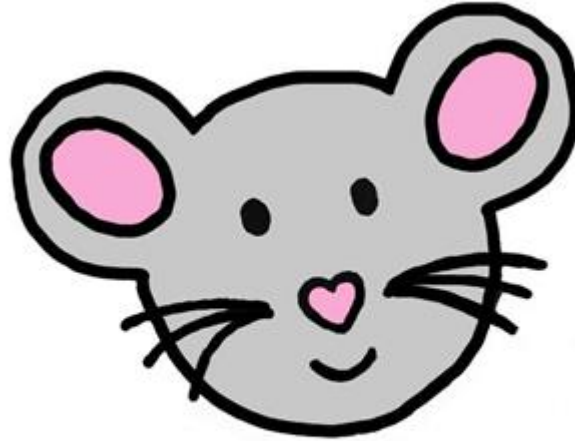


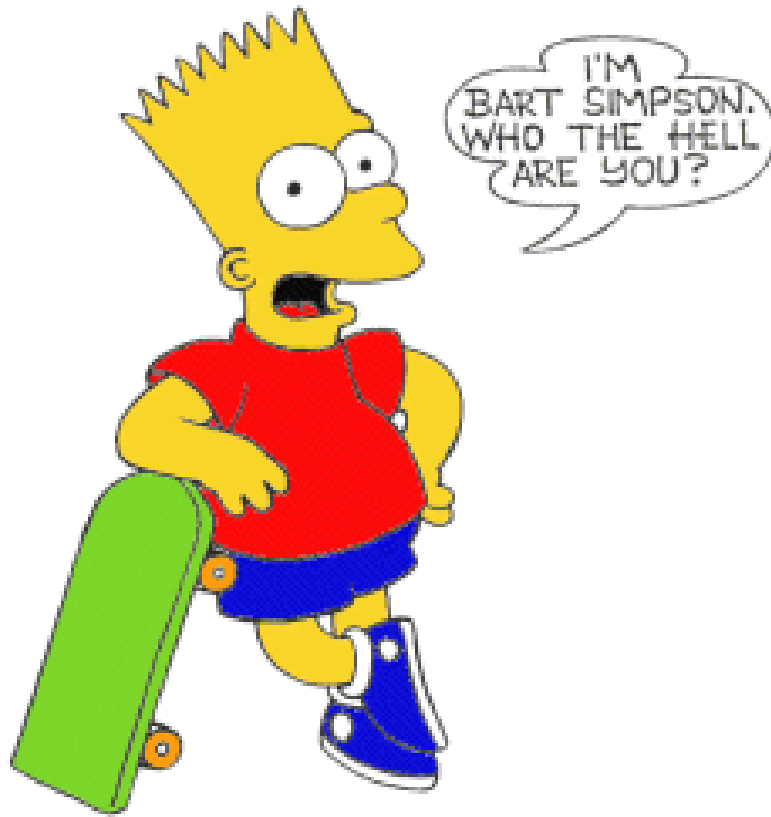
Transforming the Mental Health of Children with Epilepsy (MICE) - Training



MICE

Mental health Interventions for Children with Epilepsy

Introductions



- Name
- Service/site
- Role
- What do you know about MICE already?

Meet the Study Team



Co-Applicants

- Sophie Bennett
- Sarah Byford
- Bruce Chorpita
- Anna Coughtrey
- Helen Cross (CI)
- Emma Dalrymple
- Anaïs d'Oelsnitz
- Caroline Dore
- Peter Fonagy
- Tamsin Ford
- Isobel Heyman

- Rona Moss-Morris
- Colin Reilly
- Roz Shafran (CI)
- Mariam Shah
- Jonathan Smith
- Terence Stephenson
- Sophia Varadkar

Research Assistants

- Mariam Shah
- Laila Xu

Housekeeping

- Cameras on if possible
- Let hosts know in chat if have to leave for certain sections (you can message just us)
- Ask questions as we go



Supervision/support



Tuesday 4th July		Wednesday 5th July		Thursday 6th July	
9:15- 10:45	Welcome, Introductions. Goal setting and expectations	Treatment for behavioural problems in the context of chronic illness. MICE as an exemplar	Treatment for depression in the context of chronic illness. MICE as an exemplar		
	BREAK	BREAK	BREAK		
11:15-12:45	Evidence and Examples - Leading EBTs for anxiety, depression, behaviour problems in CYP without chronic illness - Application in CYP with chronic Illness - MICE example including benefits of modularity with MATCH-ADTC as an exemplar of modularity	Small group practice - NHS-E - Others	Small group practice - NHS-E - Others		
	LUNCH	LUNCH	LUNCH		
1:30-3:00	3 Key Principles of working with EBTs in CYP with chronic illness - Tailoring - Fidelity with flexibility - Weekly progress monitoring to guide clinical decision making - Examples from MICE	Treatment for anxiety in the context of chronic illness. MICE as an exemplar	MICE Epilepsy Specific Module (core) and adaptations for Intellectual and Developmental Disabilities		
	BREAK	BREAK	BREAK		
3:30-5:00	Assessment of common mental health disorders in the context of chronic illness and role-plays	Small group practice - NHS-E	MICE: Epilepsy specific module (interference components: Parental mental health, stigma, transition,		

