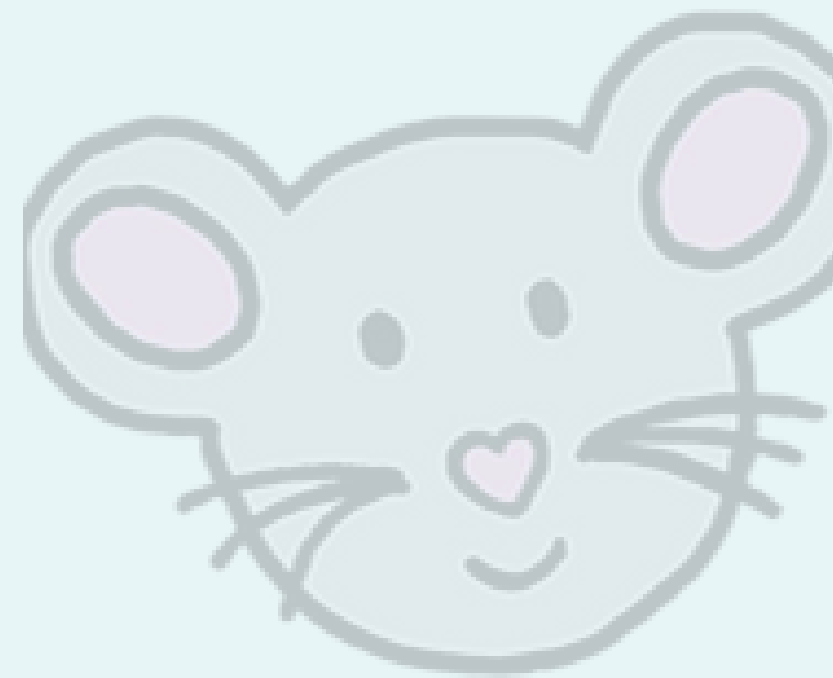


M.I.C.E — Mental Health Intervention for Children with Epilepsy

ACAMH Seminar May 2023

Sophie Bennett & Roz Shafran

PIs: Roz Shafran & Helen Cross



Background: mental health and epilepsy

1. Background

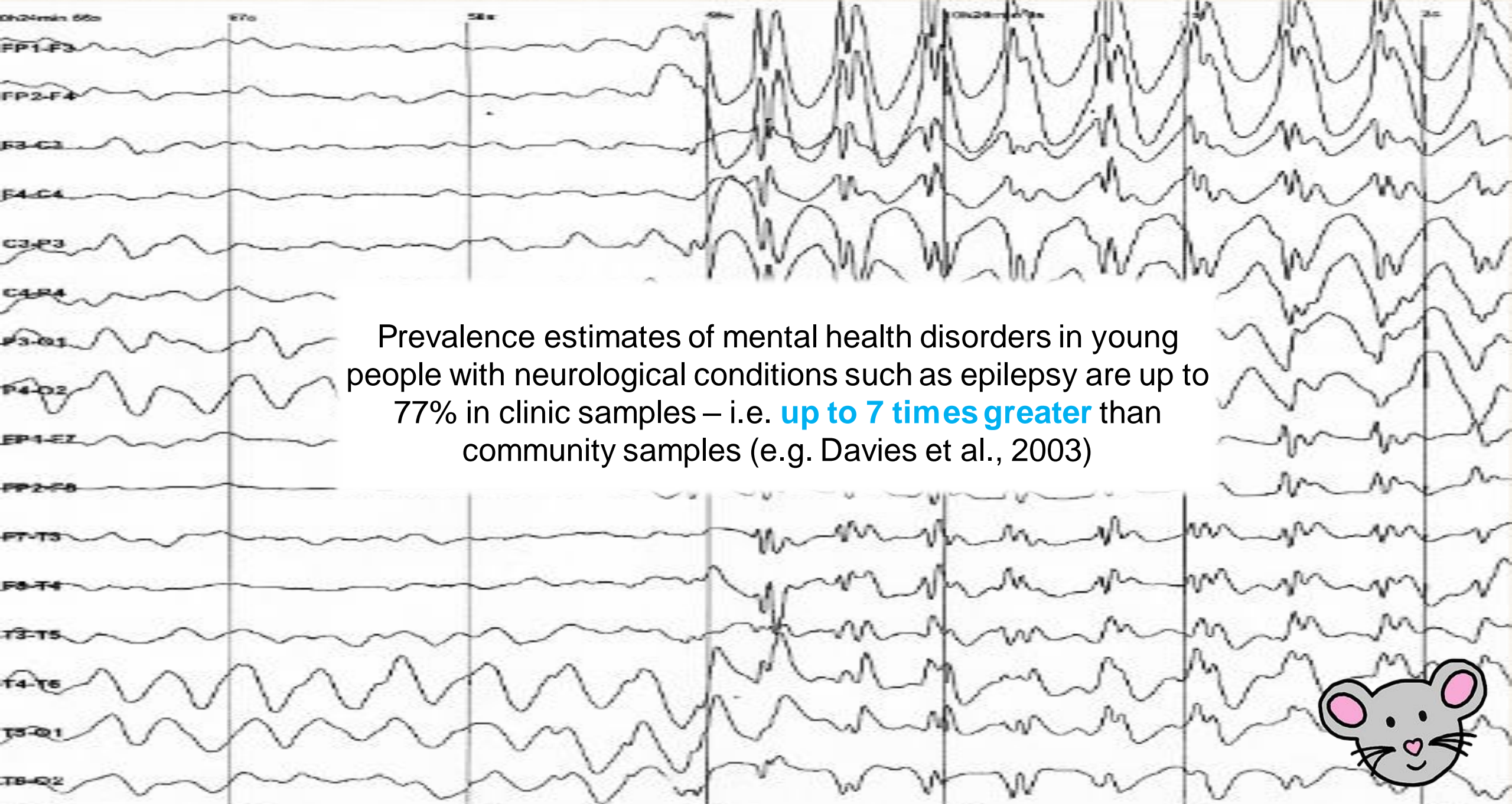
2. WP1

3. WP2

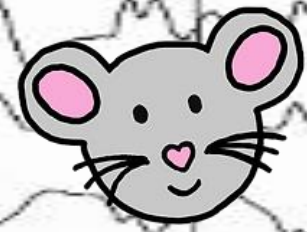
4. WP3

5. WP4

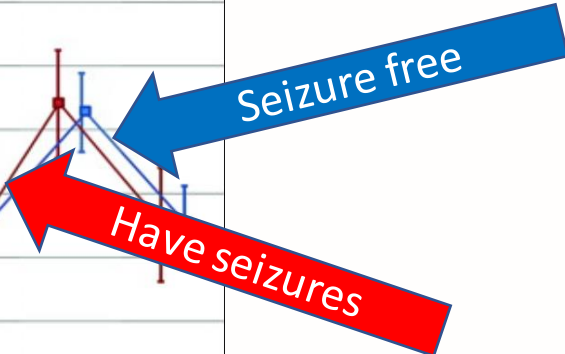
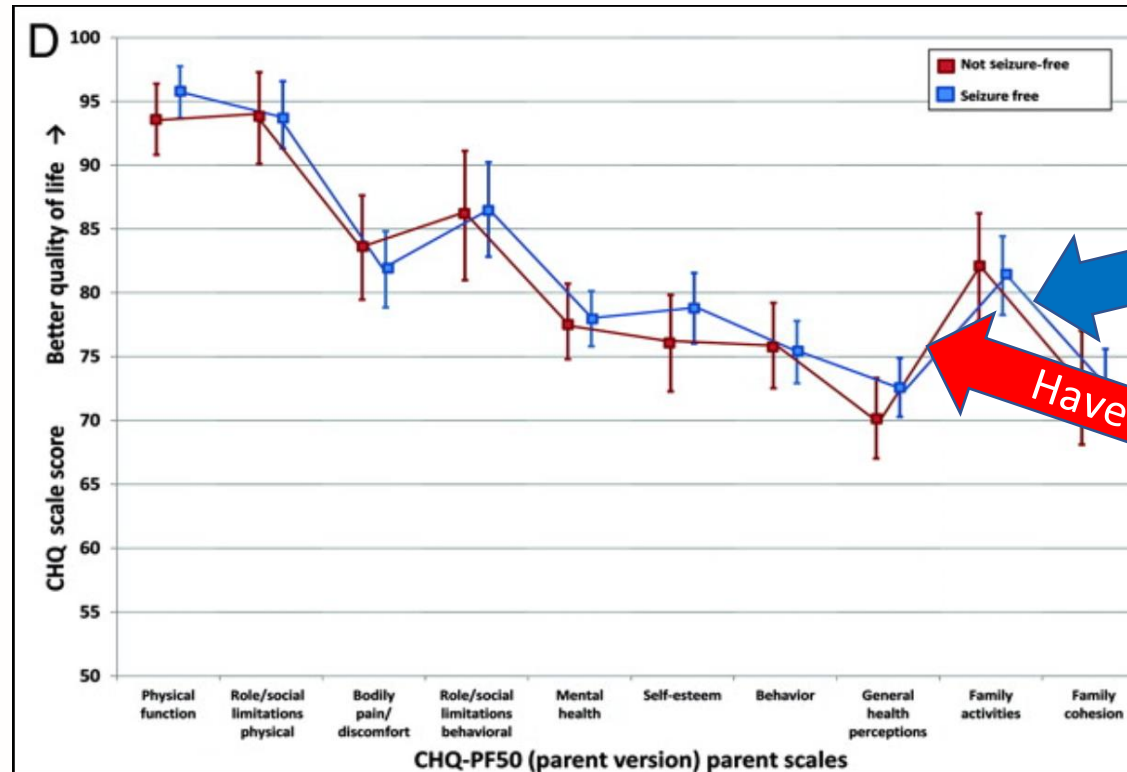
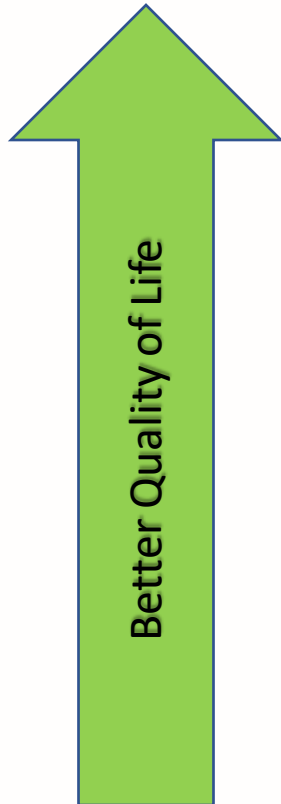
6. Discussion



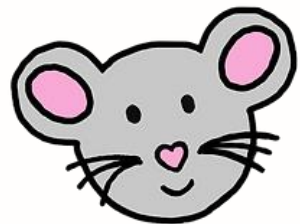
Prevalence estimates of mental health disorders in young people with neurological conditions such as epilepsy are up to 77% in clinic samples – i.e. **up to 7 times greater** than community samples (e.g. Davies et al., 2003)



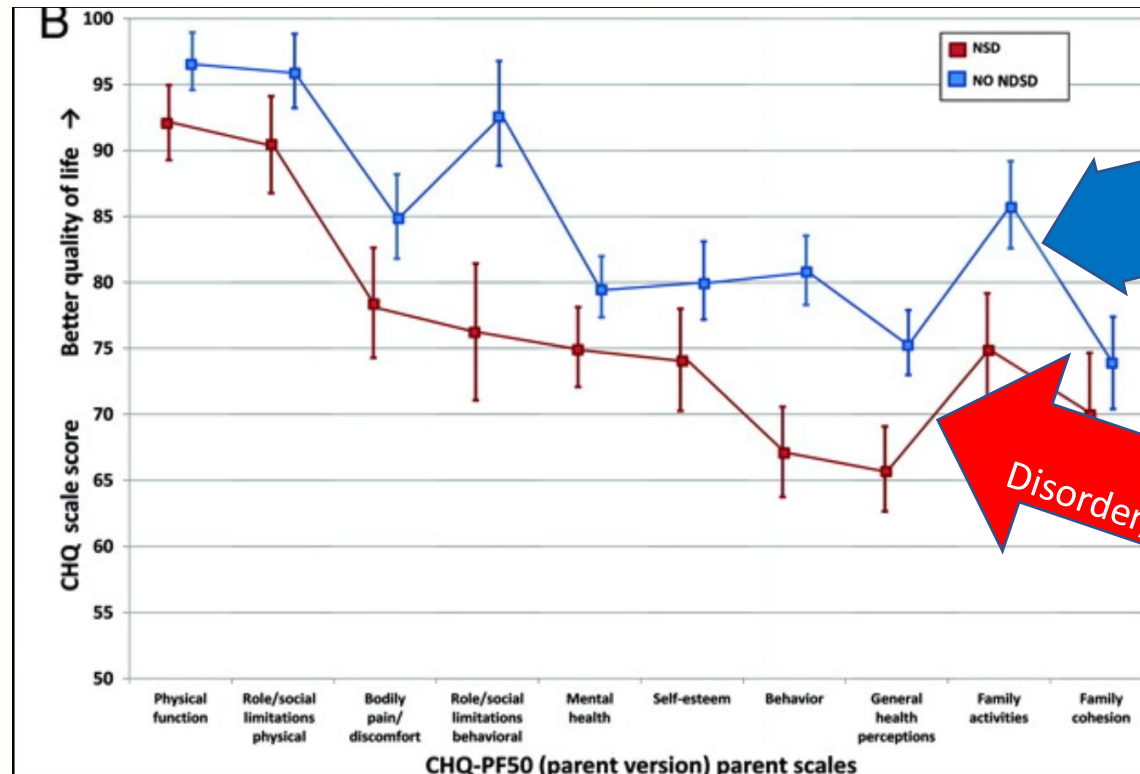
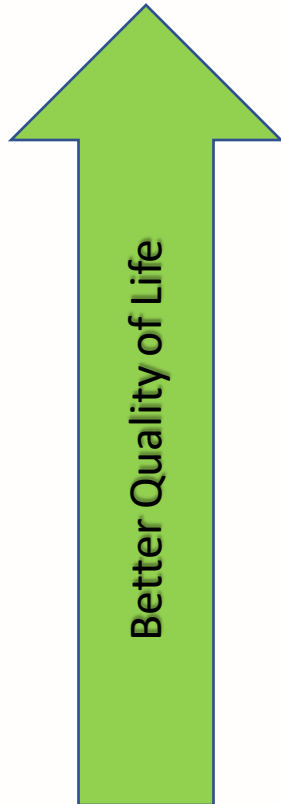
Why do we care?



Baca, C. B., Vickrey, B. G., Caplan, R., Vassar, S. D., & Berg, A. T. (2011). Psychiatric and medical comorbidity and quality of life outcomes in childhood-onset epilepsy. *Pediatrics*, 128(6), e1532-e1543.

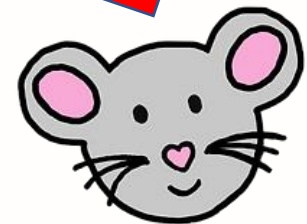


Why do we care?



No Mental Health Disorder/Neurodevelopmental Difficulty

Have Mental Health Disorder/Neurodevelopmental Difficulty



Baca, C. B., Vickrey, B. G., Caplan, R., Vassar, S. D., & Berg, A. T. (2011). Psychiatric and medical comorbidity and quality of life outcomes in childhood-onset epilepsy. *Pediatrics*, 128(6), e1532-e1543.

