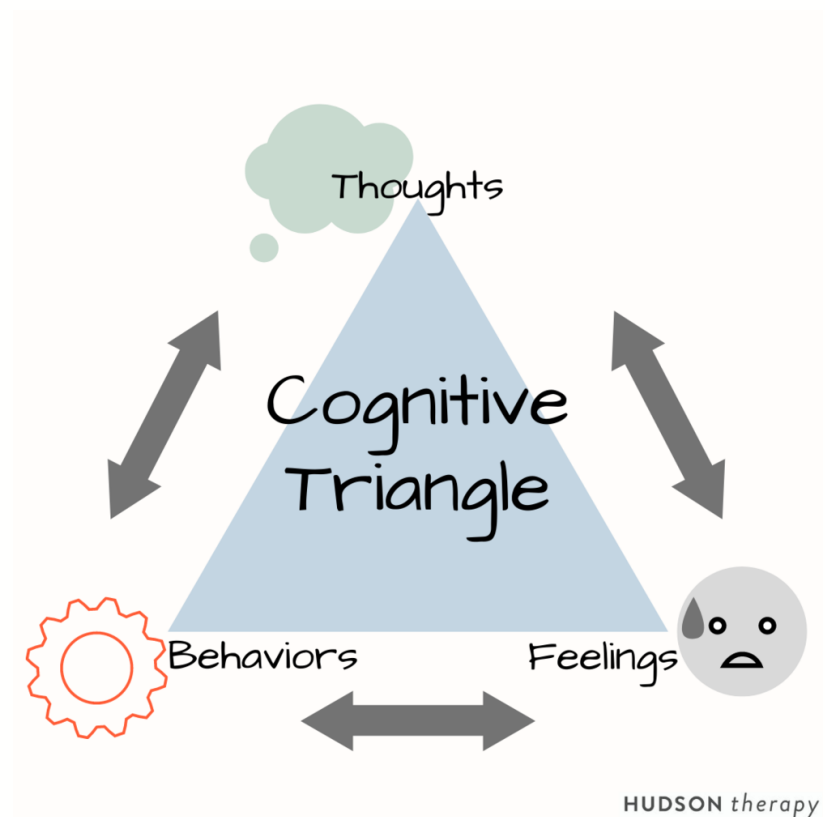
- Structural brain abnormalities
- Learning difficulties
- Poor seizure control
- Younger age of seizure onset
- New onset seizure disorder
- Particular anti-epileptic drugs and multiple drugs
- Family/psychosocial factors



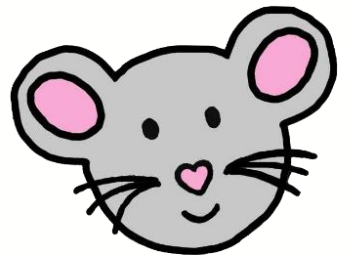


Adapted from Heyman, Goodman and Skuse (2016)

Cognitive Behaviour Therapy (CBT)

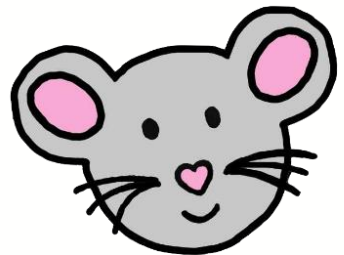


A word about CBT



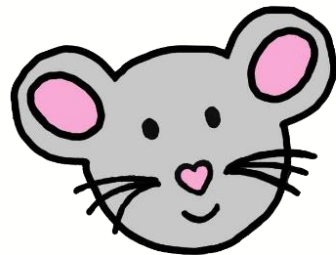
AT THE HEART OF COGNITIVE BEHAVIOUR THERAPY

It is not the event that
determines the emotional
response but the person's
interpretation of that event



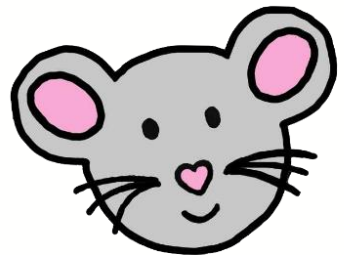
What is CBT?