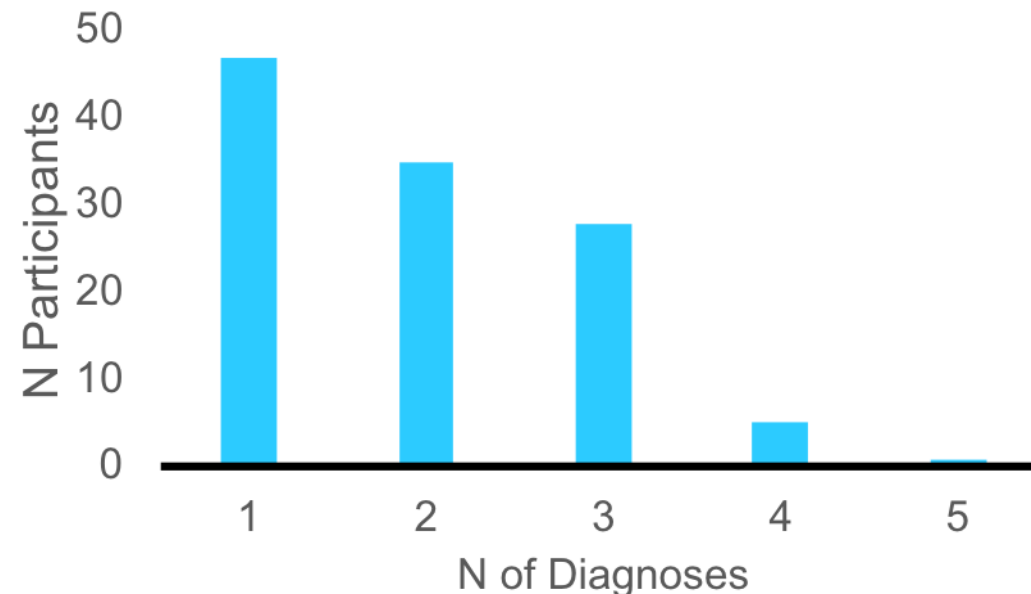
Goals



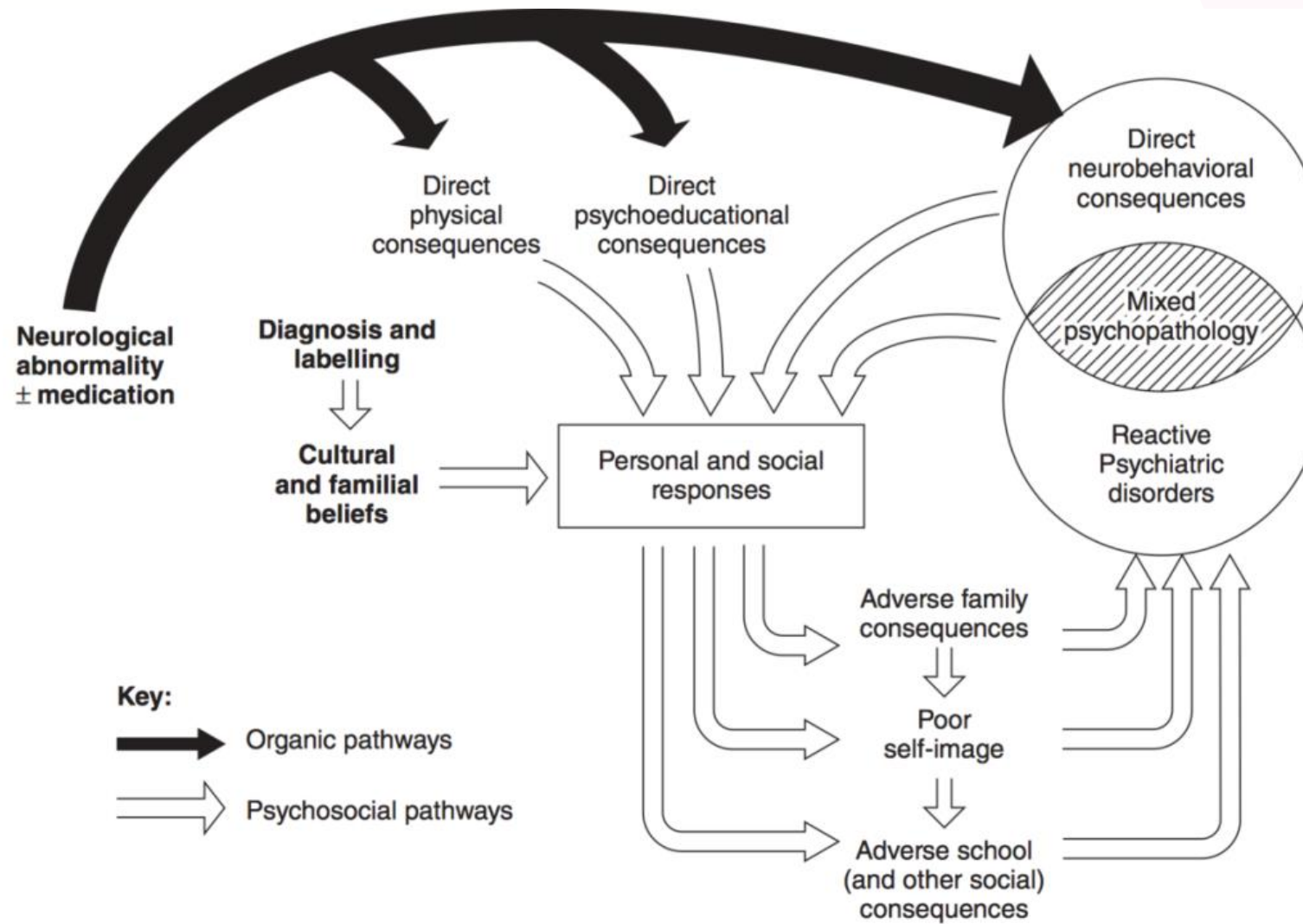
- What do you want to get out of this training: SMART!
- How do I make them SMART? Looking at the MICE [platform](#)
- Rate SMART goals now...

Background

- High rates of mental health difficulties (353 of 639; 55% in 2 previous feasibility screening studies)
- High rates of co-occurring neurodevelopmental disorders and mental health disorders



Why?



Current detection and treatment



- Often not picked up – lack of integrated service?
- When they are picked up, often not treated with evidence-based treatments

Access to mental health services

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

Young people's mental health is a 'worsening crisis'. Action is needed

Mary O'Hara



In both the UK and US, services for young people are being cut, leaving those from marginalised groups at greatest risk of suicide



▲ 'Whatever the language deployed to describe the scale of mental health challenges facing Britain's young people, it has to be addressed immediately.' Photograph: Alamy Stock Photo

One recent report called the problem a "[silent catastrophe](#)" while a survey of teachers labelled it an "[epidemic](#)". But, whatever the language deployed to describe the scale of mental health challenges facing Britain's young people, it has to be addressed immediately.

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



Epilepsy & Behavior

Volume 56, March 2016, Pages 99-112



Review

A systematic review of psychosocial interventions for children and young people with epilepsy

Fiona M. Corrigan^a, Helen Broome^{a, b}, Liam Dorris^{a, b}  

Original article



OPEN ACCESS

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^{1,2}

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

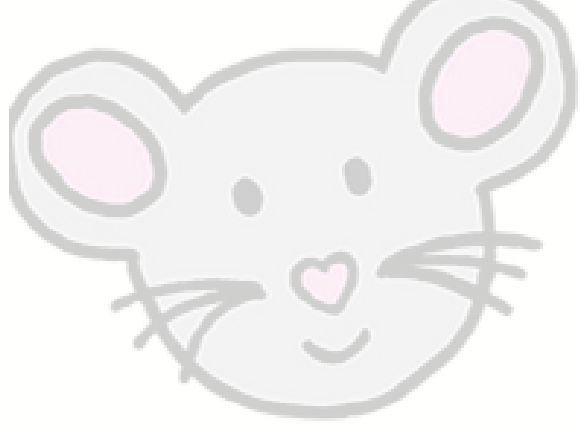
Michael Nunn³, Darren Moore³, Obi Ukoumunne³, Liz Shaw¹, Morwenna Rogers¹, Sophie Bennett², Chris Dickens¹, Tamsin Ford¹, Isobel Heyman³, Fiona Lockhart², Roz Shafran⁴, Penny Titman³, Russell Viner⁴, Erin Walker³, Paula Lavis³, Rob Anderson¹, Jo Thompson Coon¹