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

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

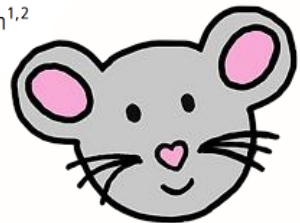
Original article



OPEN ACCESS

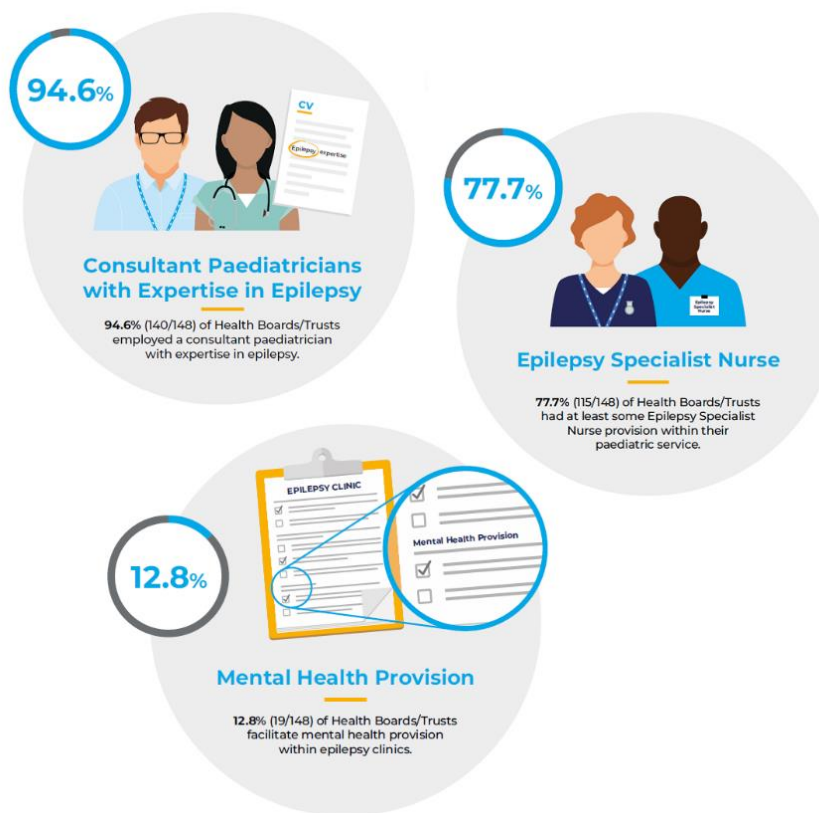
Psychological interventions for mental health disorders in children with chronic physical illness: a systematic review

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

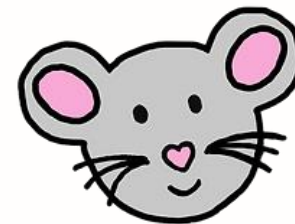
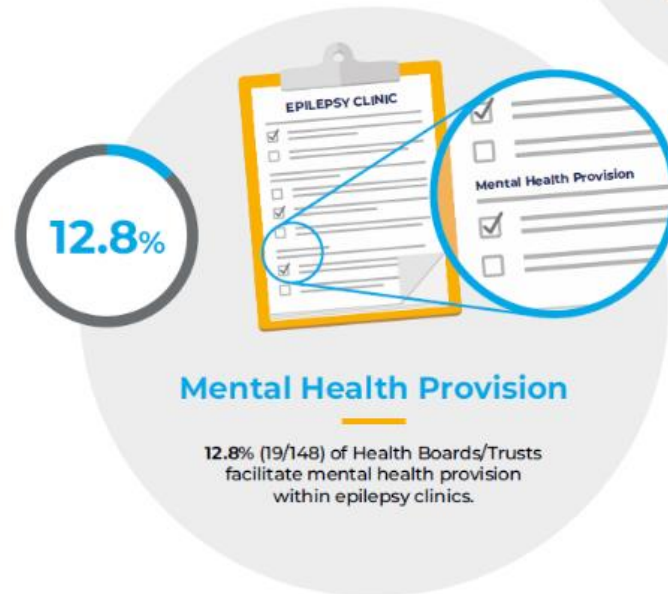
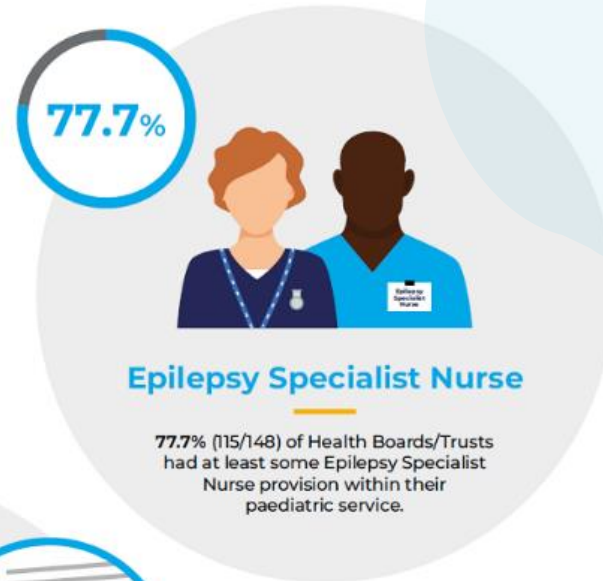


The problem

- Mental health disorders in the context of neurological illnesses often remain undiagnosed and under-treated (e.g. Welch et al., 2018)
 - Diagnostic overshadowing?
 - Lack of understanding?

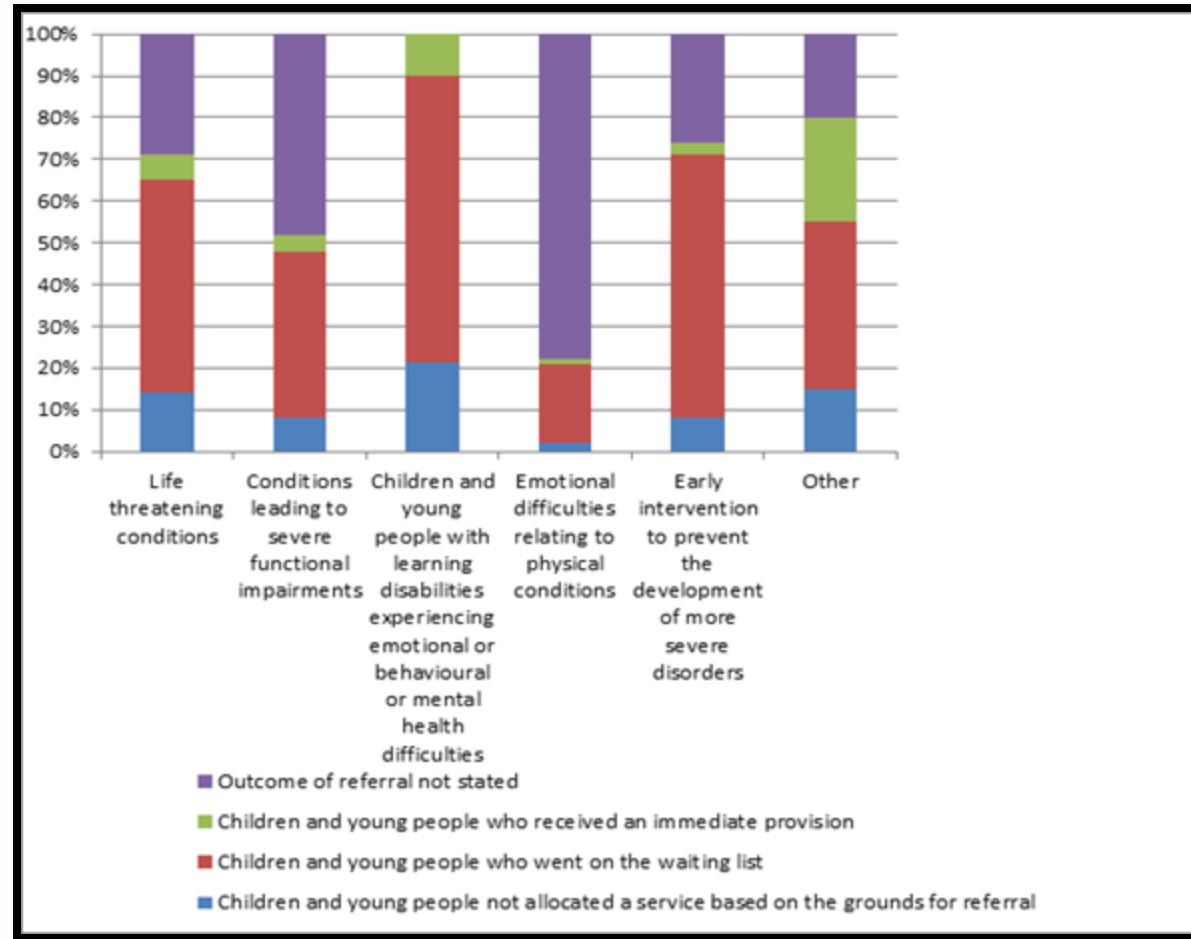


Welch, A., Shafran, R., Heyman, I., Coughtrey, A., & Bennett, S. (2018). Usual care for mental health problems in children with epilepsy: a cohort study. *F1000Research*, 7.

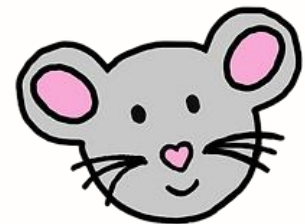


Epilepsy12 Audit – NHS national data (England only) RCPCH

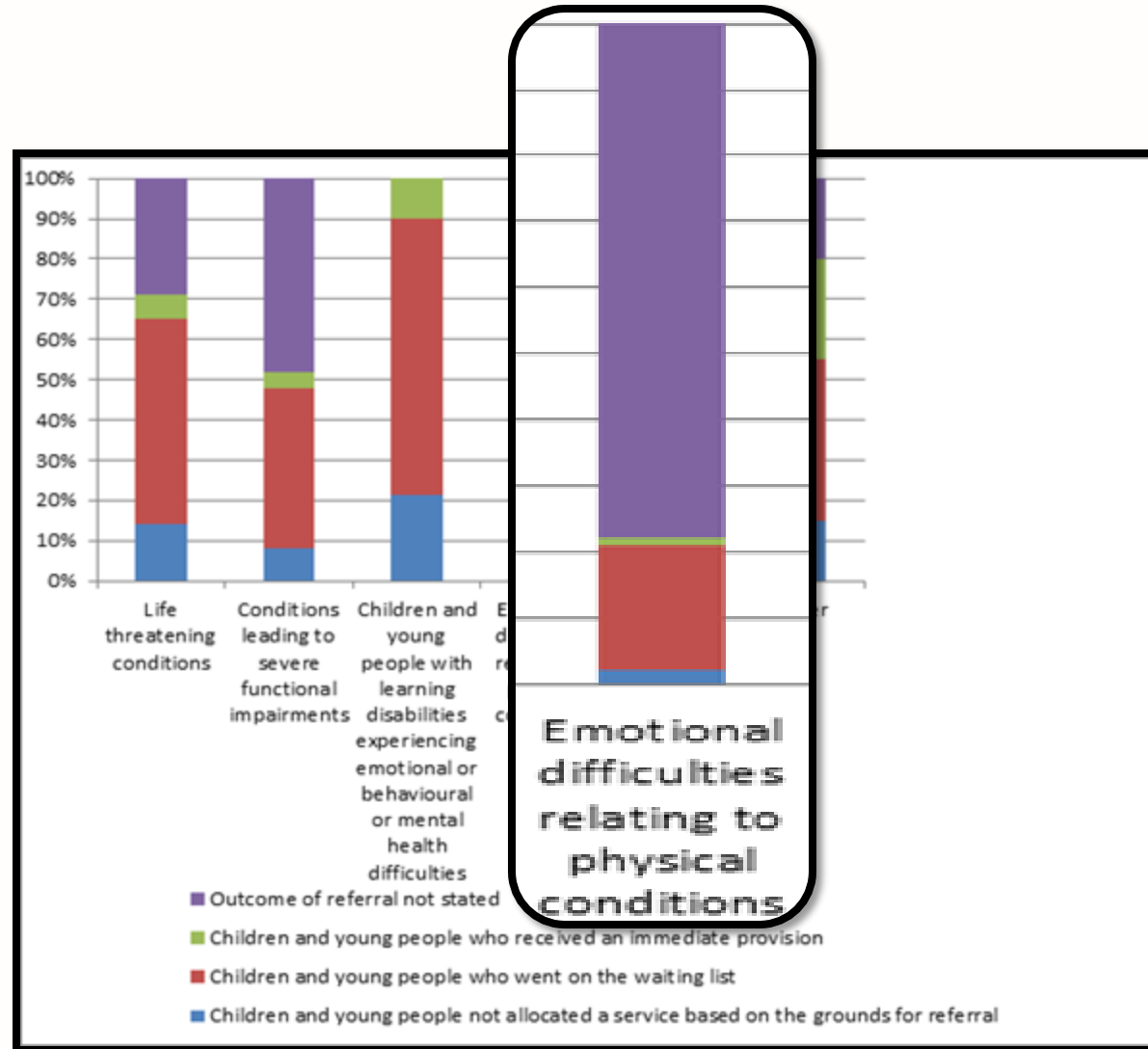
But...



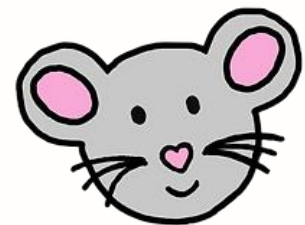
Children's Commissioner - Lightning review of access to CAMHS 2016



But...



Children's Commissioner - Lightning review of access to Child and Adolescent Mental Health Service (CAMHS) 2016



What happens at the moment?



...you feel like 'oh am I gonna have a seizure? I don't wanna go out because I might have a fit', like on the street. ... But I need to start to forget about it, I might go and see my, we have an Epilepsy Nurse at the hospital which I go to, and he's really lovely, he's a really nice bloke. And if I do have any problems I can always ring him, or go and see him, so I think I might go and have a chat with him soon. Book myself an appointment and go and have a chat with him about the anxiety, and whether he can suggest anything.



Background: MICE methods

1. Background

2. WP1

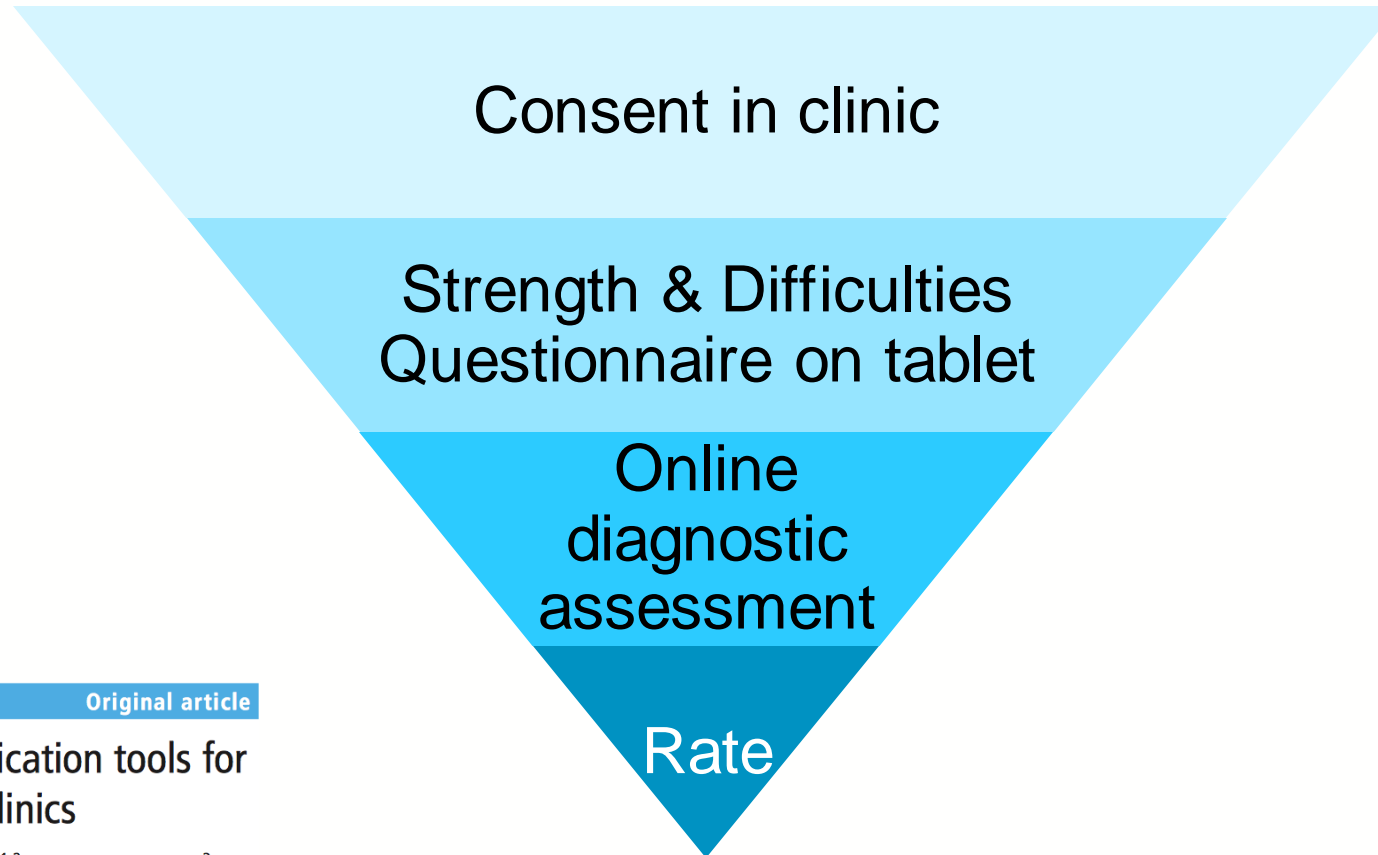
3. WP2

4. WP3

5. WP4


6. Discussion

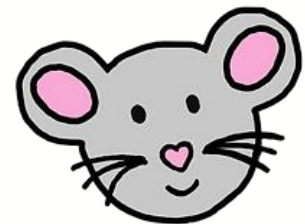
Integrated identification



Original article

Assessing feasibility of routine identification tools for mental health disorder in neurology clinics