- Family of specific, evidence-based therapies
- Time-limited, brief structured psychotherapy
- Collaborative
- Uses socratic questionioning
- Aims to change agreed problems
- Based on view that if reverse maintaining processes, the problem will resolve. It is not necessary to know the cause of the problem to solve it .
- Ignorance of the cause makes relapse more likely.
- Scientific underpinnings throughout



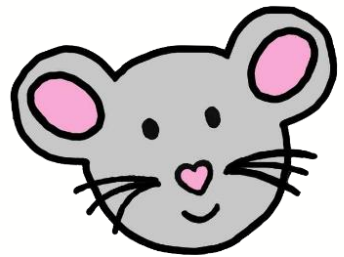
What isn't CBT?

- Rigid, cookbook methods
- Heartless or soul-less
- A rag-bag of methods
- Meandering
- Vague
- Simply common sense



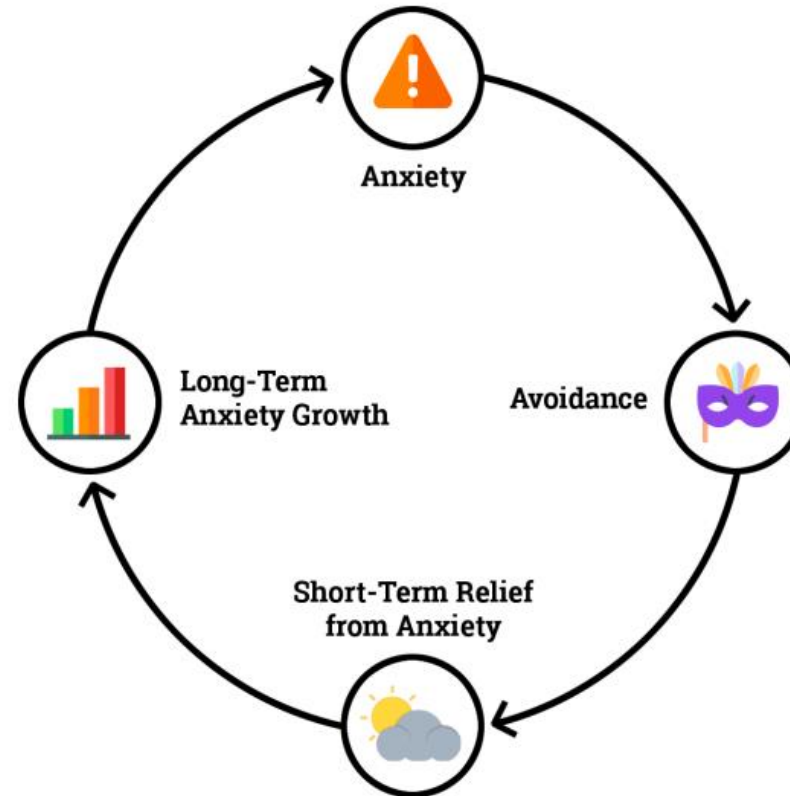
Standard Anxiety Treatment

GoAnimate



Standard Anxiety Treatment

The Cycle of Anxiety



Anxiety

An anxiety-producing situation leads to uncomfortable symptoms such as worry, fear, a racing heart, sweating, or a feeling of being overwhelmed.

Avoidance

Uncomfortable symptoms are controlled by avoiding the anxiety-producing situation. Examples of avoidance include:

- Skipping class to avoid giving a presentation
- Using drugs or alcohol to numb feelings
- Procrastinating on challenging tasks

Short-Term Relief from Anxiety

Avoidance of the anxiety-producing situation gives an immediate sense of relief. The symptoms of anxiety lessen, but only temporarily.