¹University of Exeter Medical School, University of Exeter, St Luke's Campus, Exeter, Devon, UK, ²University College London, ³Great Ormond Street Hospital for Children NHS Trust, ⁴University College London Institute of Child Health, ⁵Children and Young People's Mental Health Coalition

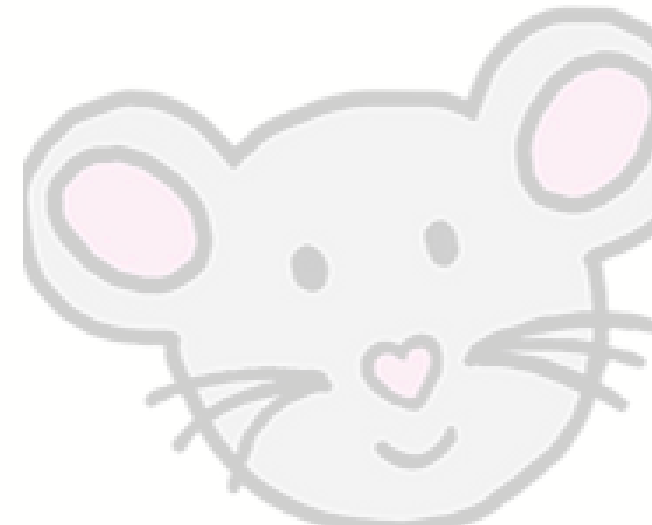
Our view

- 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 a relative"* (Health Talk)

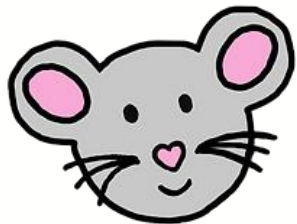
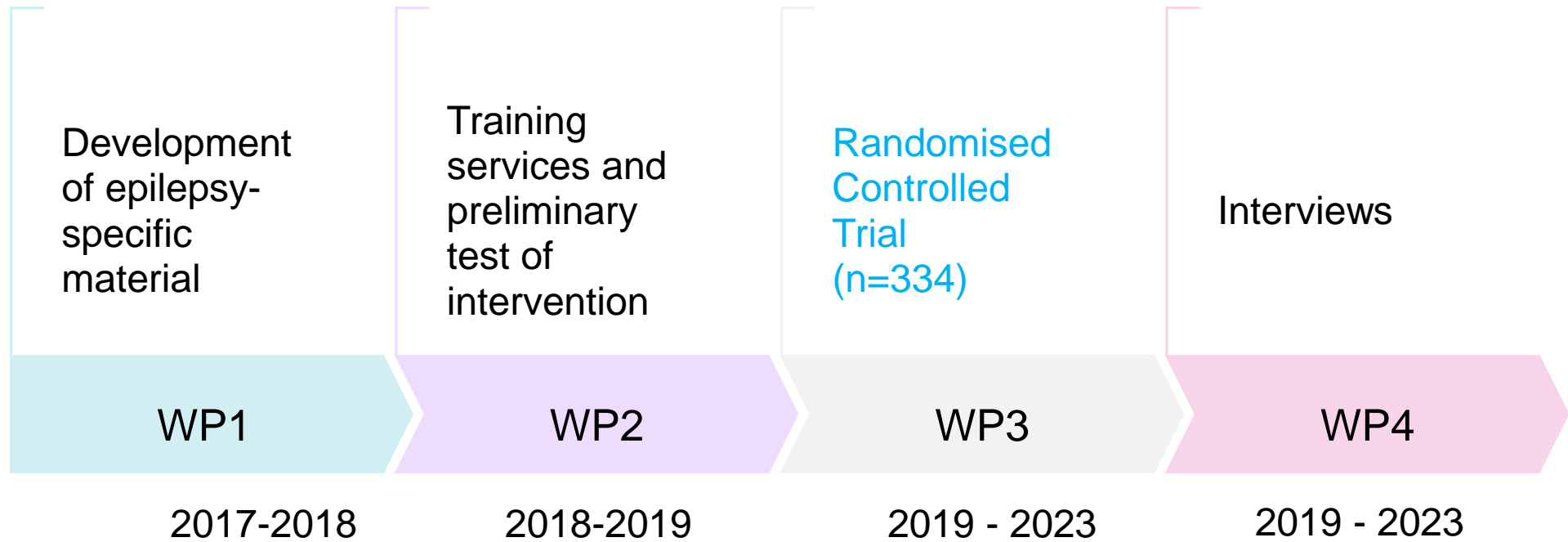


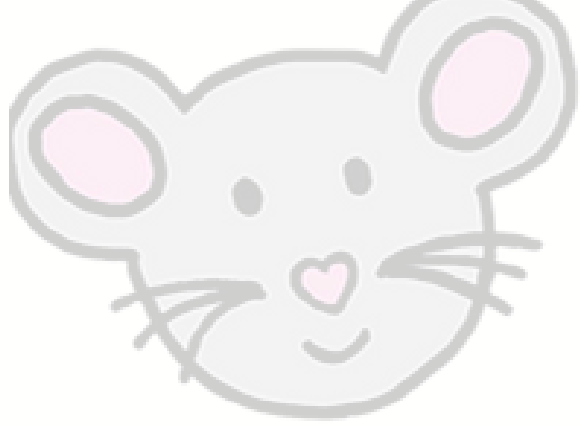


What is MICE?