Sophie D Bennett ¹, Isobel Heyman,^{1,2} Anna E Coughtrey,^{1,2} Marta Buszewicz,³ Sarah Byford,⁴ Caroline J Dore,⁵ Peter Fonagy,⁶ Tamsin Ford,⁷ Rona Moss-Morris,⁸ Terence Stephenson,¹ Sophia Varadkar,^{1,2} Erin Walker,⁹ Roz Shafran¹



1. Background

2. WP1

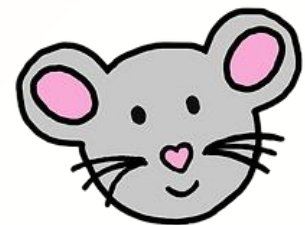
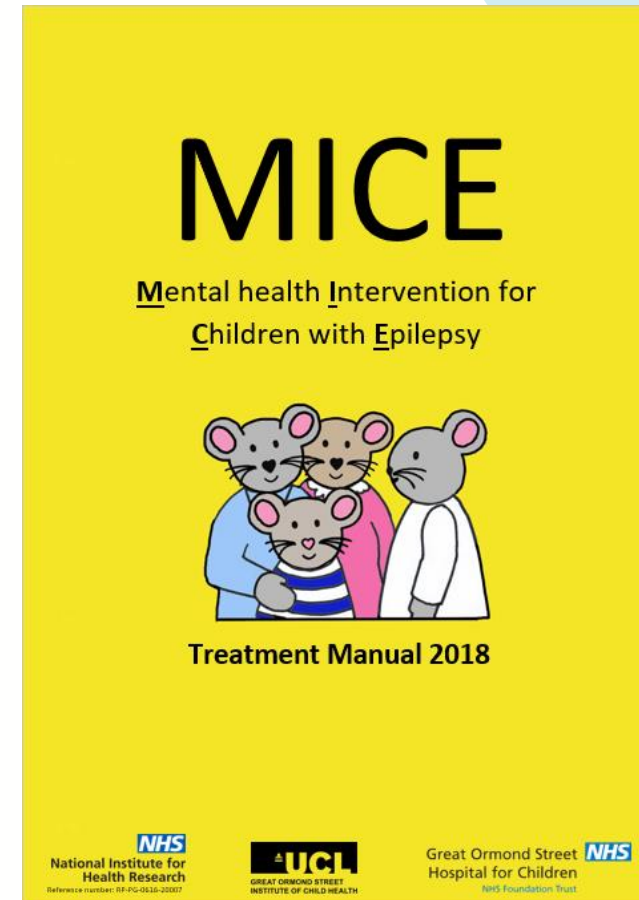
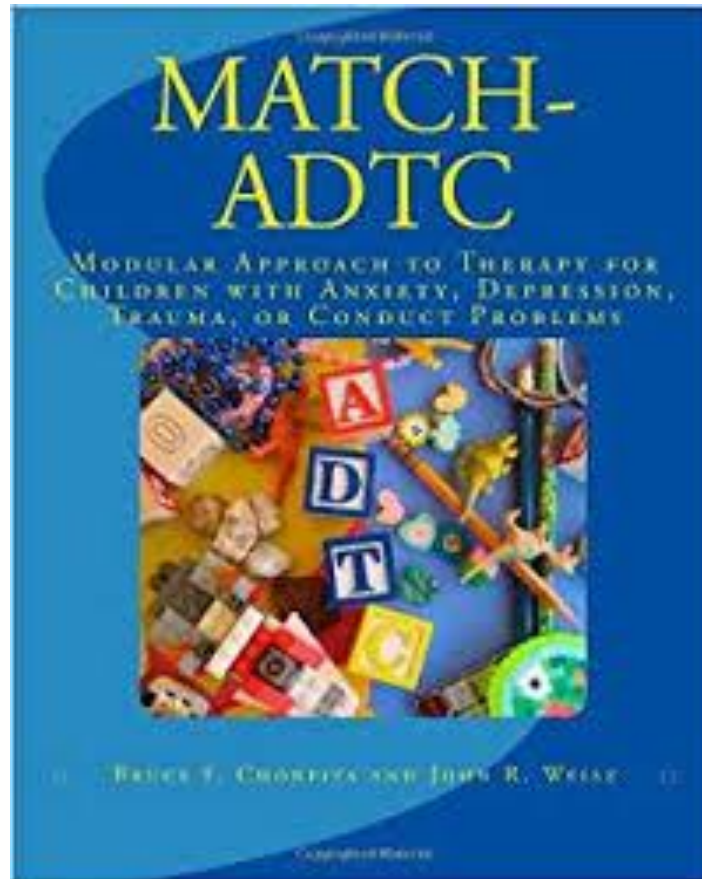
3. WP2

4. WP3

5. WP4

6. Discussion

Intervention



Anxiety

- Learning about Anxiety
- Using the Fear Thermometer
- Fear Ladder
- Practising
- Maintenance
- Cognitive STOP
- Wrap Up
- Booster (Anxiety)

Depression

- Getting Acquainted: Depression
- Learning about Depression: Family
- Problem Solving
- Activity Selection
- Learning to Relax
- Quick Calming
- Presenting a Positive Self
- Cognitive: BLUE
- Cognitive: TLC
- Plans for Coping
- Wrap Up
- Booster (Depression)

Behaviour

- One to one time
- Praise
- Active Ignoring
- Instructions
- Rewards
- Time Out
- Making a Plan
- Daily Report Card
- Looking Ahead
- Booster (Conduct)

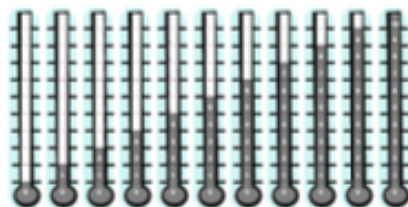


Fear Ladder (example)

Date: _____

Filled out by:

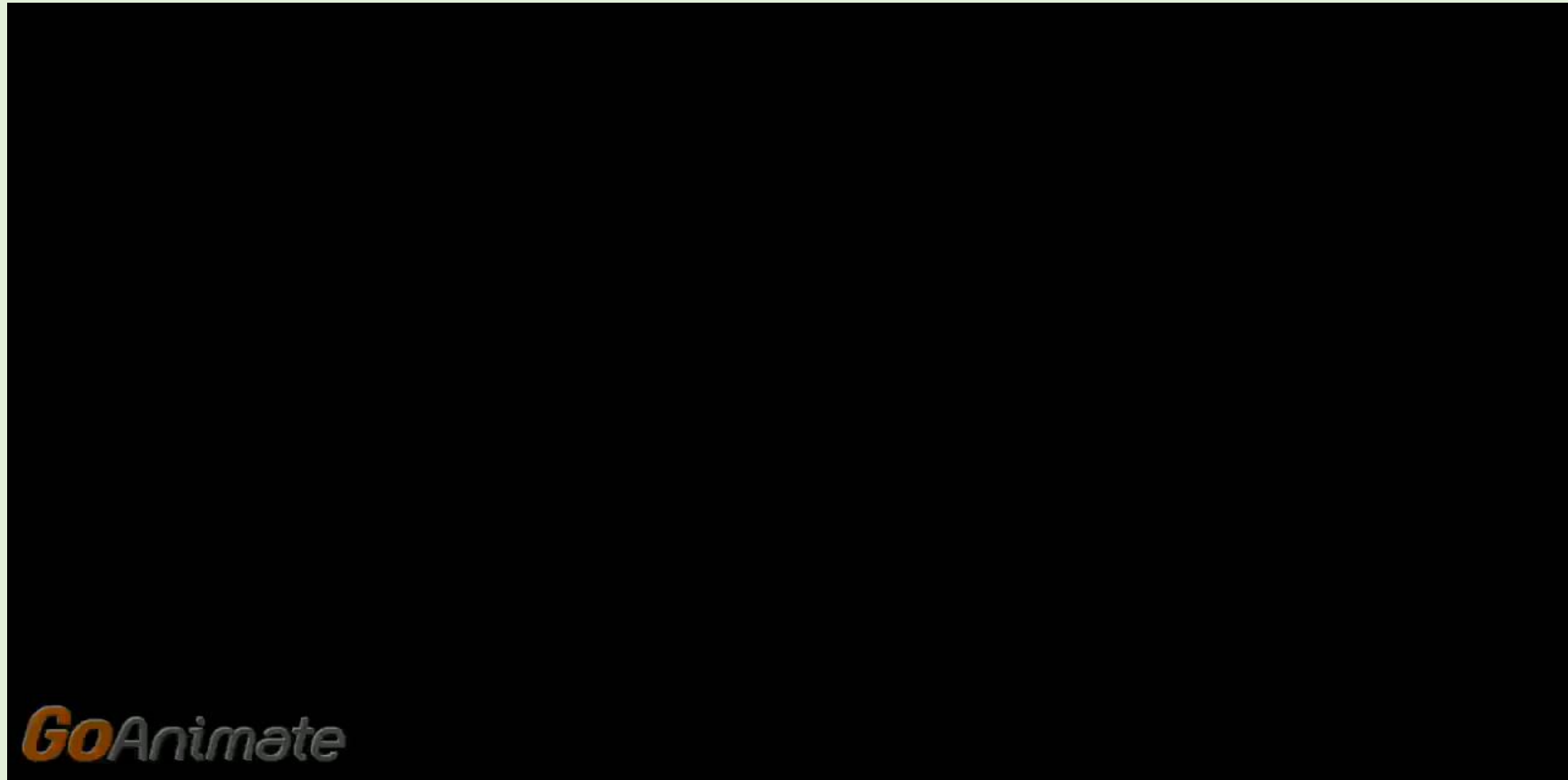
- Child
- Mother
- Father
- Other _____



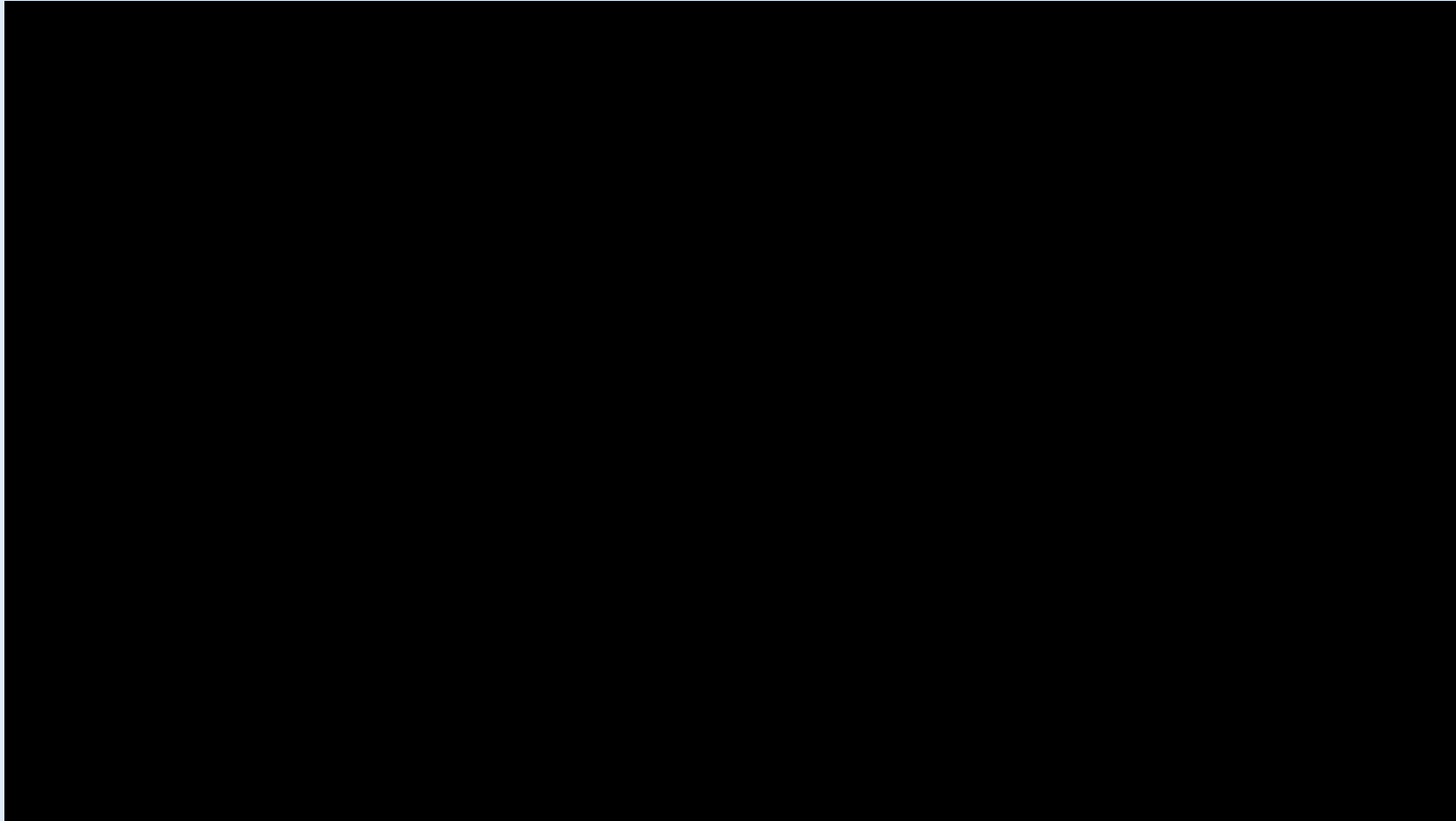
How scary is this item today? Please give a rating from 0-10.