Long-Term Anxiety Growth

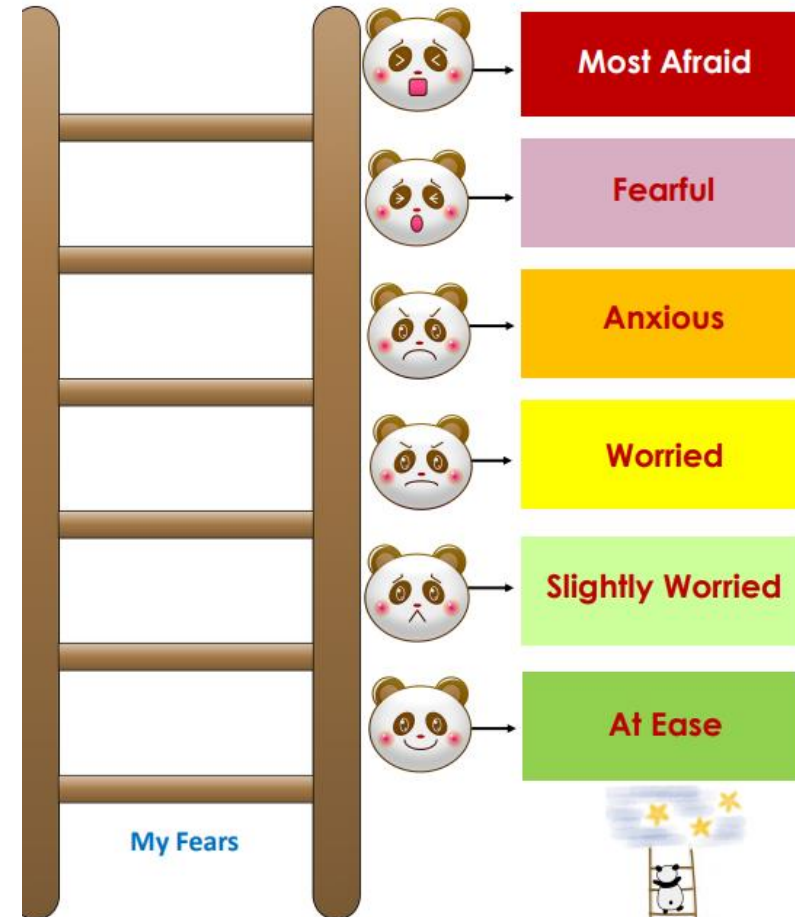
The fear that initially led to avoidance worsens, and the brain learns that when the anxiety-producing situation is avoided, the symptoms go away. As a result, the symptoms of anxiety will be worse the next time, and avoidance is more likely.



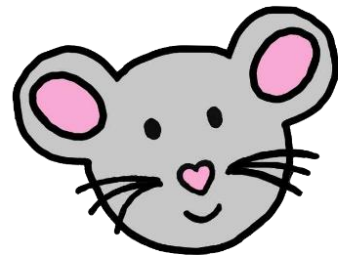
Standard Anxiety Treatment

Fear Ladder

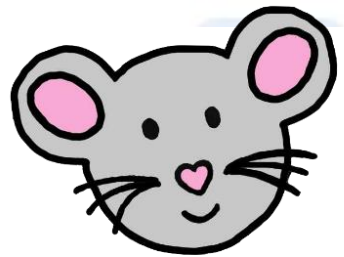
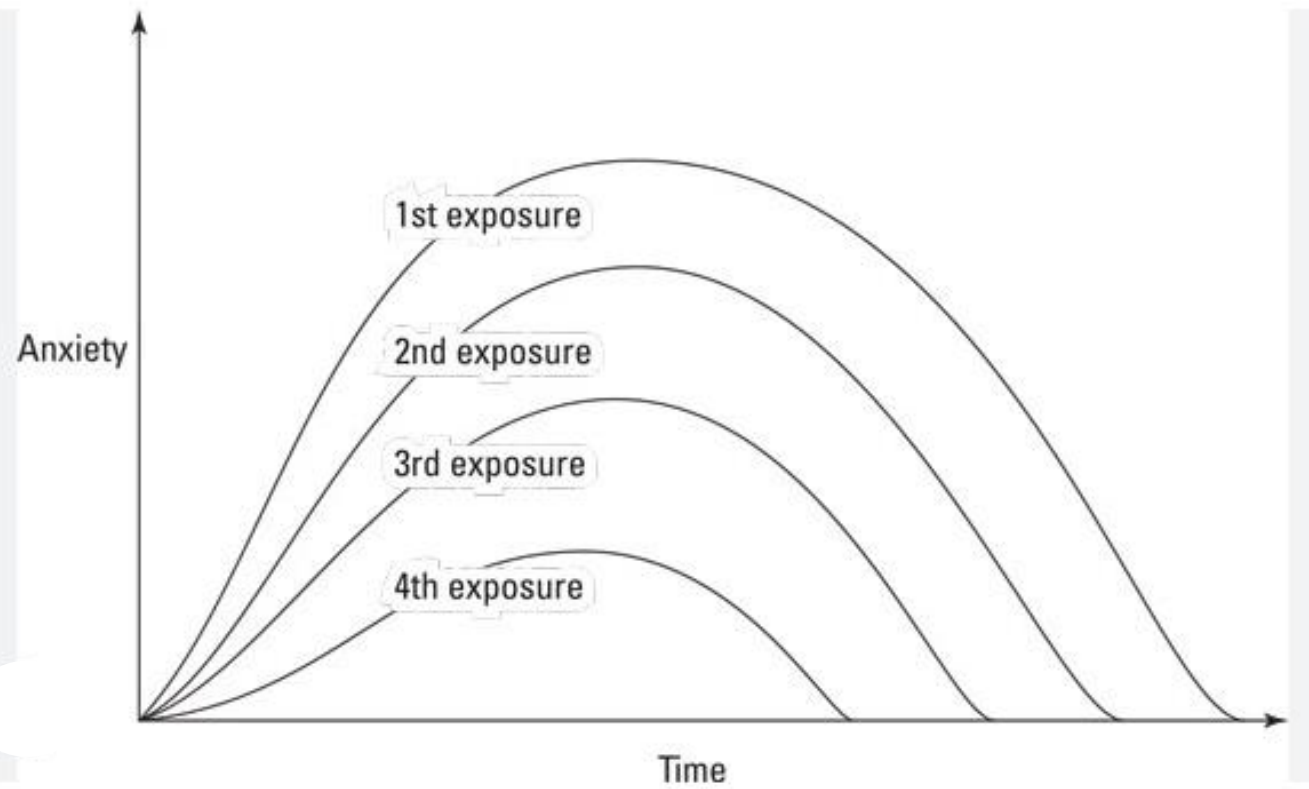
Construct a ladder of places or situations that you avoid. At the top of the ladder put those which make you most anxious. At the bottom of the ladder put places or situations you avoid, but which don't bother you as much. In the middle of the ladder put ones that are 'in-between'.