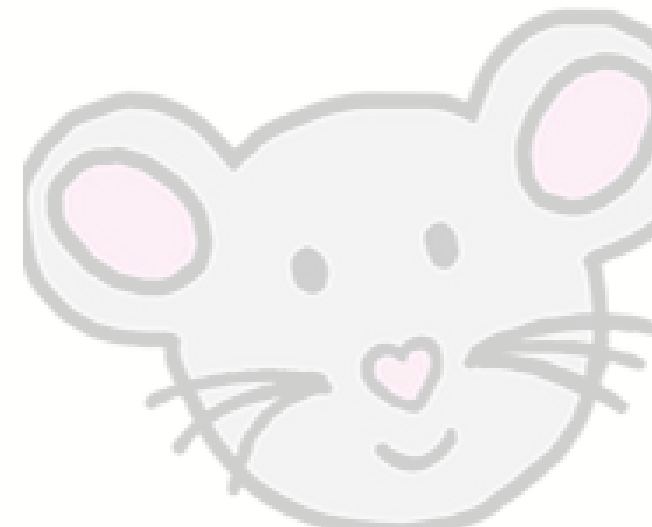
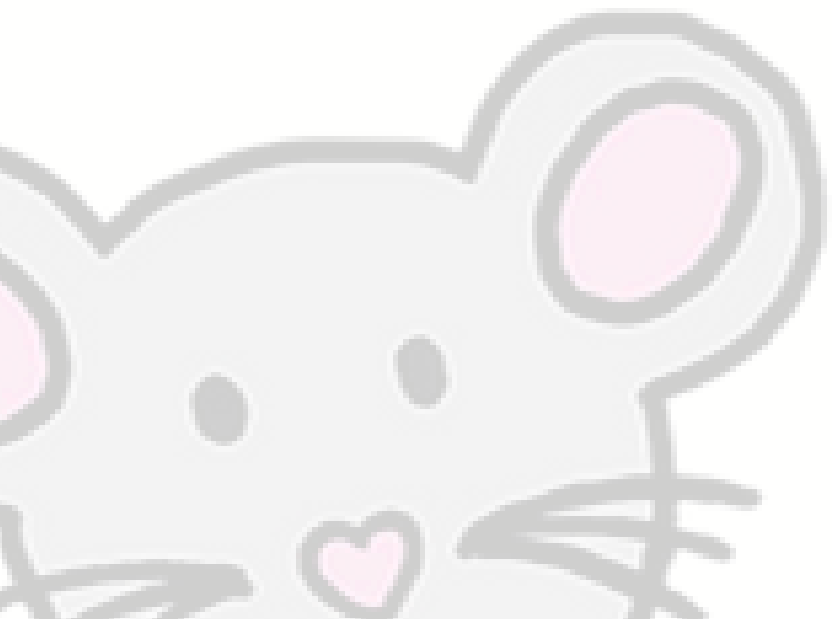


MICE Programme

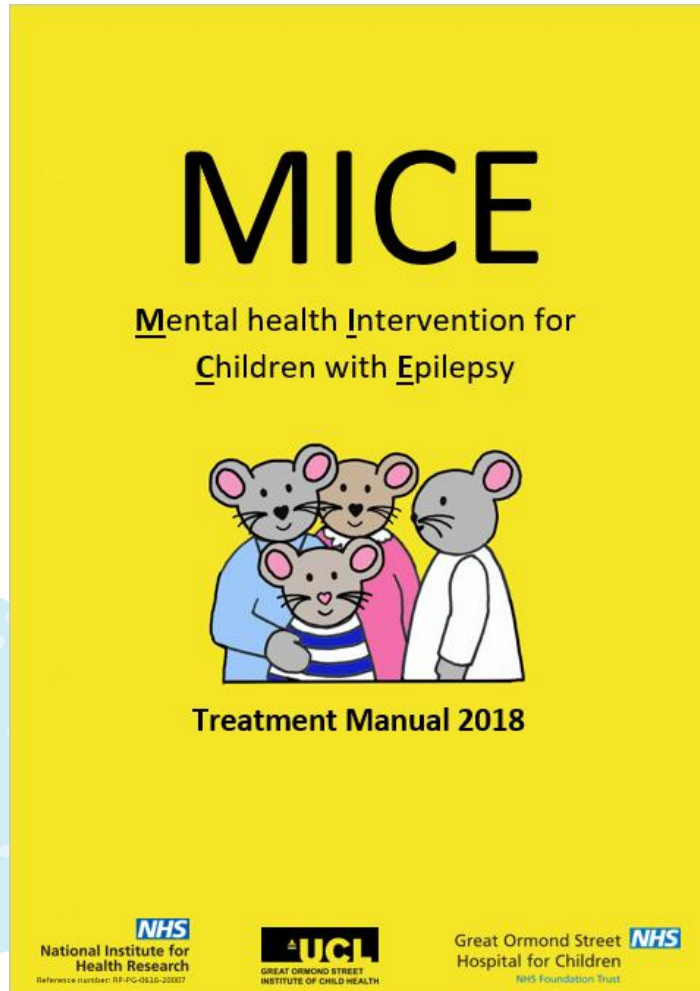




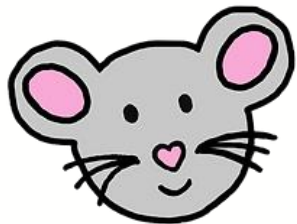
The trial



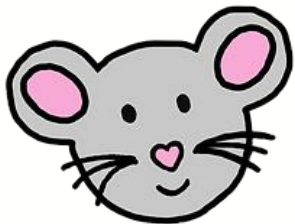
Intervention



VS

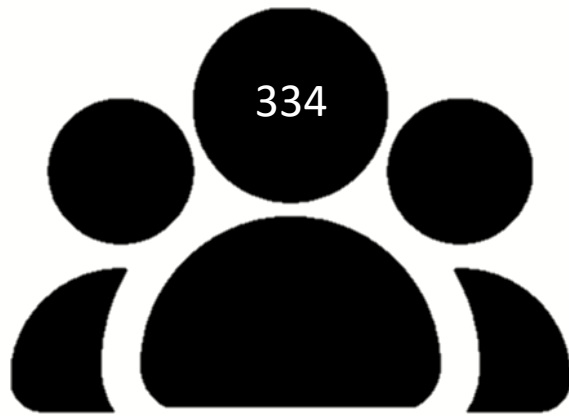


All across the country!



Participants

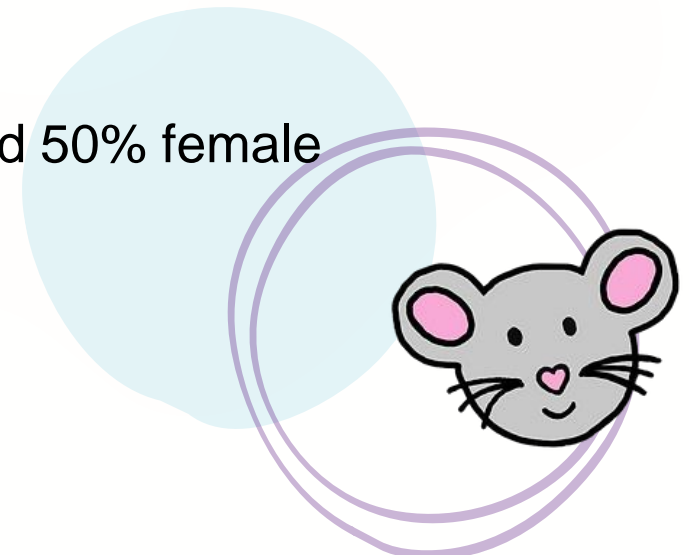
Randomised between 28 August
2019 and 21 February 2022