ITEM	Rating
Pet a stranger's dog	10
Pet the friend's dog	10
Go to a friend's house with a dog and look at dog while being held in same room	9
Go to the park where dogs are off leads and can see dogs from a long way away	8
Go to the park where dogs are on leads and can see dogs from a long way away	6
Talk about dogs while looking at a picture	4
Talk about dogs	3
Look at a picture of a large dog	2
Look at a picture of a small dog	2
Look at a picture of a puppy	1

Anxiety Module



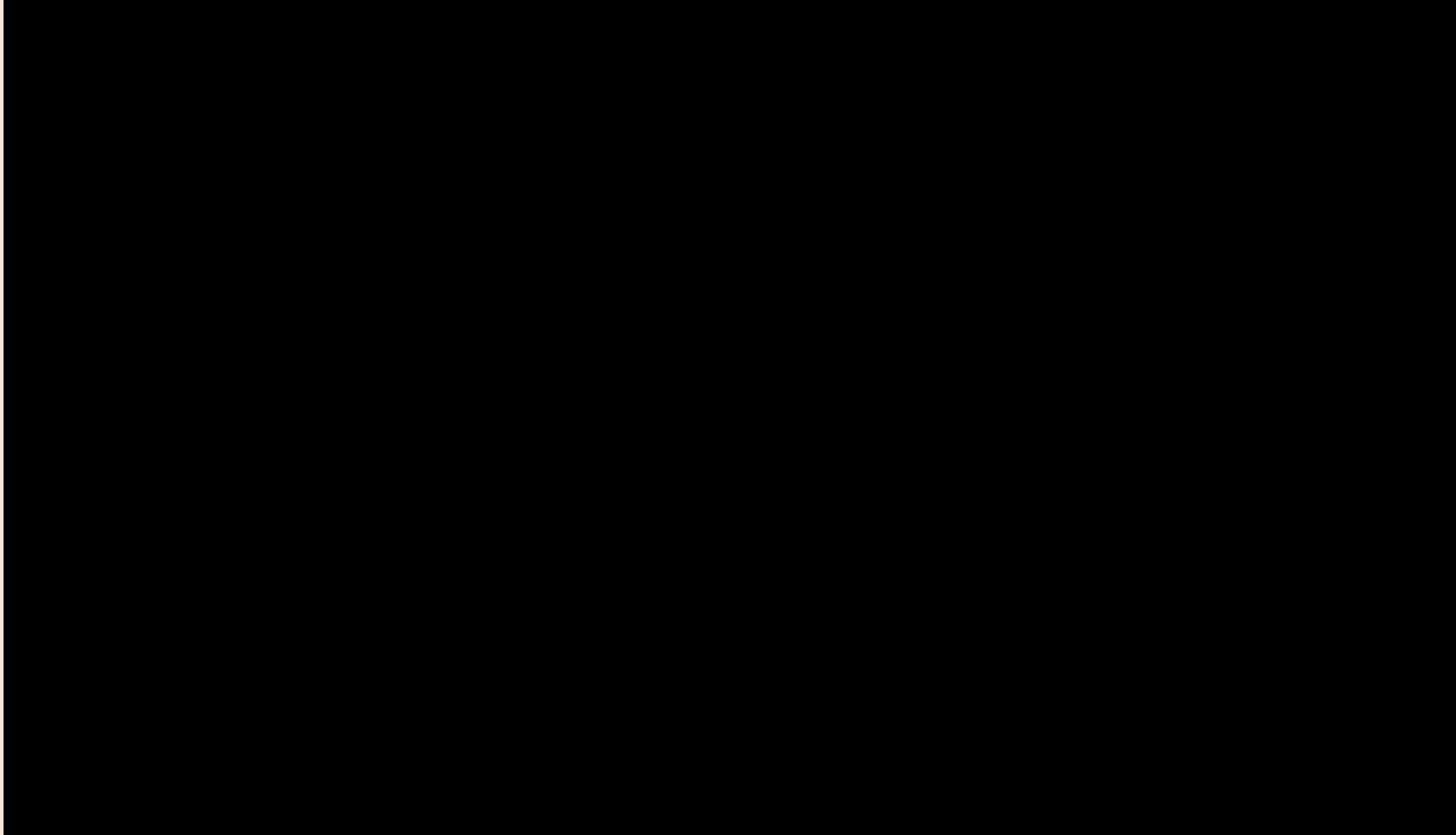
Depression Module



Behaviour Module



MindEd
elearning to support healthy minds



Personalising

Review > Curr Opin Psychiatry. 2023 Jan 1;36(1):28-33. doi: 10.1097/YCO.0000000000000834. Epub 2022 Oct 22.

Adaptation, personalization and capacity in mental health treatments: a balancing act?

Sophie D Bennett¹, Roz Shafran

Affiliations + expand

PMID: 36302201 PMCID: PMC9794160 DOI: 10.1097/YCO.0000000000000834

Free PMC article

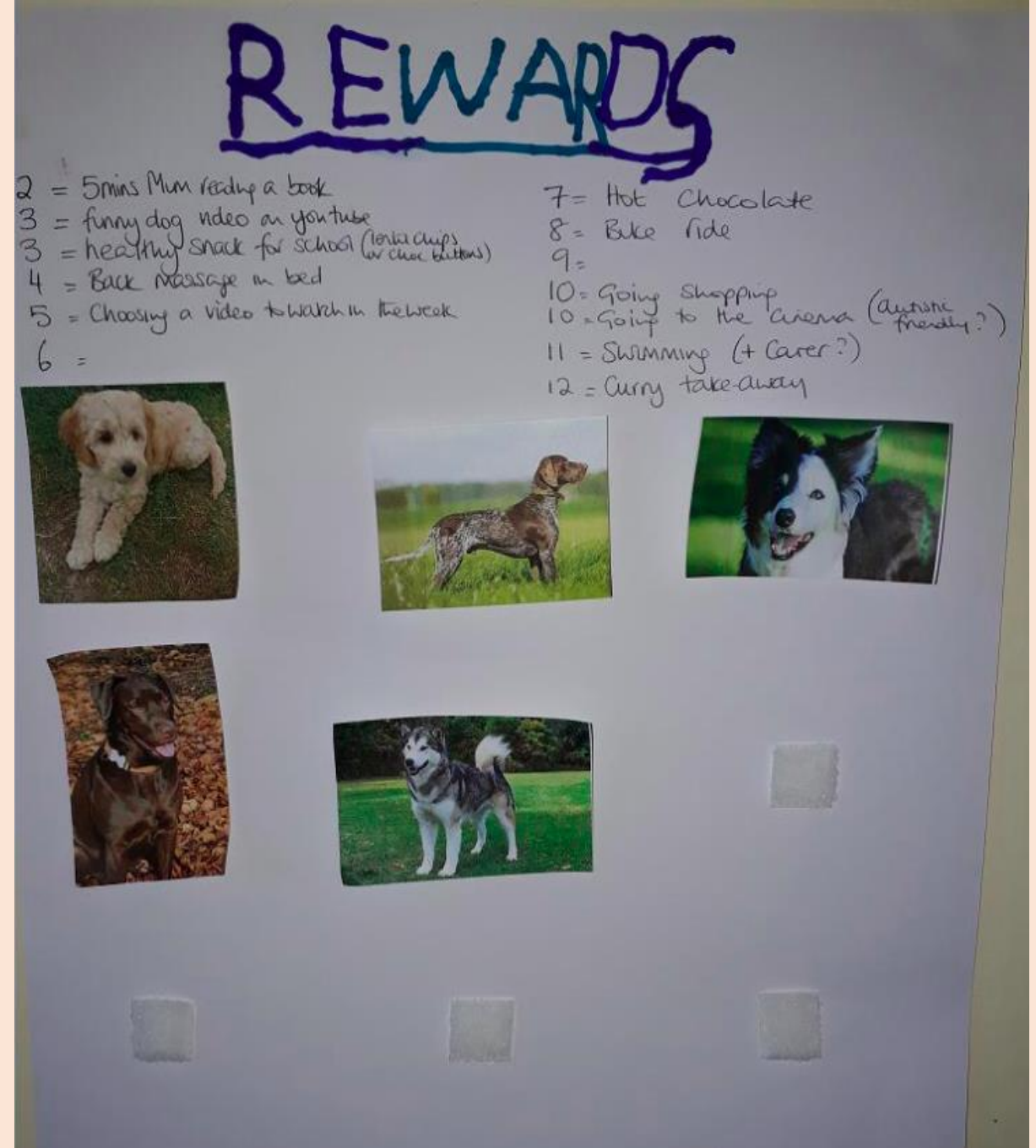
Editorial > J Child Psychol Psychiatry. 2023 Feb;64(2):213-216. doi: 10.1111/jcpp.13732.

Editorial: Therapies for mental health difficulties: finding the sweet spot between standardization and personalization

Alice M Gregory¹, Martin K Rutter^{2,3}, Juan J Madrid-Valero⁴, Sophie D Bennett⁵, Roz Shafran⁵, Daniel J Buisse⁶

Affiliations + expand

PMID: 36636905 DOI: 10.1111/jcpp.13732



Goals

S



M



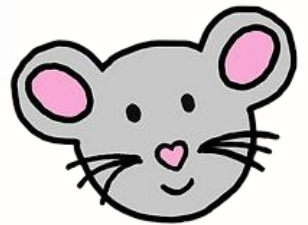
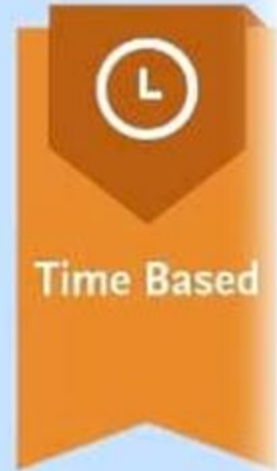
A



R



T



1. Background

2. WP1

3. WP2

4. WP3

5. WP4

6. Discussion

Goals and goal-based outcomes (GBOs)

Goal rating sheet

How close are you to the goals you want to get to?

On a scale from zero to ten, please circle the number below that best describes how close you are to reaching your goal today.

Remember a score of zero means no progress has been made towards a goal, a score of ten means a goal has been reached fully, and a score of five is exactly half way between the two

YOUR FIRST GOAL

Enter brief description of goal and goal number as recorded on the **Goals Record Sheet**

Half way to reaching this goal

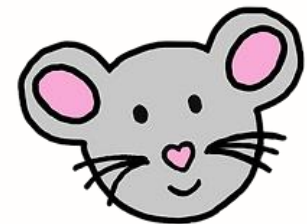
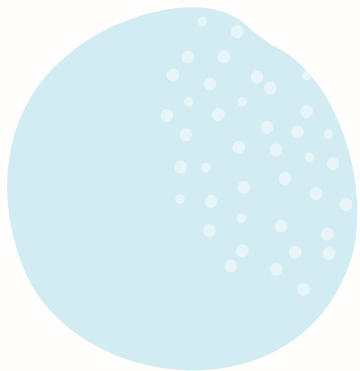
Goal not at all met	0	1	2	3	4	5	6	7	8	9	10	Goal reached
---------------------	---	---	---	---	---	---	---	---	---	---	----	--------------

YOUR SECOND GOAL

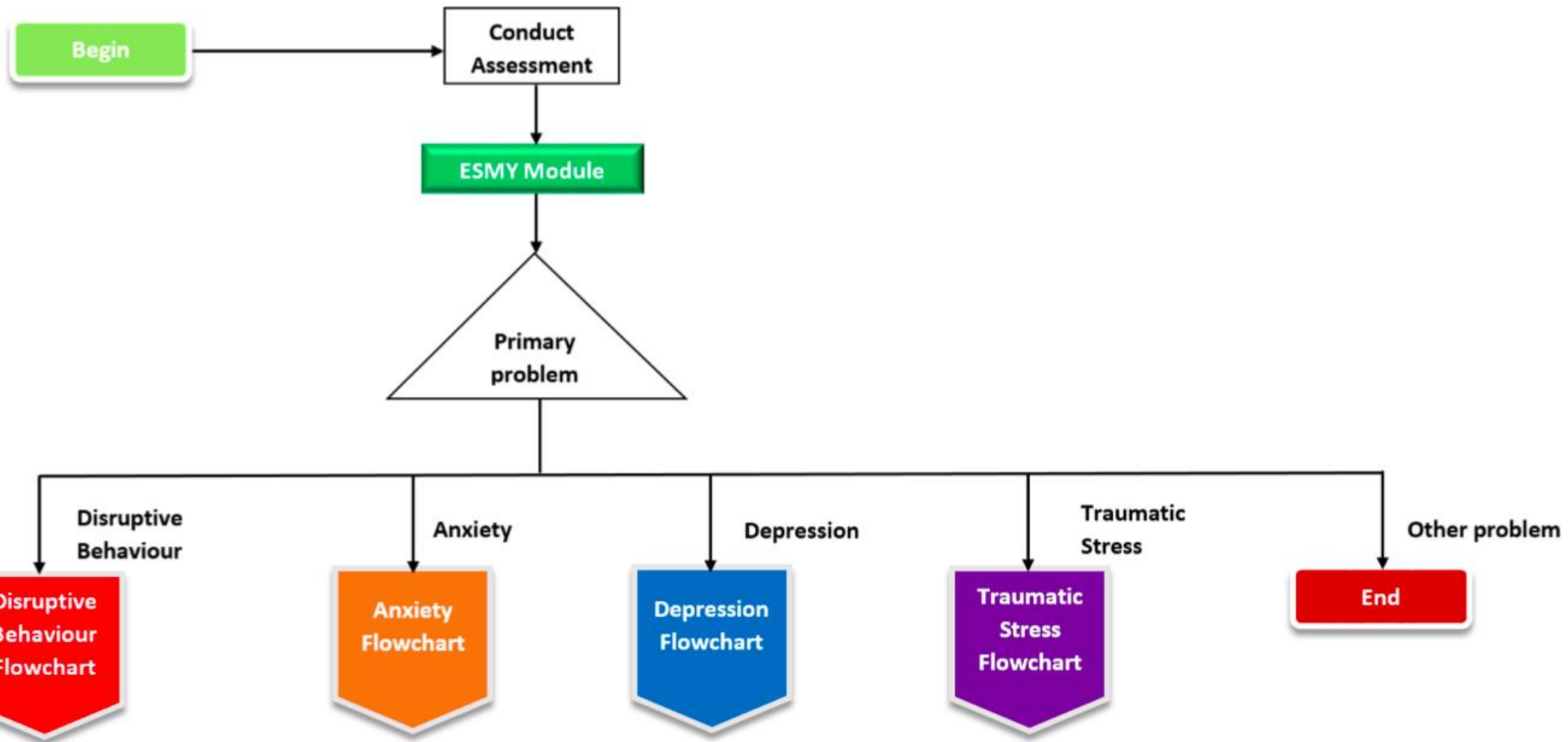
Enter brief description of goal and goal number as recorded on the **Goals Record Sheet**

