### Aims
- Develop an ‘in clinic’ screening of mental health (MH) and wellbeing in children and young people with epilepsy (CYPwE) as they are known to be vulnerable to developing MH problems.
- Communicate findings of screening to family and medical professionals using a ‘traffic light’ metaphor.
- Use the traffic light system to signpost to the appropriate level and type of early intervention.
- Establish quality mental health resources/interventions that may be provided by NHS, Third Sector, or both working together.

### Identified Difficulties (N = 132)

**Average parent ratings on the Strengths and Difficulties Questionnaire (SDQ)**

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>General population</th>
<th>Young people with epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Conduct</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Peer Problems</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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### Inclusion Criteria:
- Diagnosis of epilepsy and attending the epilepsy clinic
- Aged between 5 and 17
- In mainstream education
- Not currently being seen within CAMHS

### Methodology

#### Screening (before/during clinic)
- Parent and (where possible) CYPwE complete SDQ® and PedsQL®
- CYPwE attends clinic appointment
- Questionnaires are scored and a ‘traffic light’ rating is given
- Psychologist feeds back results to family and provides information on interventions if required
- Psychologist attends post-clinic meeting to discuss outcomes with epilepsy medical professionals

A traffic light rating is given to illustrate the level of concern, which is based on the outcome of the questionnaires:
- **Red:** Global significant concerns
- **Amber1,2:** Specific significant concerns
- **Amber3:** Developing difficulties
- **Green:** No concerns

**Examples of self-help materials**

#### Interventions (after clinic)
- Psychosocial intervention for young people with epilepsy:
  - Six weekly sessions aiming to increase psychosocial well-being
  - Shown to increase knowledge of epilepsy and self-confidence
  - Opportunity to share experiences with peers
  - Parents have an opportunity to meet other parents

**Examples of self-help materials**

#### Results: Screening

**Level of concern in screened cohort, using the traffic light rating (N = 132)**

- **Green:** 51%
- **Amber1,2:** 23%
- **Amber3:** 14%
- **Red:** 12%

**Approximate ratings: general population taken from normative data**

- **Green** (3%)
- **Amber1,2** (12%)
- **Amber3** (6)

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### Results: Interventions

**PIE Group**

- Initial data from the PIE group (N = 8):
  - 94% attendance, 0% drop-out rate
  - 100% felt more confident about managing and discussing their epilepsy
  - 100% subsequently decided to join the local Epilepsy Scotland youth group for ongoing peer support

- **Feedback from the young people**:
  - “It was amazing”
  - “I learned more about epilepsy”
  - “Meeting other people with epilepsy was really helpful”
  - “It made new friends”
  - “The group would be really helpful for my future”

- **Feedback from the parents**:
  - “Excellent group: I would have been helpful five years ago”
  - “It’s a group where people who have had epilepsy can talk about their experiences”
  - “The group was really helpful for someone who was recently diagnosed”

**Parent Workshops**

- **Baseline scores on WEMWBS® (N=15)**
  - 6% of parents at high risk of developing major depression
  - 33% of parents at high risk of psychological distress and increased risk of developing depression
  - Follow-up data collection ongoing

- **Positive feedback after initial group**:
  - “It helped me realise that other parents go through the same issues”
  - “I have a better understanding of what [my child] is going through, which helps to deal with issues better”
  - “The information and advice on parenting strategies were very helpful”

- **Feedback from the Consultant Paediatric Neurologists about the entire project**:
  - “It is helpful to know that the results of the intervention reflect with the outcomes gained through the project”

- “There is no course to be designed in the future”

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### Conclusion

This innovative, ‘in clinic’ screening method adds psychological value and allows early identification of MH concerns in CYPwE. As expected, high levels of MH concerns were identified in our cohort. A pathway of stepped, low level MH interventions from NHS, Third Sector and joint working projects has been established and these have been well received.

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### Next Steps

- Electronic screening method
- Establish/evaluate new interventions as part of standard pathway
- Potential national roll-out
- Potential for use in other paediatric health populations