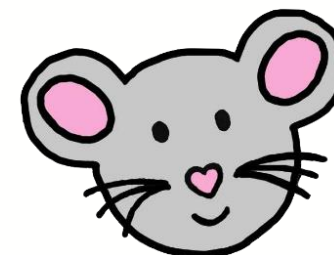
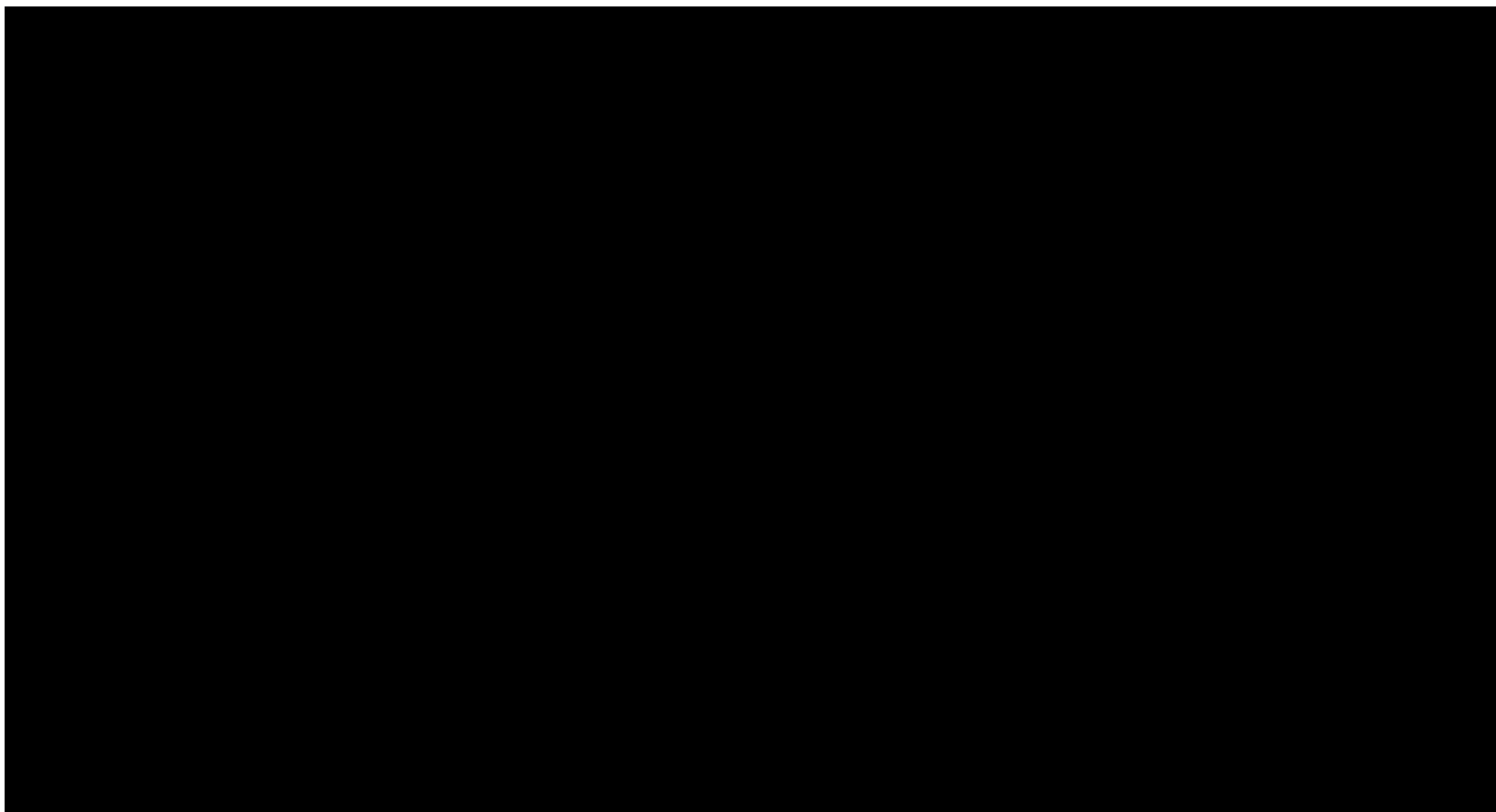
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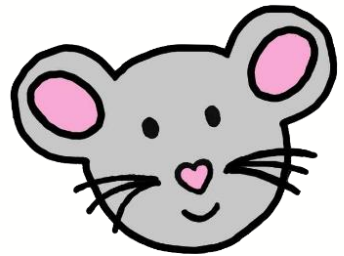
Standard Anxiety Treatment