Half way to reaching this goal

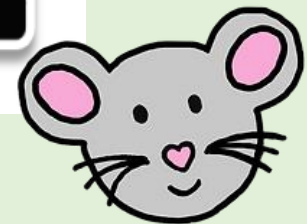
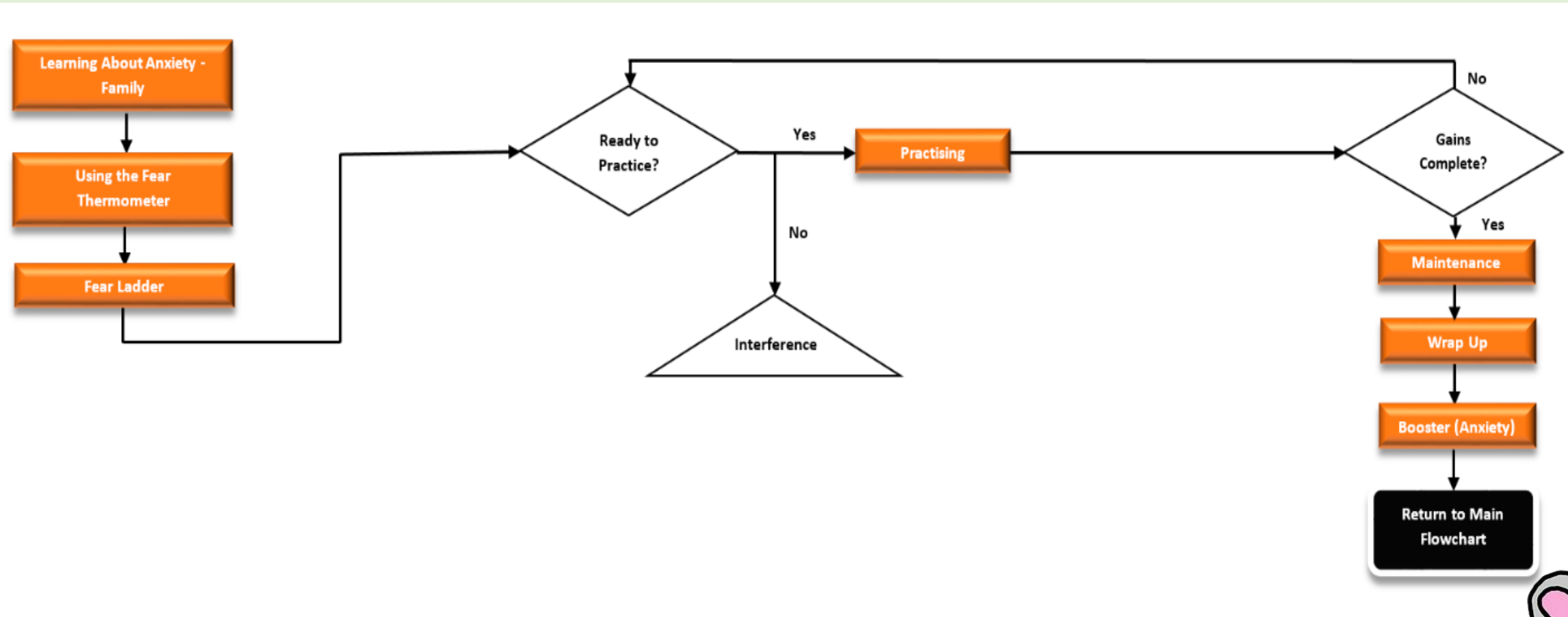
Goal not at all met	0	1	2	3	4	5	6	7	8	9	10	Goal reached
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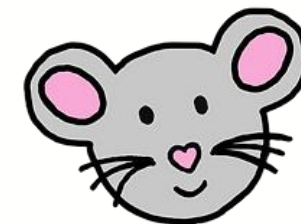
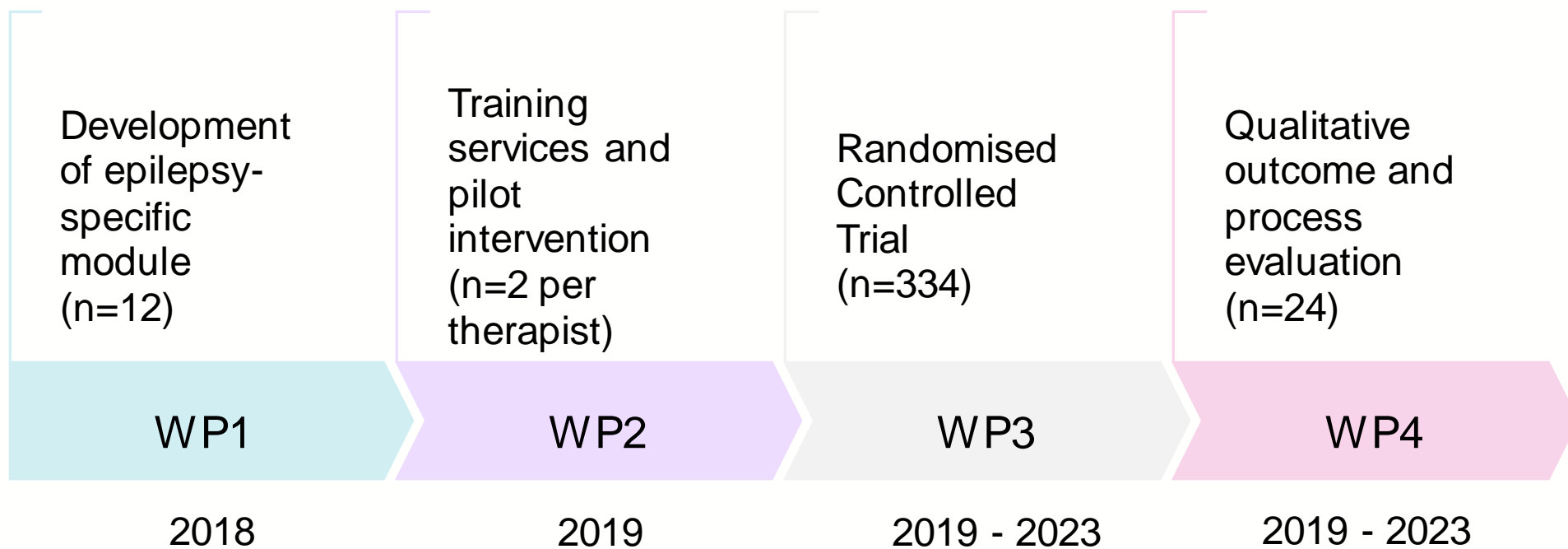
Intervention



Intervention – Anxiety no interference



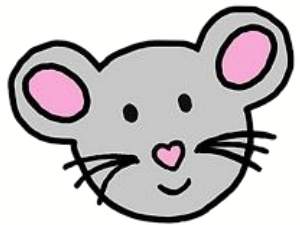
MICE Programme



MICE Programme: Work Package 1

Development
of epilepsy-
specific
module
(n=12)

WP1



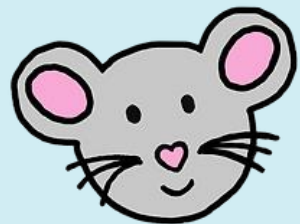
Optimising MATCH-ADTC with Implementation Science

“the study of methods and strategies to promote the uptake of interventions that have proven effective into routine practice, with the aim of improving population health”



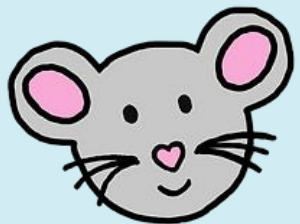
4 Methods:

1. Literature review
2. Focus groups of patients and professionals
3. Plan do Study Act cycles (n=12 patients)
4. Qualitative interviews (n=7 families)



Results: overall changes to intervention

1. High level of consensus and substantial overlap
2. Need to personalise the intervention for the individual and context by:
 1. Anglicising the language
 2. Using epilepsy-specific examples where possible
 3. Making it explicit that the pace of the intervention and delivery may need to be adjusted on a case-by-case basis depending on the child's intellectual ability and mode of delivery (telephone vs. face-to-face)



Results: additional modules

- A **core module** for everyone that provides education about mental health disorders and their relationship with epilepsy, enables a formulation of the maintenance of mental health disorders within epilepsy and provides links to additional resources.

If epilepsy and mental health difficulties are related, how will it get better? Will anything make a difference?

Epilepsy and mental health problems have different treatments, which can be used at the same time. Mental health problems can get better, even if the epilepsy doesn't.

My child's epilepsy is just one of many problems e.g. ADHD, Autism, learning difficulties, physical disability, a genetic condition. Will this programme still work?

Yes! Most children who have used this programme have many additional difficulties. Research has shown that these strategies work for children with many problems. Your therapist will work with you to make sure the programme suits your child's individual needs.

Is the medicine that my child is taking responsible for their low mood, challenging behaviour or worries?

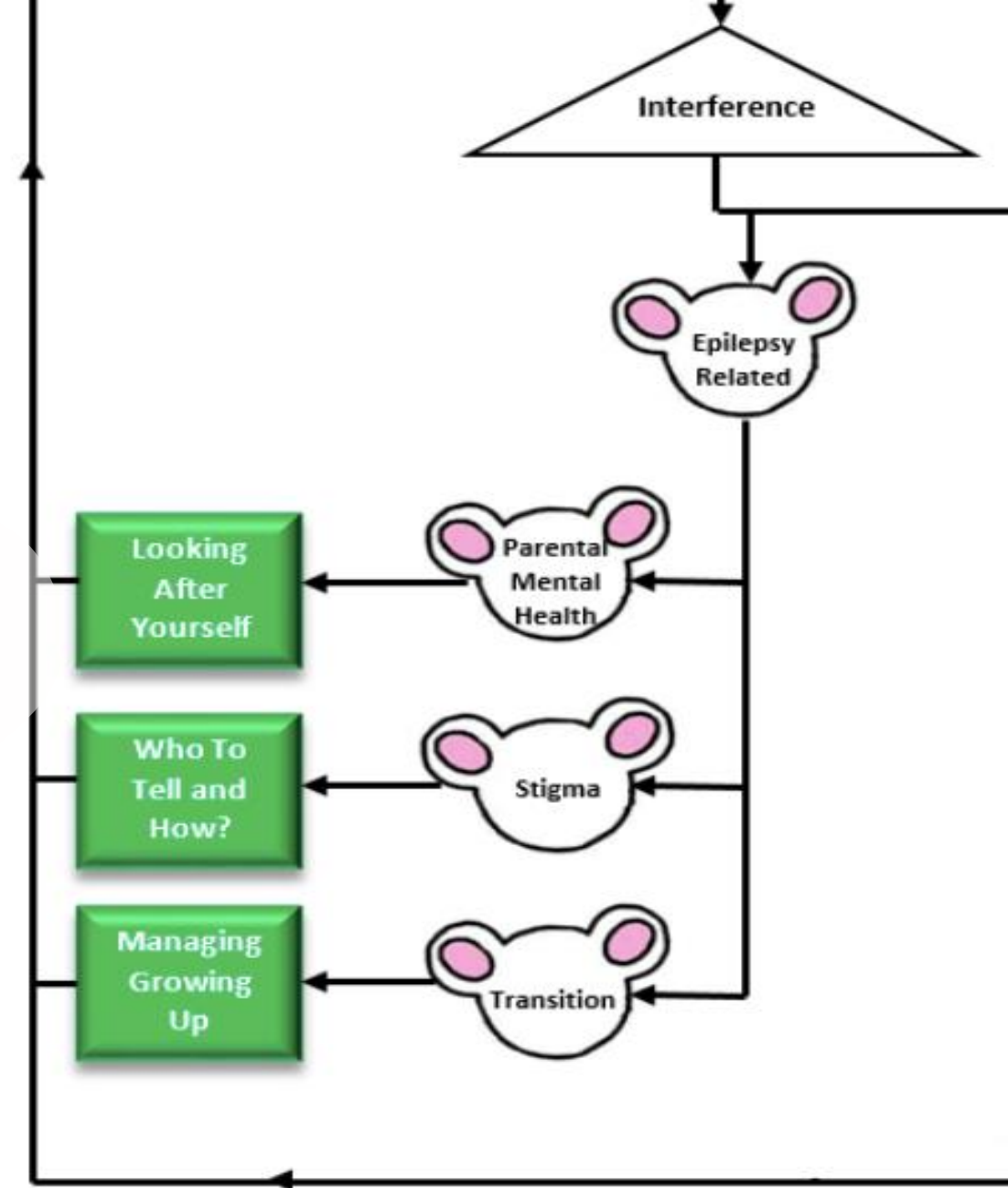
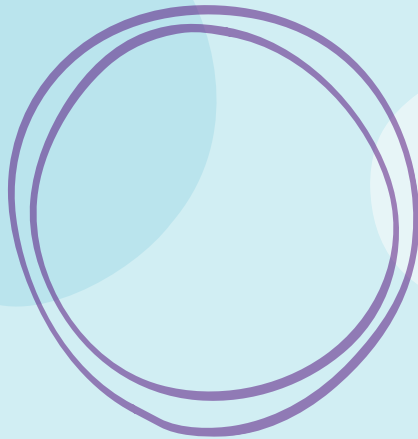
It is important to discuss this with your child's epilepsy nurse/team. Some epilepsy medicines might have an effect on mood and behaviour, especially when the medicine, or the dosage, is changed.

It does not matter what the cause of the challenging behaviour or low mood is, we still have the strategies to help. In the same way, it does not matter whether your headache was caused by a noisy room or because you banged your head, Paracetamol works just as well.



Results: additional modules

- Additional 'interference' modules in keeping with the structure of MATCH-ADTC:
 - Stigma
 - Parental mental health
 - Transition to adulthood



Results: training

1. A 5-day training course accompanied by a minimum of monthly supervision was therefore developed to ensure fidelity to the MATCH-ADTC model as well as facilitating delivery within busy services
2. A 'user-guide' was also developed that makes it explicit how to use the manual for nurses and other health professionals unfamiliar with the delivery of mental health interventions
3. The training course was video-taped

Optimising Evidence-Based Psychological Treatment for the Mental Health Needs of Children with Epilepsy: Principles and Methods

Roz Shafran^{1,2} · Sophie Bennett^{1,2} · Anna Coughtrey^{1,2} · Alice Welch^{1,2} · Fahreen Walji^{1,2} · J. Helen Cross^{1,2} · Isobel Heyman^{1,2} · Alice Sibelli³ · Jessica Smith⁴ · Jamie Ross⁵ · Emma Dalrymple¹ · Sophia Varadkar² · MICE Research Study Team · Rona Moss-Morris³





Therapist Platform

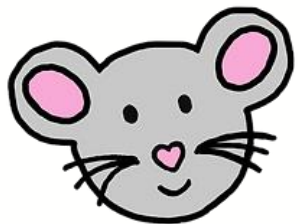
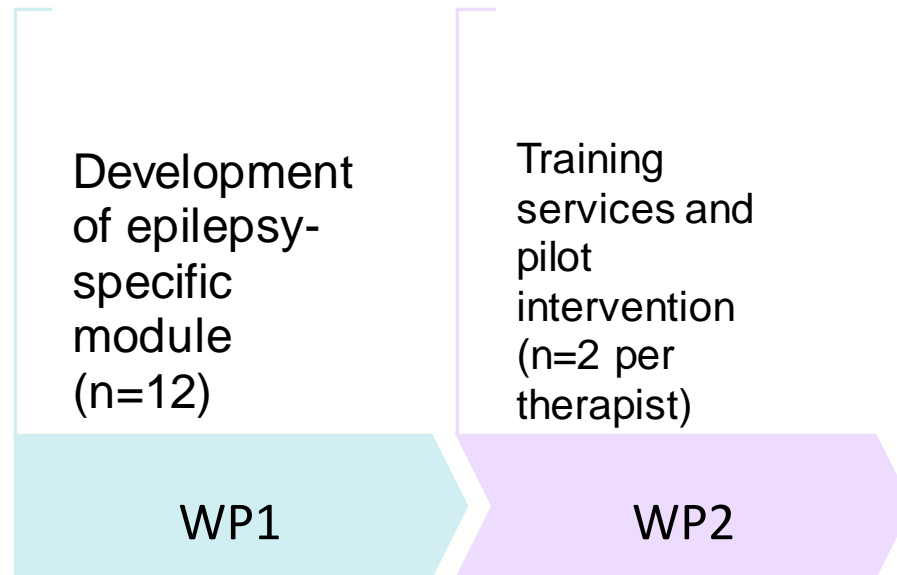
Therapist Platform

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1. [Overview](#)
2. [Research Team Details](#)
3. [Welcome to MICE](#)
4. [Training Materials](#)
5. [Therapist Guide](#)
6. [MICE Manual](#)
7. [Therapist Materials](#)
8. [Handouts](#)
9. [Measures](#)

[Cookie settings](#)

MICE Programme: Work Package 2



Training the therapists: methods

- 27 Health Care Professionals (HCPs) from six different NHS trusts across England attended the first 5 days of training workshops
- 5 paediatricians, 5 specialist epilepsy nurses, 3 paediatric nurses, 2 mental health workers, 1 educational psychologist, and 4 assistant psychologists
- All HCPs then completed at least 1 training case of the expanded telephone delivered treatment, supported by weekly clinical consultation by a qualified clinical psychologist from the research team
- Parent reported measures of child's mental health and quality of life
- Qualitative interviews with HCPs at the start (n = 23) and end (n = 15) of the 6-month training period



Training the therapists: 6-month outcomes

- All therapists deemed competent
- Statistically significant improvements in: symptoms of mental health problems ($p = 0.01$; Cohen's $d = 0.62$), total impact of mental health problems ($p = 0.03$; Cohen's $d = 0.52$), anxiety and depression symptoms ($p = 0.02$; Cohen's $d = 0.57$) and quality of life ($p = 0.01$; Cohen's $d = 0.57$)

Feasibility of telephone-delivered therapy for common mental health difficulties embedded in paediatric epilepsy clinics



Sophie D. Bennett*, Christy Au, Sarah Byford, Bruce Chorpita, Anna E. Coughtrey, J. Helen Cross, Emma Dalrymple, Peter Fonagy, Tamsin Ford, Isobel Heyman, Amy Lewins, Rona Moss-Morris, Colin Reilly, Laila Xu, Roz Shafran

Great Ormond Street Hospital for Children NHS Foundation Trust, UK



Training the therapists: 6-month outcomes

I think it's a really good, obviously high-quality, well researched giftbox, almost. It's like a greatest hits compilation of mental health support and psychological therapies which can be used interchangeably. So yes, it's like having your favourite CD in your car."
(Therapist)