Around 60% below the age
of 11 years

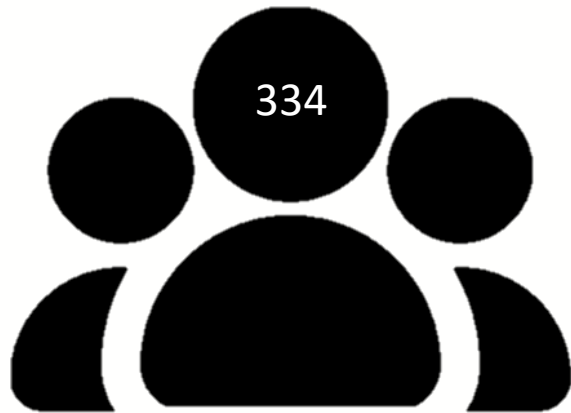


Around 50% female



Participants

Randomised between 28 August
2019 and 21 February 2022



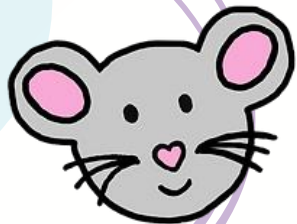
Around 25% with Autism
Spectrum Disorder (ASD)
diagnoses



Around 40% with
intellectual disability
diagnoses

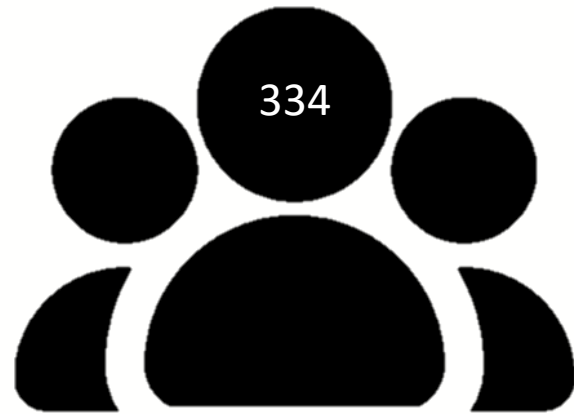


Around 65% reported
having a seizure in the
past three months



Participants

Randomised between 28 August
2019 and 21 February 2022



Around 55% reported
“Disruptive behaviour”



Around 40% reported
“Anxiety”

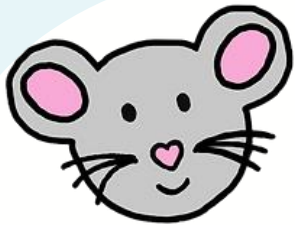


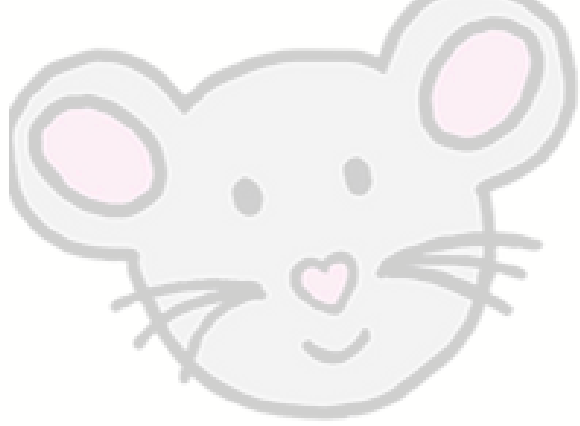
Around 5% reported
“Depression”



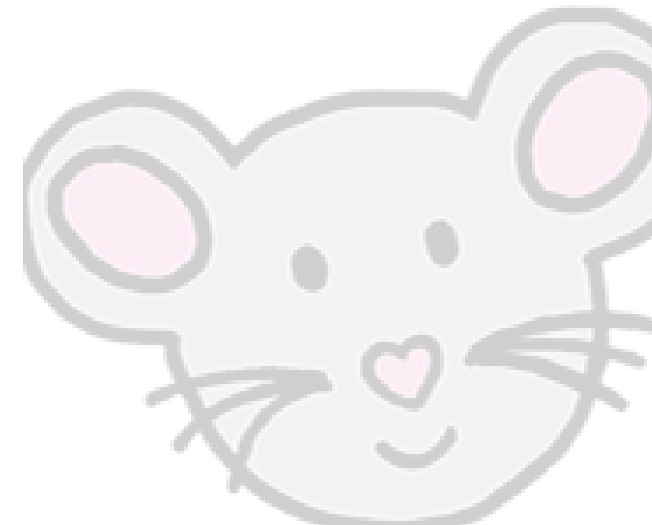
MICE Intervention: therapy sessions

- Of the 166 participants randomised to the MICE arm, 164 had at least one therapy session.
- Number of therapy sessions ranged between one to 22 (Median=16 sessions).
- 21 therapists provided therapy sessions as a main therapist on the trial.