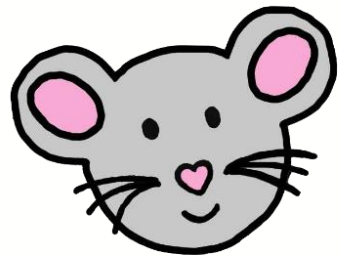
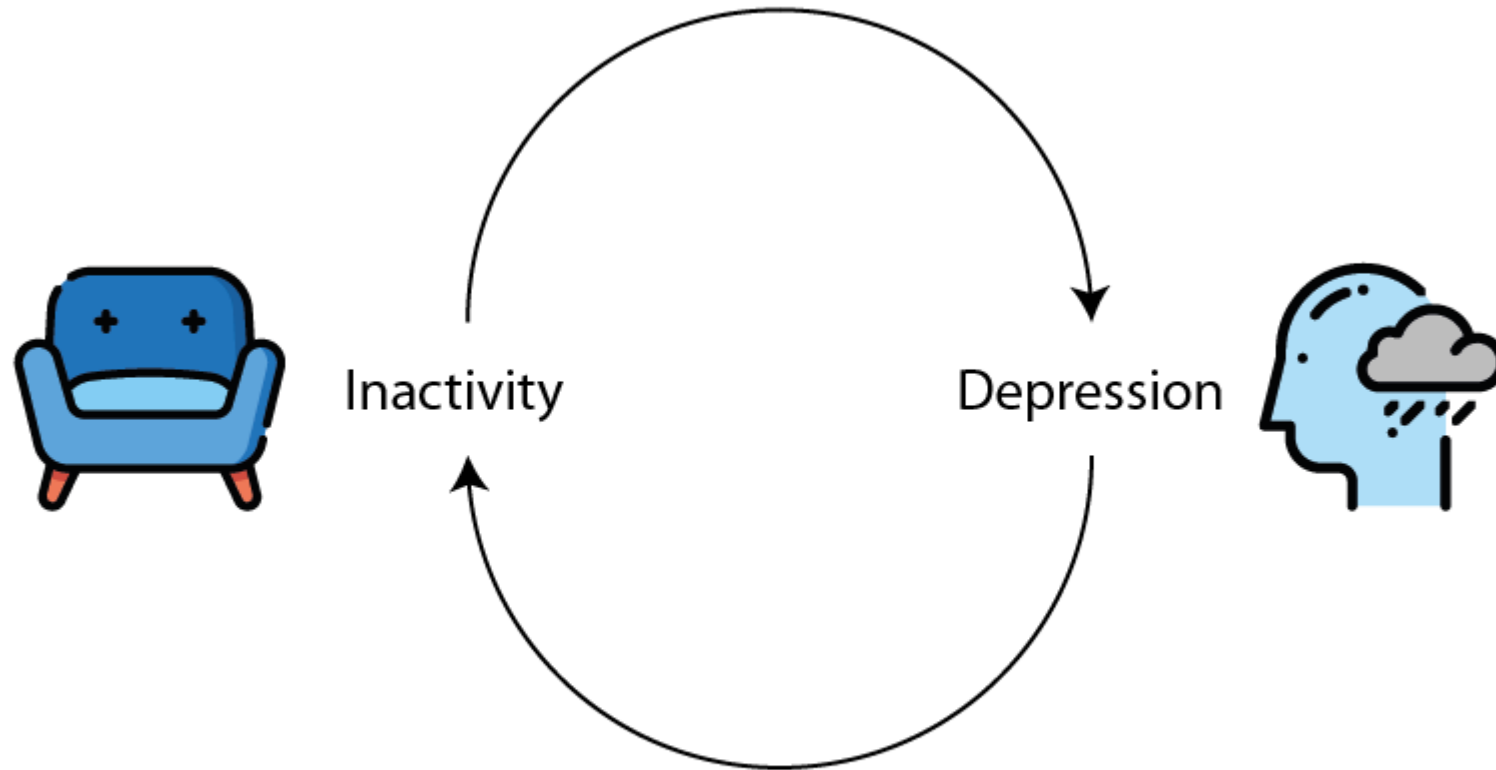
Standard Depression Treatment