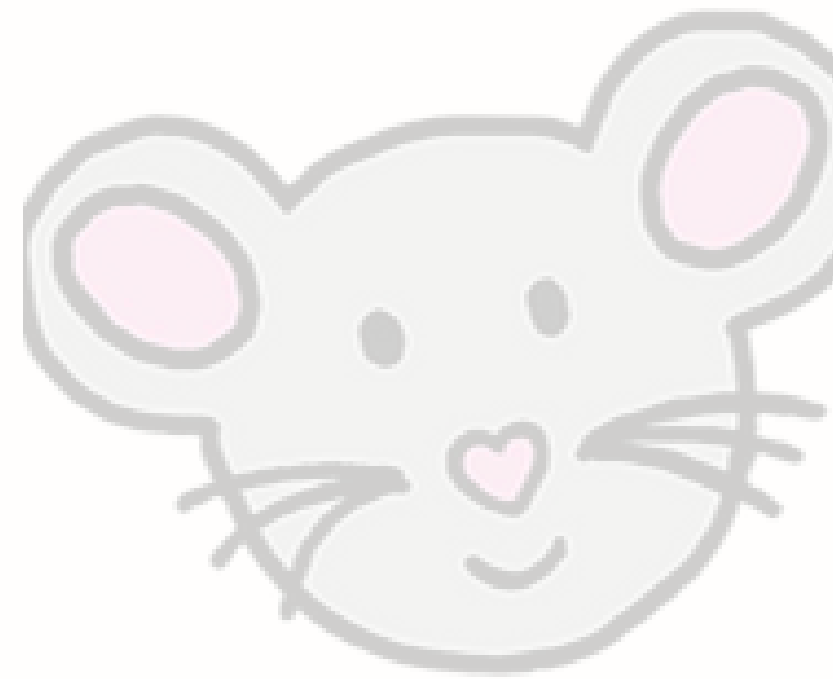
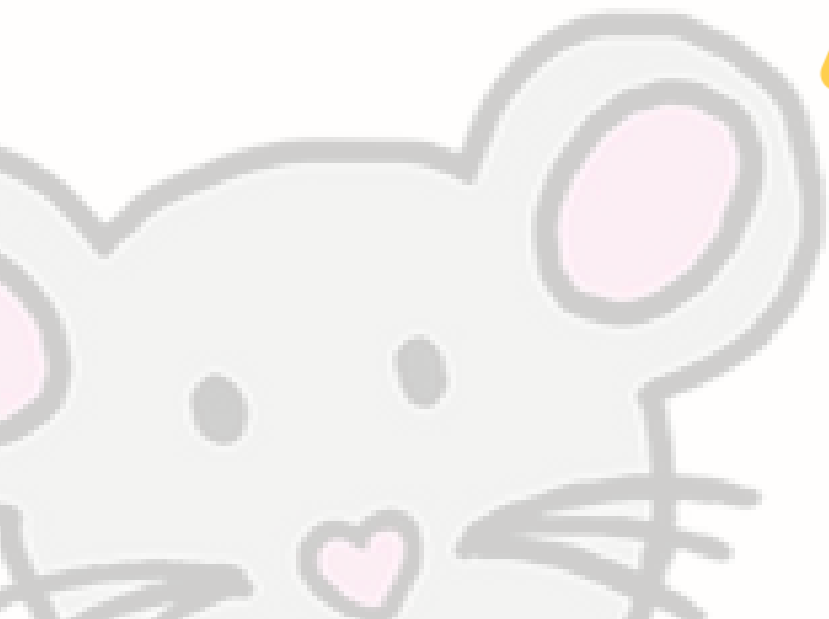
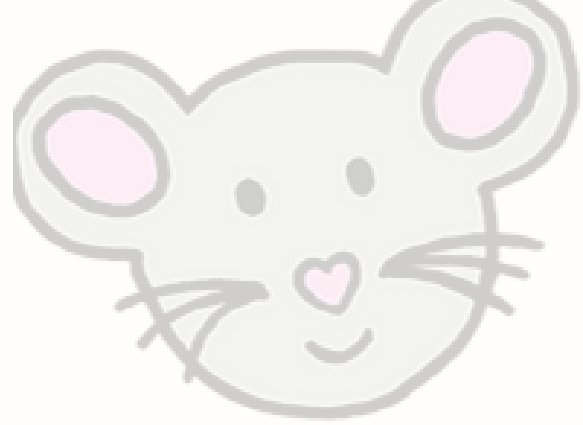
"Yes, the sessions feel completely relevant. I mean, things that we're talking about are completely relevant to what we're dealing with and going through."
(Parent)

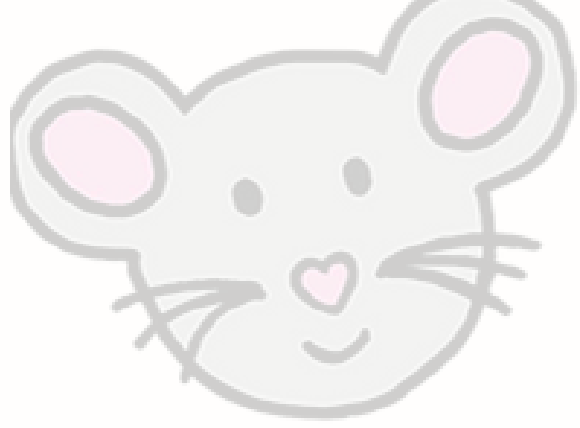
"A greatest hits compilation of mental health support": A qualitative study of health professionals' perceptions of modular CBT in pediatric epilepsy services



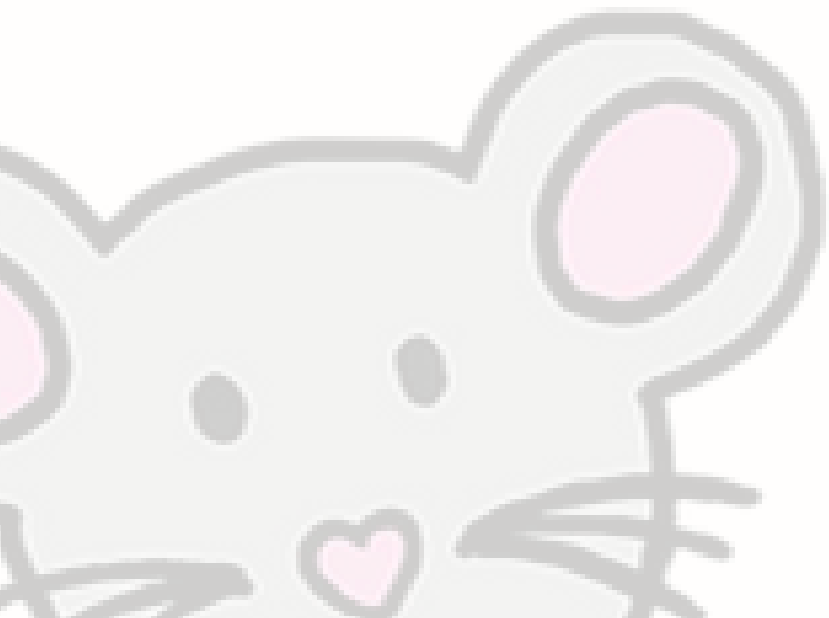
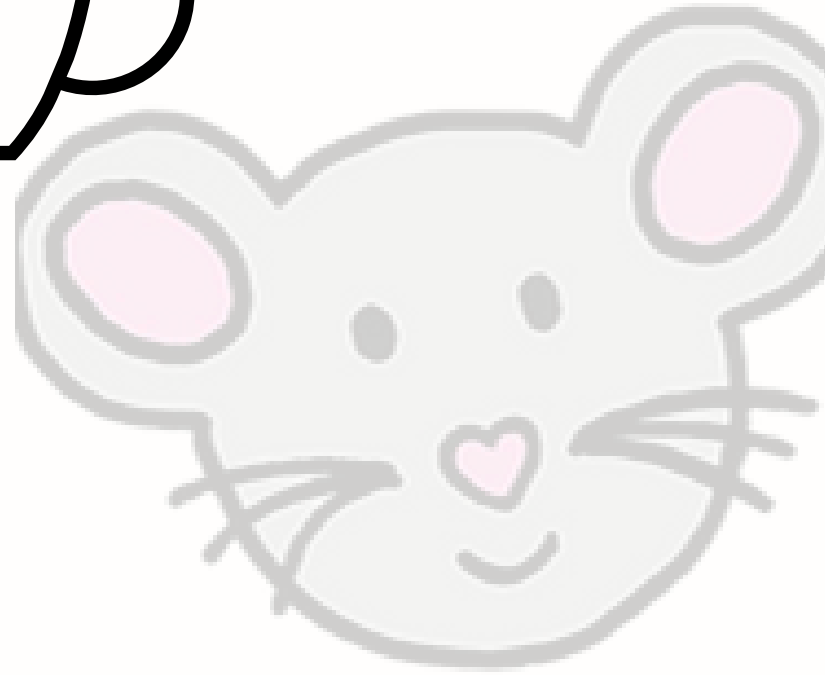
Anna E. Coughtrey^{a,b,*}, Sophie D. Bennett^{a,b}, Alice Sibelli^c, Bruce Chorpita^d, Emma Dalrymple^a, Peter Fonagy^e, Tamsin Ford^{f,g}, Isobel Heyman^{a,b}, Rona Moss-Morris^c, MICE Study Team^{a,b}, Brian C.F. Ching^{a,b}, Roz Shafran^{a,b}



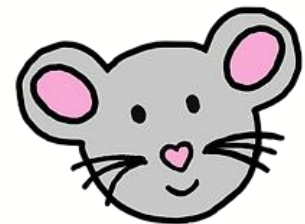
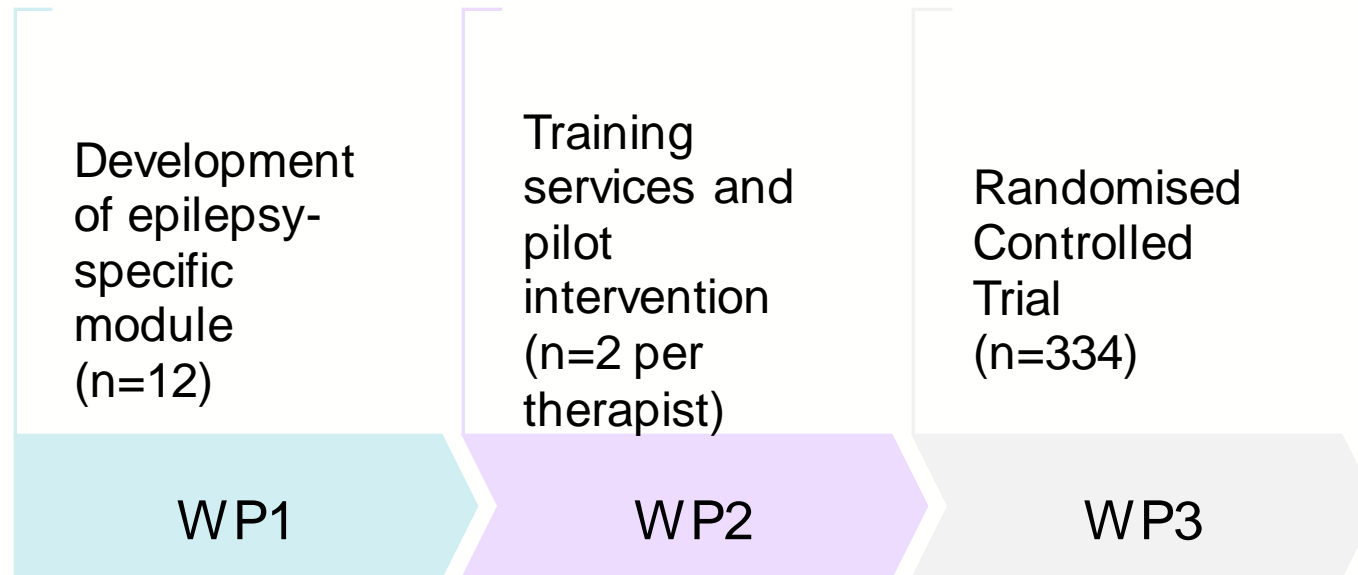




Mini-Break

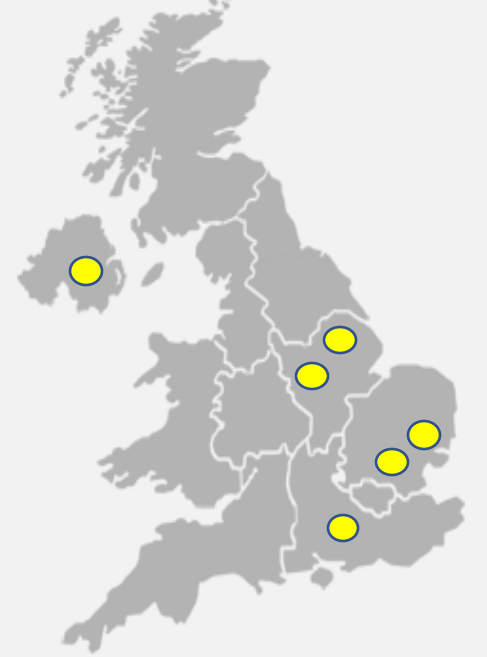


MICE Programme: Work Package 3



Work Package 3: the trial

- Randomised Controlled trial
- MICE + Usual Care versus Assessment Enhanced Usual Care (Control)
- Primary outcome: Strengths and Difficulties Questionnaire
- Secondary outcomes: Quality of Life, Mental Health of child and parent
- Safety data
- Acceptability – Experience of Service Questionnaire

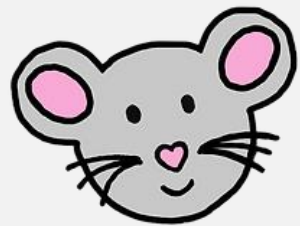


Sites:

- Great Ormond Street
- Barnet
- Lewisham and Greenwich
- NELFT
- UCLH
- Whittington

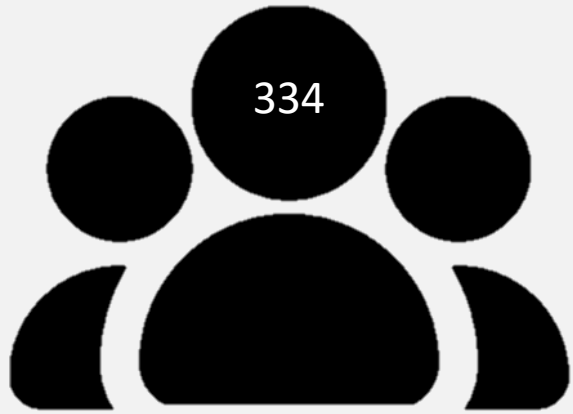
Patient Identification Centres (PIC):

- Sherwood Forest
- Cambridge
- Northern Ireland
- Mid Yorkshire
- Surrey
- Suffolk
- Belfast



Participants

Randomised between 28 August 2019 and 21 February 2022



Around 25% with Autism Spectrum Disorder (ASD) diagnoses



Around 40% with intellectual disability diagnoses

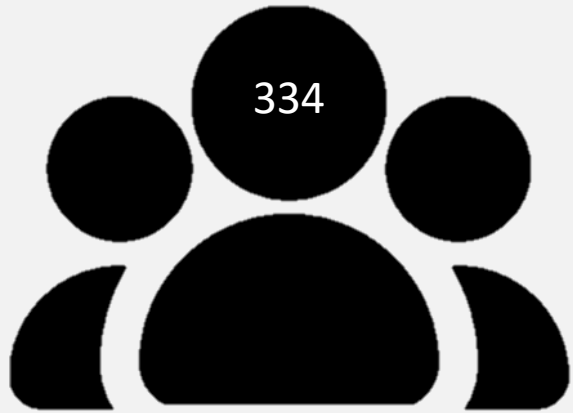


Around 65% reported having a seizure in the past three months



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 1 therapy session
- Number of therapy sessions ranged between one to 22 - median n=16
- 21 therapists provided therapy sessions as a main therapist on the trial



What does this look like in real life?