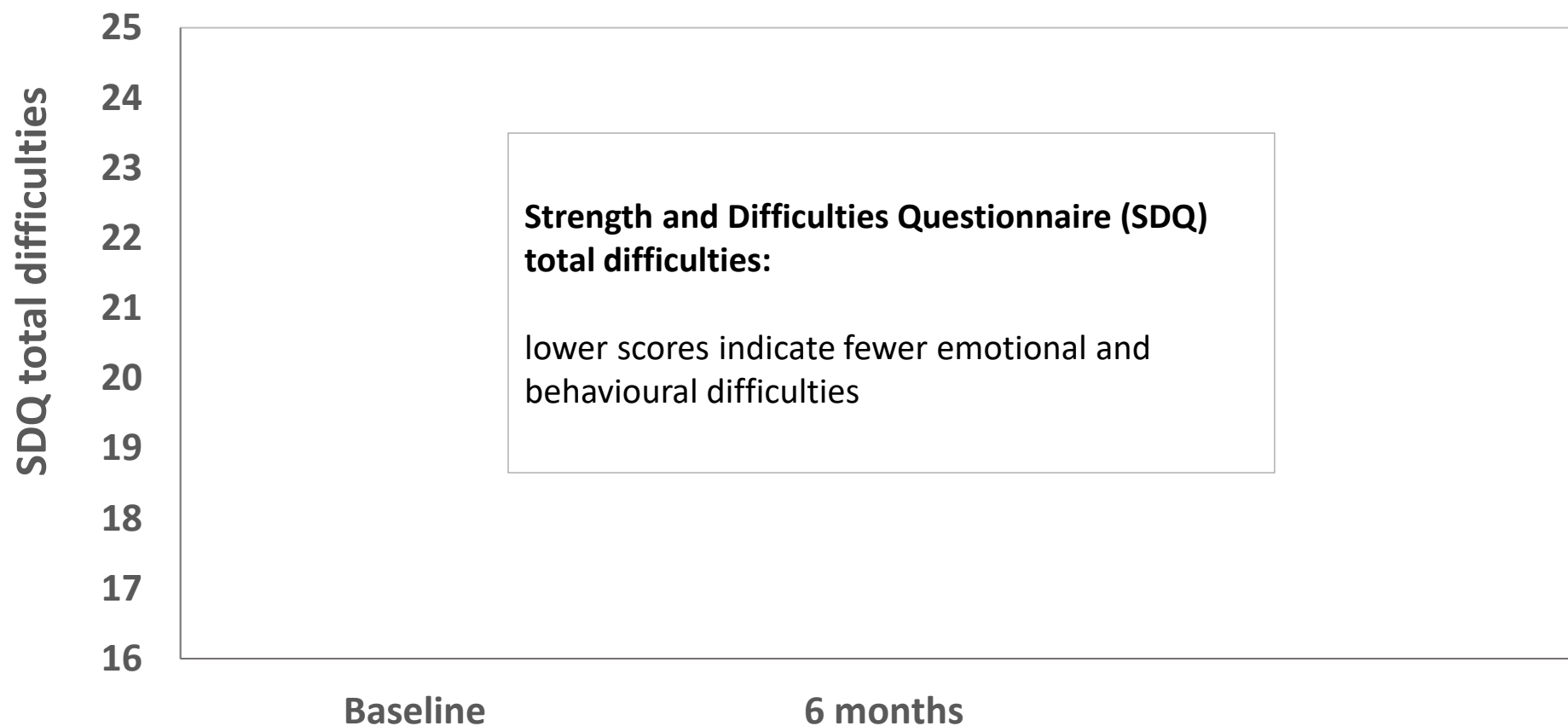




Main results



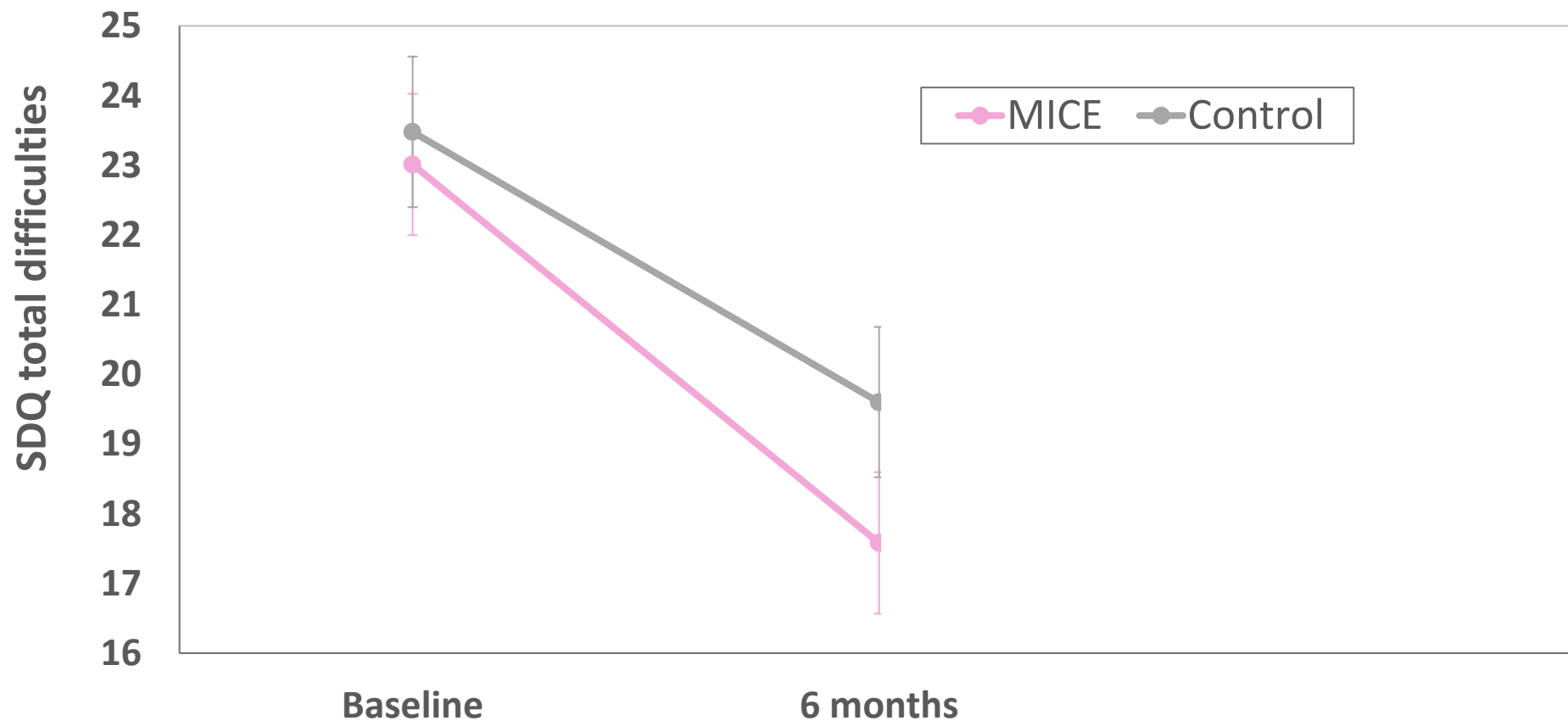
Average SDQ total difficulties score at baseline and at months 6 and 12*



* Provisional data, subject to change.