Standard Depression Treatment



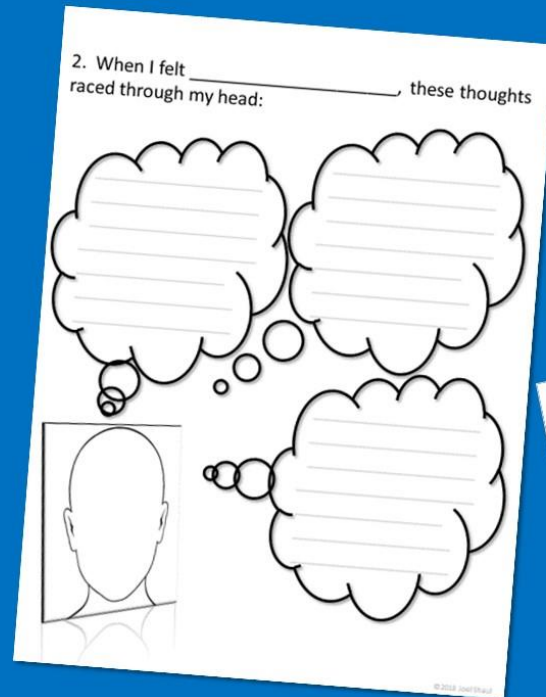
Standard Depression Treatment



Standard Depression Treatment

Page 2: Identify automatic negative thoughts

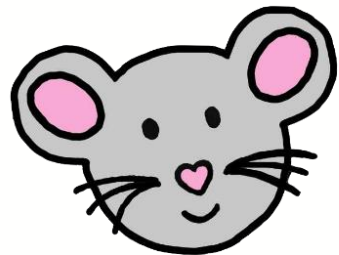
2. When I felt _____, these thoughts raced through my head:



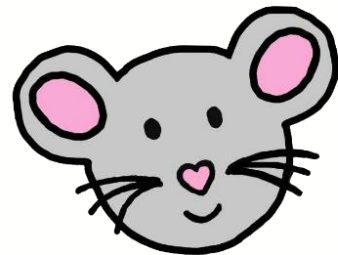
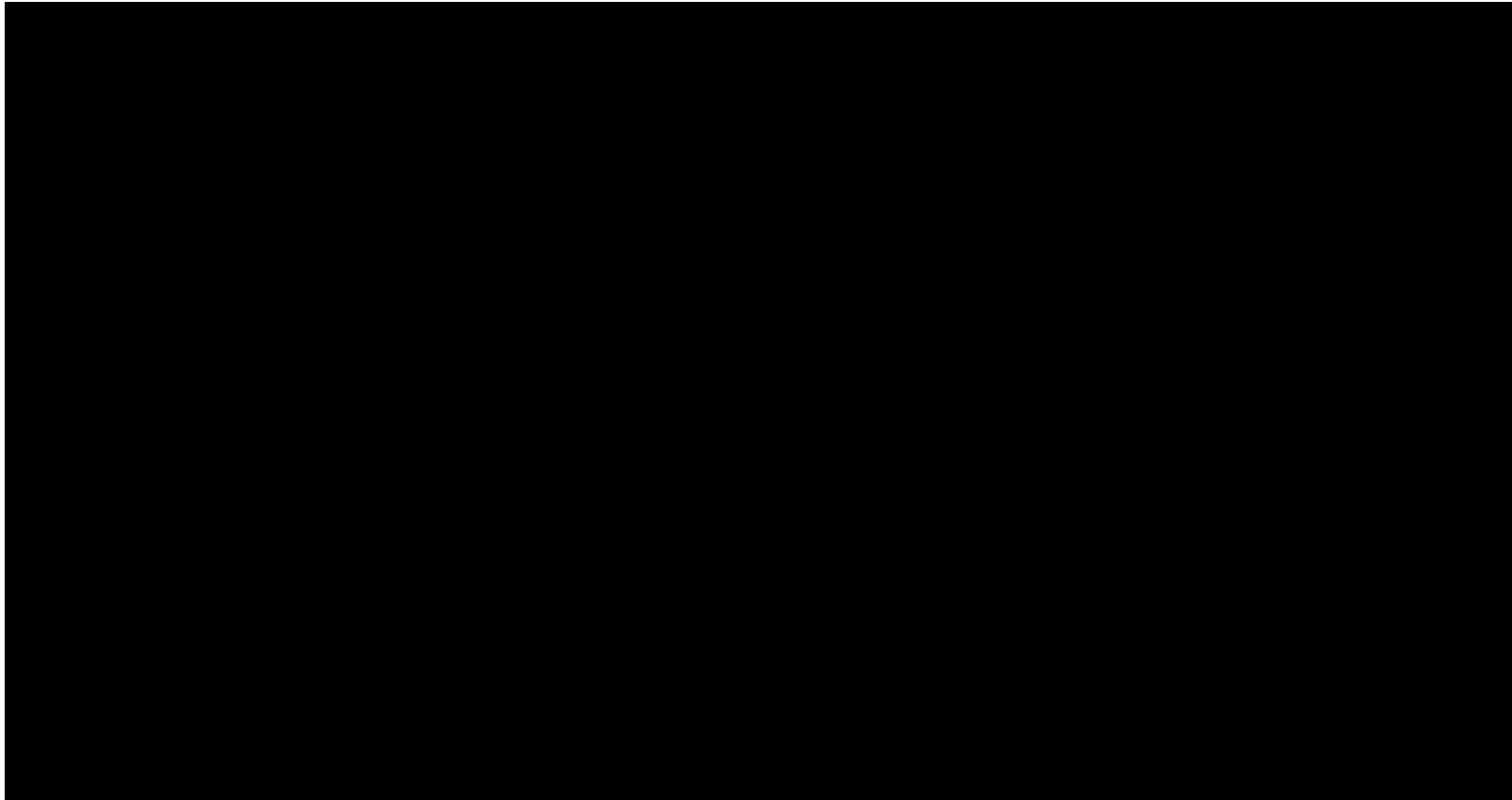
People are breaking rules!

People are not doing it *my way*/ the *right way*!