Meet Alex: Anxiety



- 9-year-old
- Female
- No seizure activity at baseline
- SDQ Total: Very High (24)
- SDQ Impact: Very High (10)
- Diagnosis on the Development And Well Being Assessment: Social Phobia

Presenting difficulties



- Alex was struggling in new social situations:
 - For example, making new friends that are loyal or speaking in front of her peers
- Alex was struggling being in crowded spaces:
 - For example, going on trains or in busy places
- This led to withdrawing and avoidant behaviour, for example choosing to stay home when possible
- This also led Alex to get upset, for example: becoming irritable or tearful

SMART Goals



1. To talk to a new friend at school
2. To visit a busy place (e.g. a concert, restaurant, shop etc.) and feel calm (i.e. without feeling anxious or panicked)
3. To fall asleep every week day without needing to use an iPad to distract from anxiety



- Alex completed 21 sessions of only anxiety module:
 - Assessment
 - Epilepsy Specific Module for Youth (ESMY)
 - Learning about anxiety
 - Using the Fear Thermometer
 - Fear ladder
 - Practicing
 - Maintenance
 - Cognitive STOP
 - Wrap Up
 - X2 Boosters
 - X3 Review
- Alex and her mother were primarily present during sessions
- No interference throughout treatment



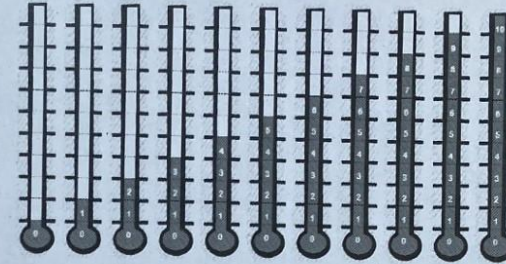
MICE
Mental health interventions for Children with
Epilepsy

Fear Ladder

Date: _____

Filled out by:

- Child
- Mother
- Father
- Other _____

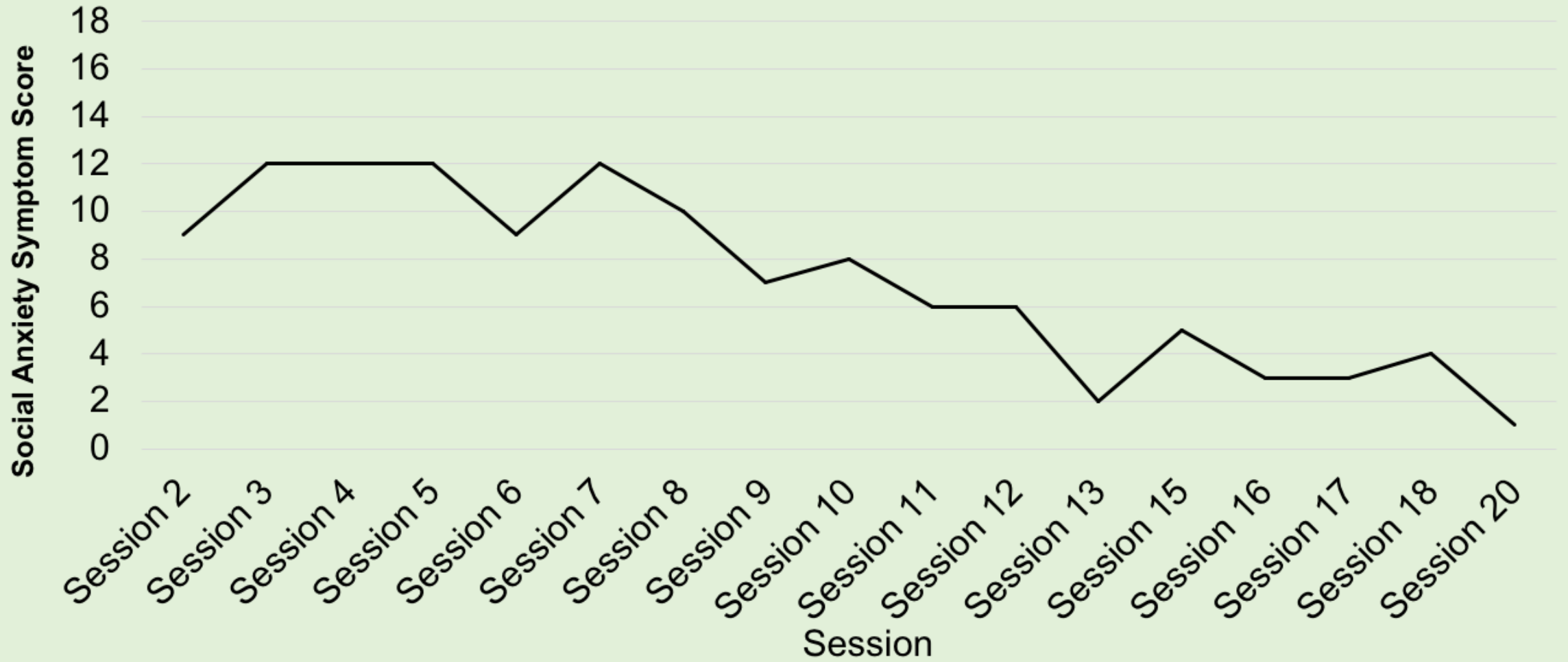


How scary is this item today? Please give a rating from 0-10.

ITEM	Rating
Asking a person at school to hang out	10
Talking to a person you've never spoken to before	7
Talking to a person you know but are not friends with	5
Answering questions in class	5
Not having all equipment needed	4
Talking to a person you are friends with	2

Session by session data

Social Anxiety Symptoms



1. Background

2. WP1

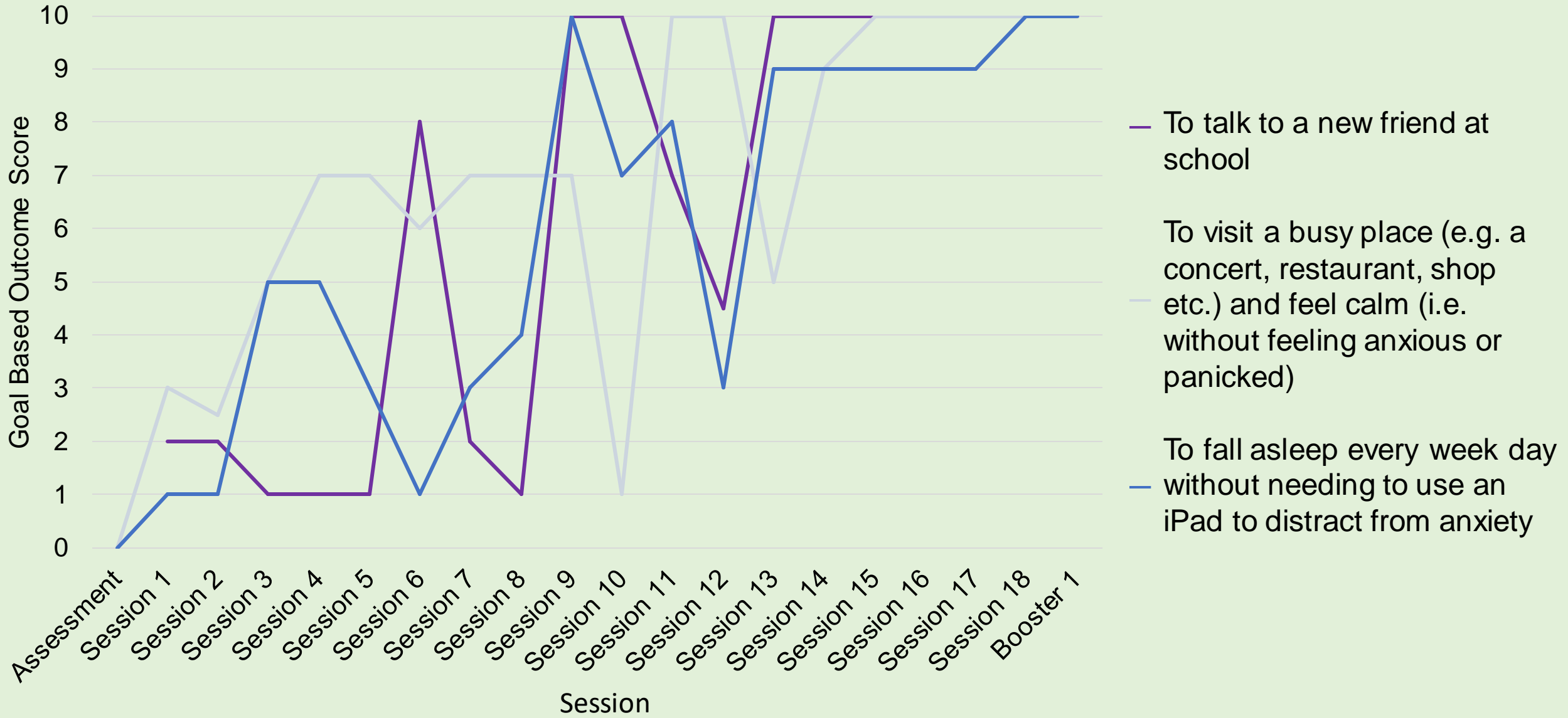
3. WP2

4. WP3

5. WP4

6. Discussion

Goals Over Time



1. Background

2. WP1

3. WP2

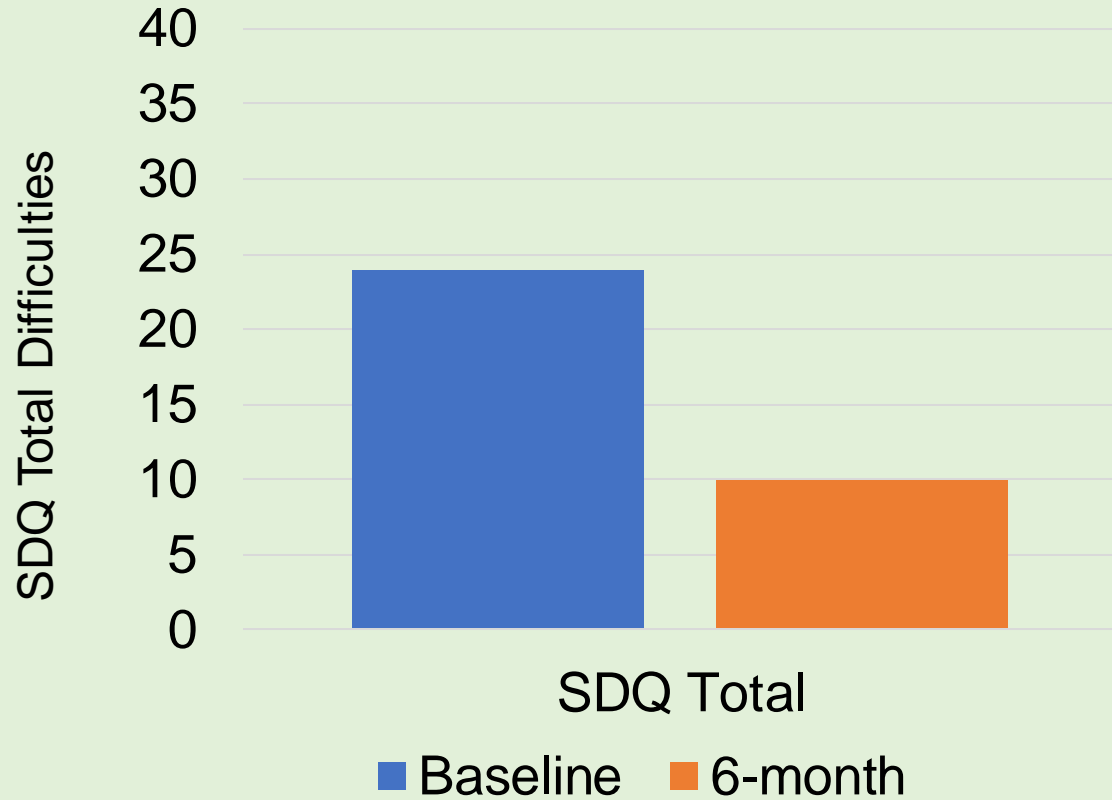
4. WP3

5. WP4

6. Discussion

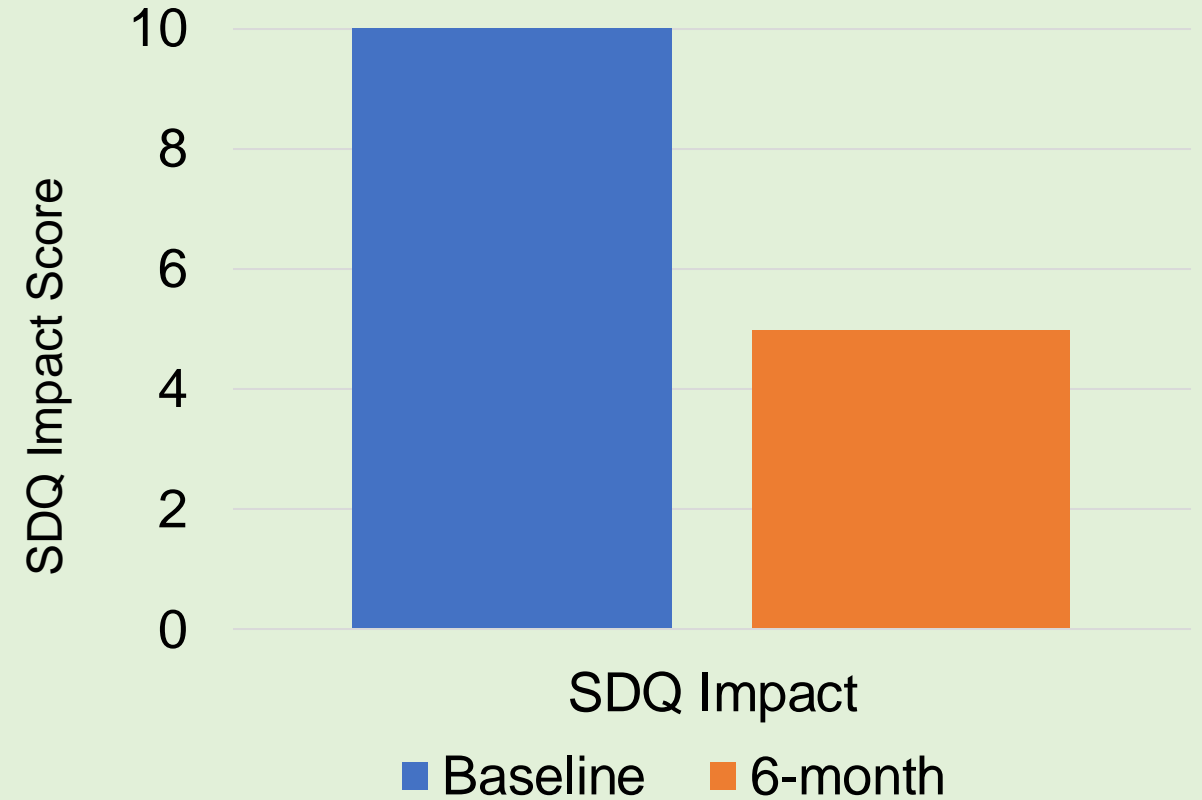
Pre-Post Outcomes

SDQ Total



Follow Up Point

SDQ Impact



Follow Up Point

...once again from
Alex and the
whole family
**THANK YOU SO
MUCH**

Alex can see a brighter
future for herself and we
can see a brighter future for
us as a family

...without your
understanding, patience
and professionalism and
the advice and tools you
gave her to success

But my patient is anxious because of
Seizures... what do I do?

Meet Jo: Anxiety about epilepsy



- 16-year-old
- Female
- Seizure activity at baseline
- SDQ Total: Very High (26)
- SDQ Impact: Very High (6)
- Diagnosis on the DAWBA: Separation and Generalised Anxiety Disorder

Presenting difficulties



- Jo would become very anxious when separated from her mother
 - Particularly she would worry about having a seizure when alone
- Jo worries about a range of topics including:
 - Catching COVID-19
 - Having seizures in public
 - Being in crowded places
 - Travelling by bus
 - Socialising with others
- Jo would be overactive and struggle to concentrate so would find it hard to calm down

SMART Goals



1. For Jo to talk with her friends about her epilepsy
2. For Jo to worry less about doing things on her own in public, meaning she can be more independent and do things on her own (e.g. walk to see her friends in the park on her own, go shopping on her own)
3. For Jo to feel more confident, meaning she can get a bus on her own (to visit friends/family/go shopping)

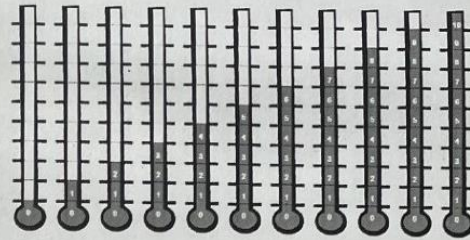


- Jo completed 19 sessions of the Anxiety module:
 - Assessment
 - ESMY
 - Learning about anxiety
 - Fear Thermometer
 - Fear Ladder
 - Practicing
 - Cognitive STOP
 - Problem solving
 - Learning to relax
 - Wrap Up
 - X2 Boosters
 - X1 Review
- Jo and her mother were primarily present during sessions

Date: _____

Filled out by:

- Child
- Mother
- Father
- Other _____



How scary is this item today? Please give a rating from 0-10.