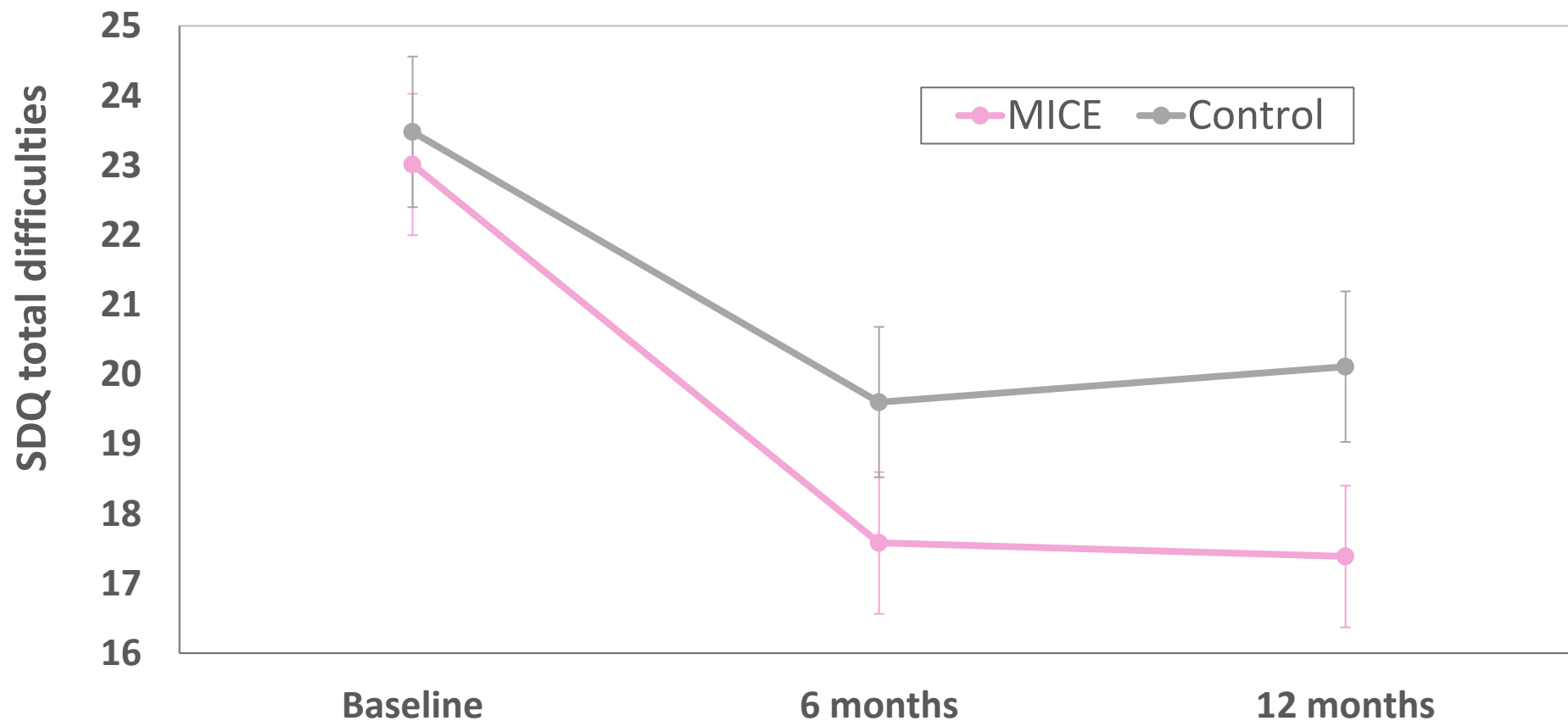
Average SDQ total difficulties score at baseline and at months 6 and 12*



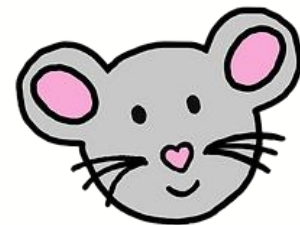
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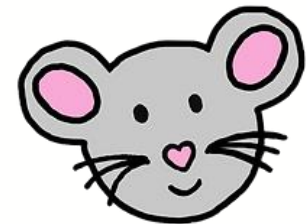
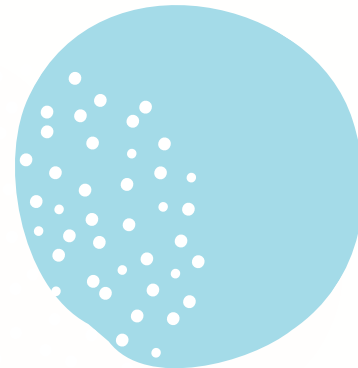
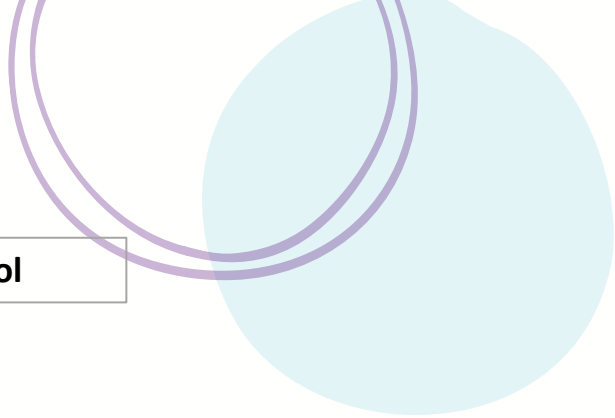
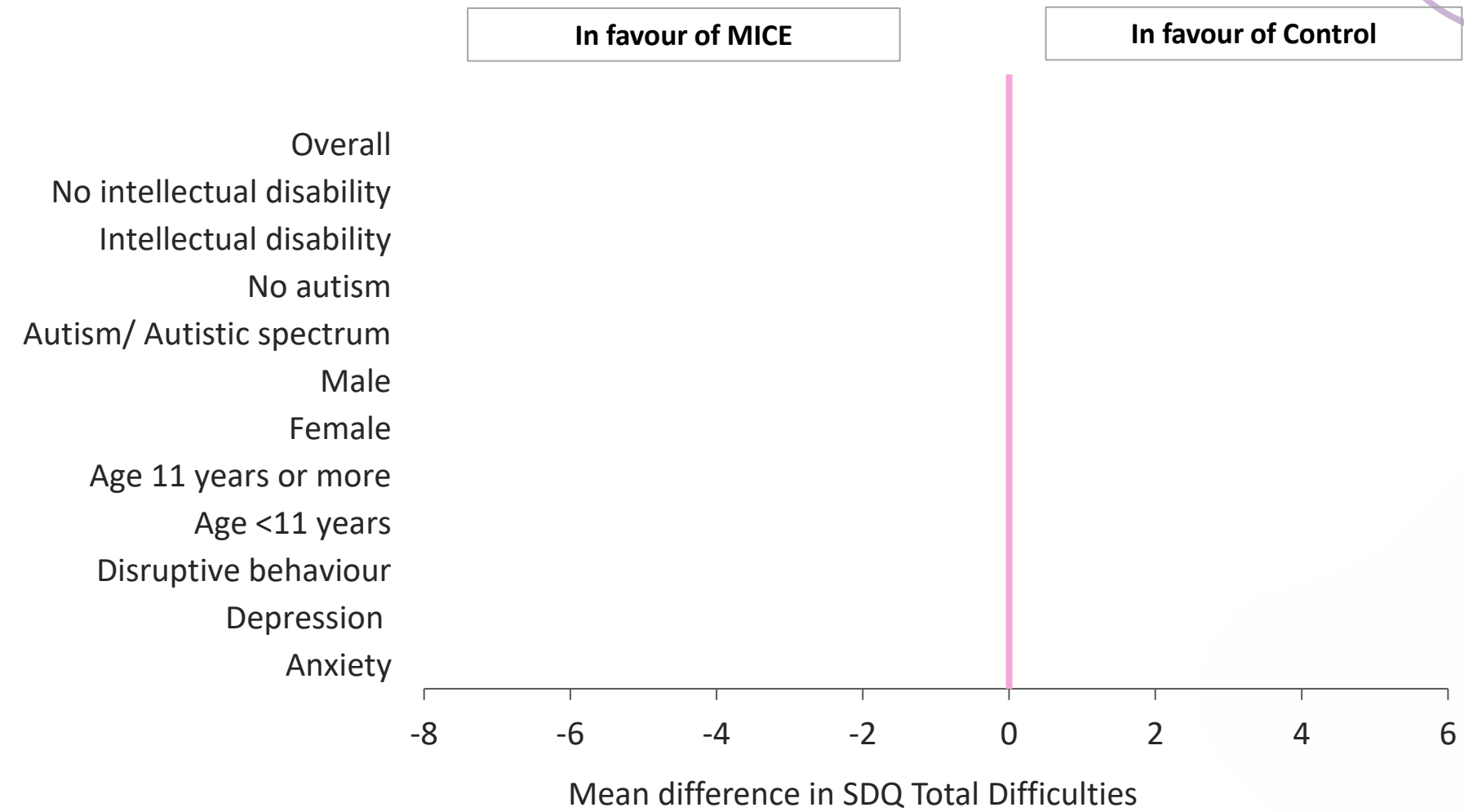
Average SDQ total difficulties score at baseline and at months 6 and 12*