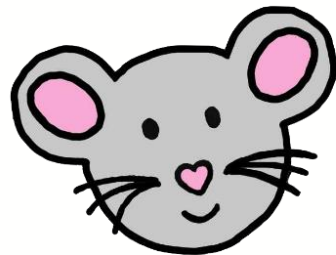
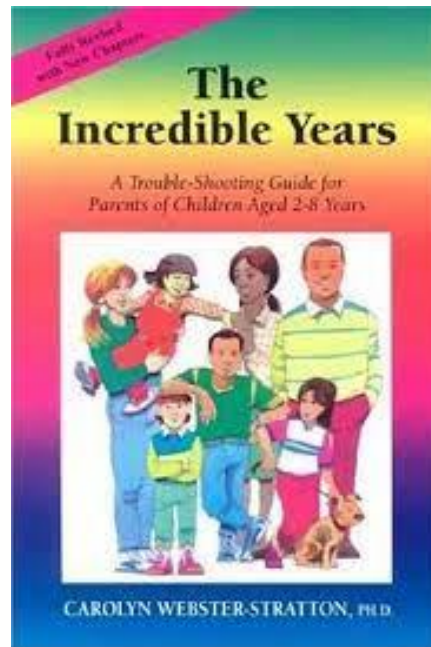
That hurts me and makes me mad – it must be on purpose!



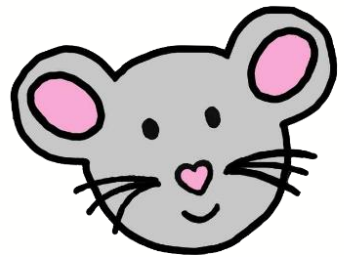
Standard Behaviour Treatment



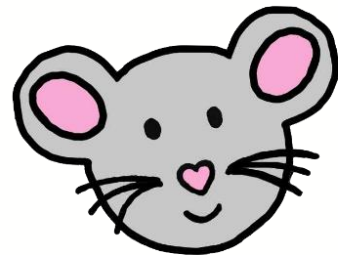
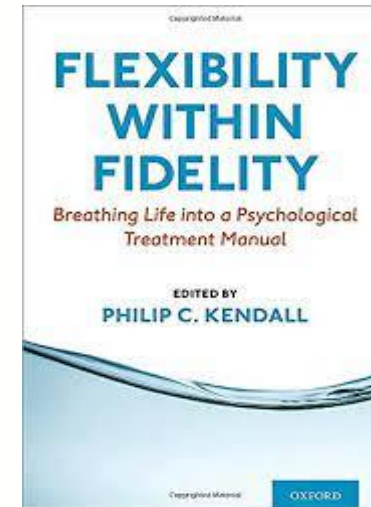
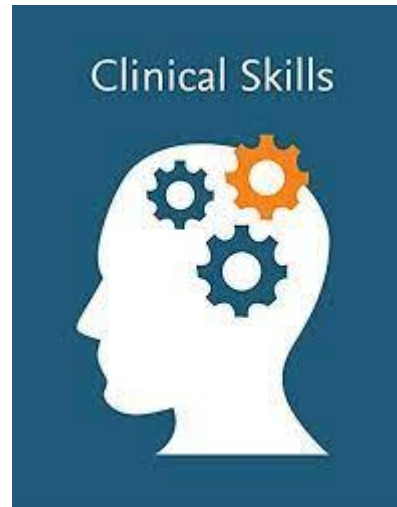
Standard Behaviour Treatment

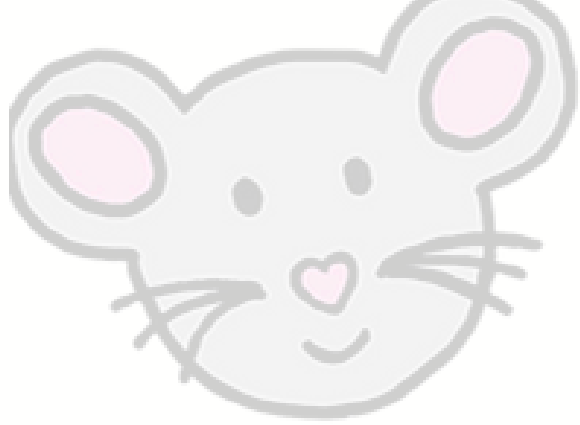


Application to CYP with chronic illness



Application to CYP with chronic illness





Lunch

12:45-13:00