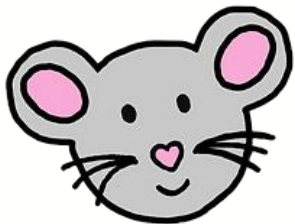
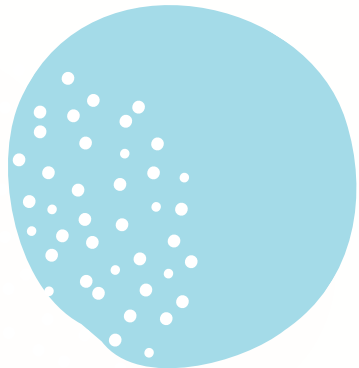
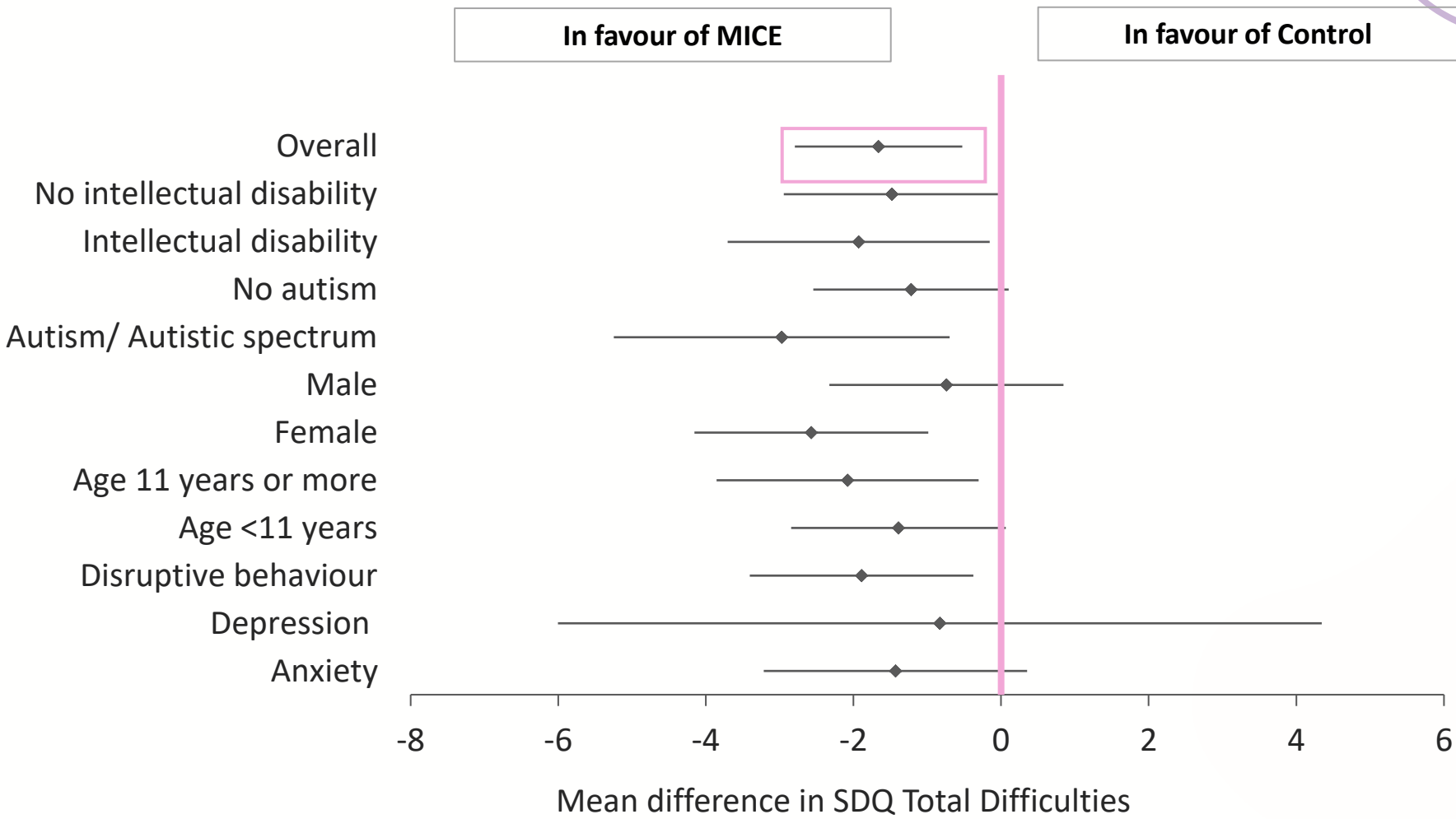
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Subgroup analyses



Subgroup analyses



Summary of findings

- Children and young people who received the MICE treatment had better mental health than those who only had their usual care
- Preliminary results suggest that this improvement is maintained at 12 months
- In this study, the MICE treatment worked just as well regardless of:
 - gender
 - age
 - primary mental health disorder
 - whether they had intellectual disability
 - whether on the autistic spectrum, at baseline.