ITEM

Going to a busy supermarket by myself and staying there for three minutes	10
Messaging a friend who doesn't know I have epilepsy, to tell them about it	9
Hanging out with a group of friends and talk about epilepsy	8
Going to the supermarket in a quiet aisle by myself for three minutes	7
Going to the park with my friends and telling them about my epilepsy medication	6
Going to the supermarket with mum	5
Go to the corner shop with a few people in it without mum for three minutes	4
Go to the corner shop with a few people in it with out mum for three minutes	3
Message a friend about something unrelated to epilepsy	2
Facetime a friend to chat (unrelated to epilepsy)	1



MICE
Mental Health Interventions for Children with
Epilepsy

STOP

STOP will be an important part of getting braver. When we talk about STOP, S stands for *scared*, T stands for *thoughts*, O stands for *other thoughts*, and P stands for *praise*. Let's learn more about STOP.



S is the first letter in the word *scared*. Let's learn more about feeling scared.

Scared Scramble

Unscramble the letters below to find other words for feeling scared.

ERVOUNS



IERWROD

DAARIF



Figuring out Feelings

See if you can figure out how the people below are feeling.



This person feels	This person feels	This person feels	This person feels
How do you know?	How do you know?	How do you know?	How do you know?



1. Background

2. WP1

3. WP2

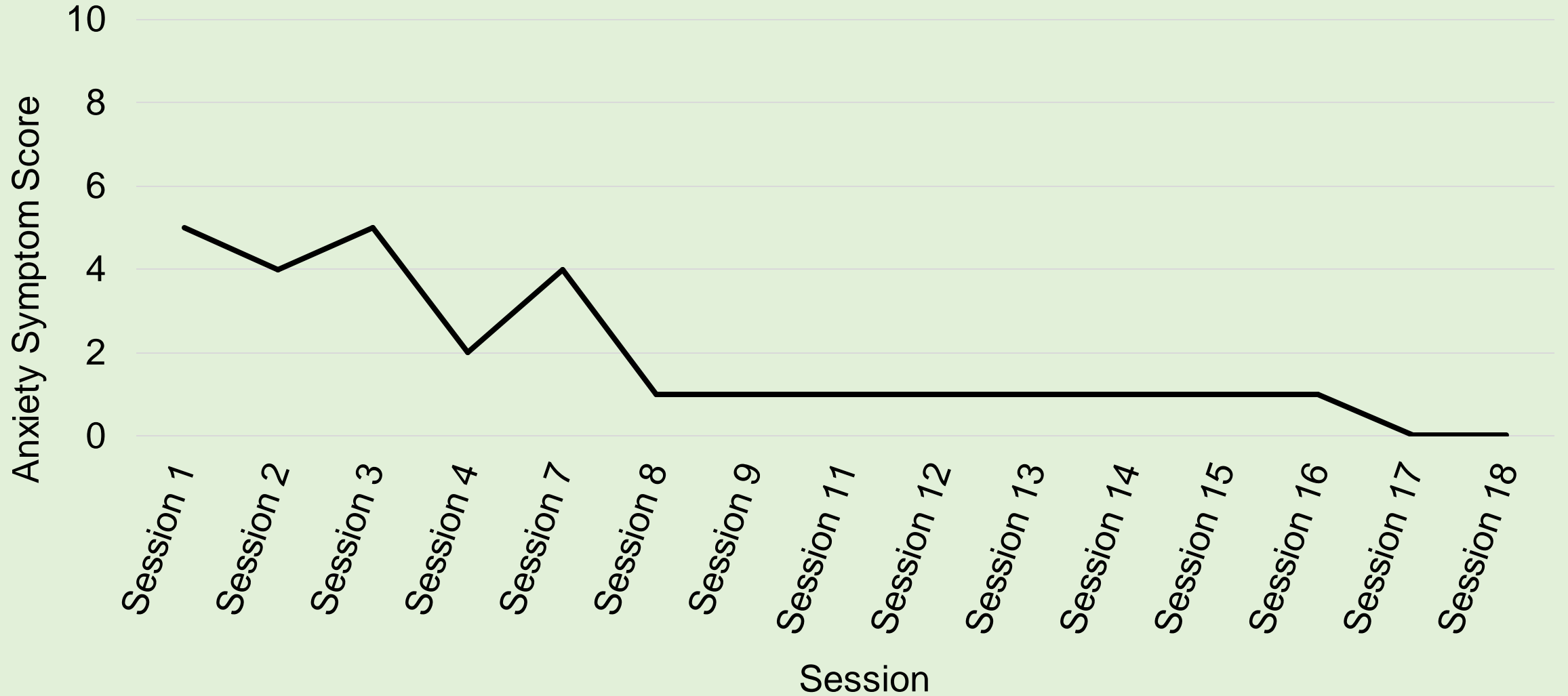
4. WP3

5. WP4

6. Discussion

Session by session data

Separation Anxiety Symptoms



1. Background

2. WP1

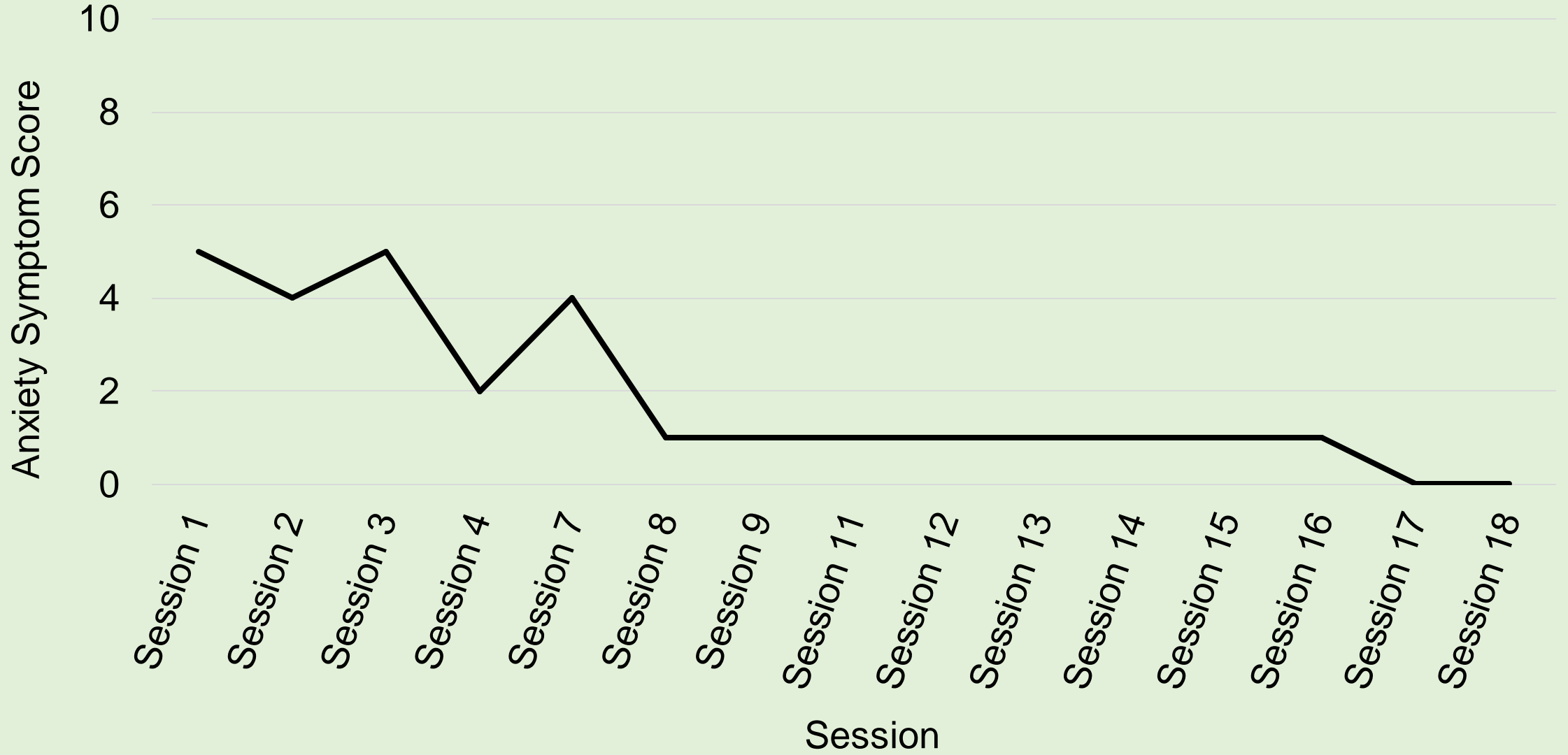
3. WP2

4. WP3

5. WP4

6. Discussion

Generalised Anxiety Symptoms



1. Background

2. WP1

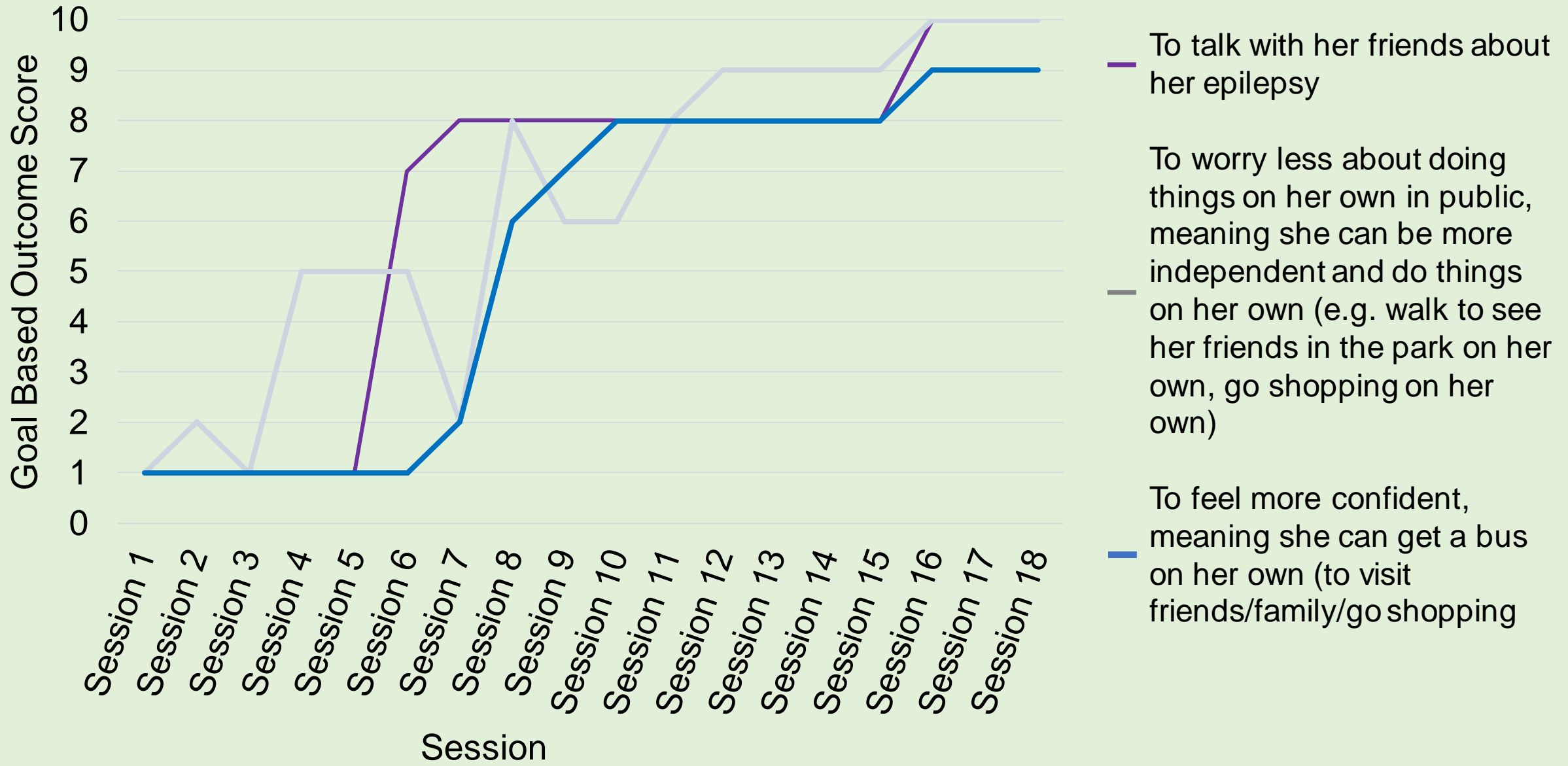
3. WP2

4. WP3

5. WP4

6. Discussion

Goals Over Time



1. Background

2. WP1

3. WP2

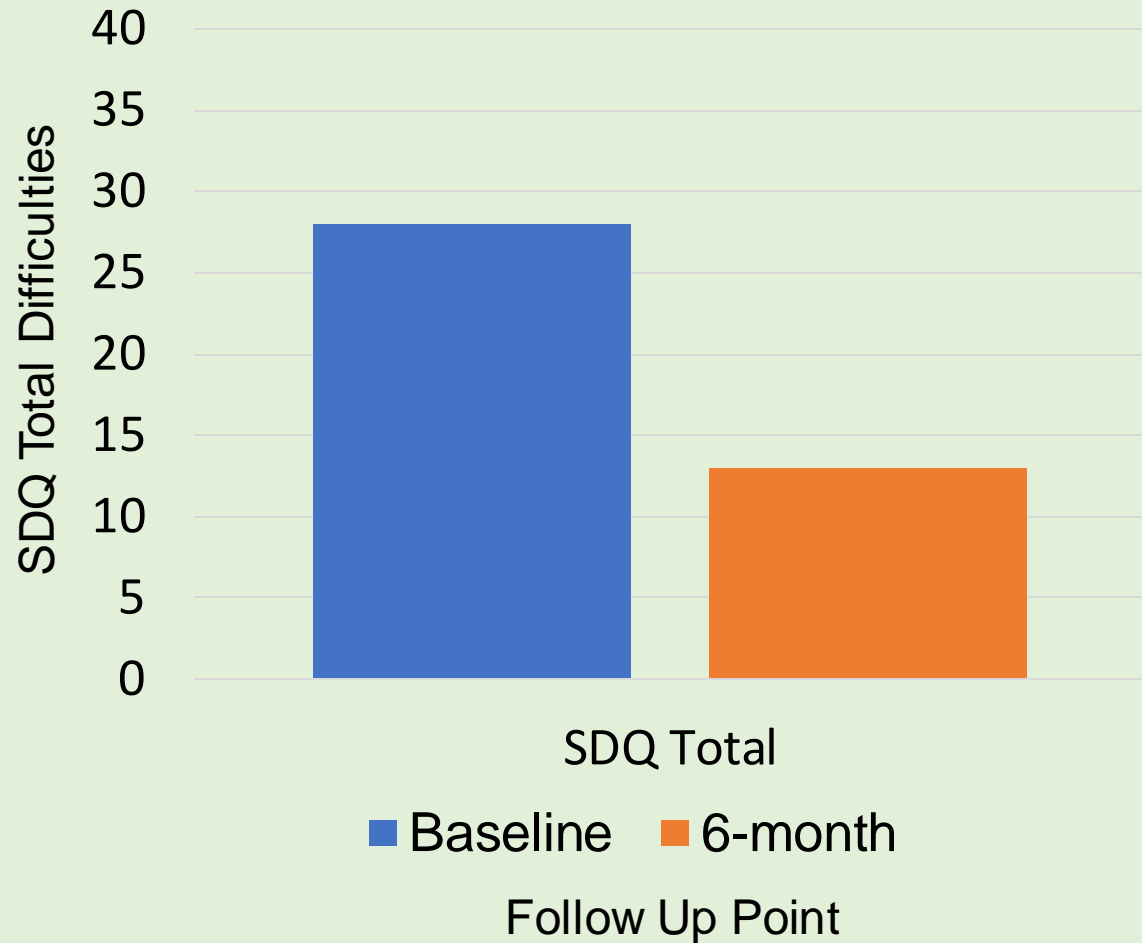
4. WP3

5. WP4

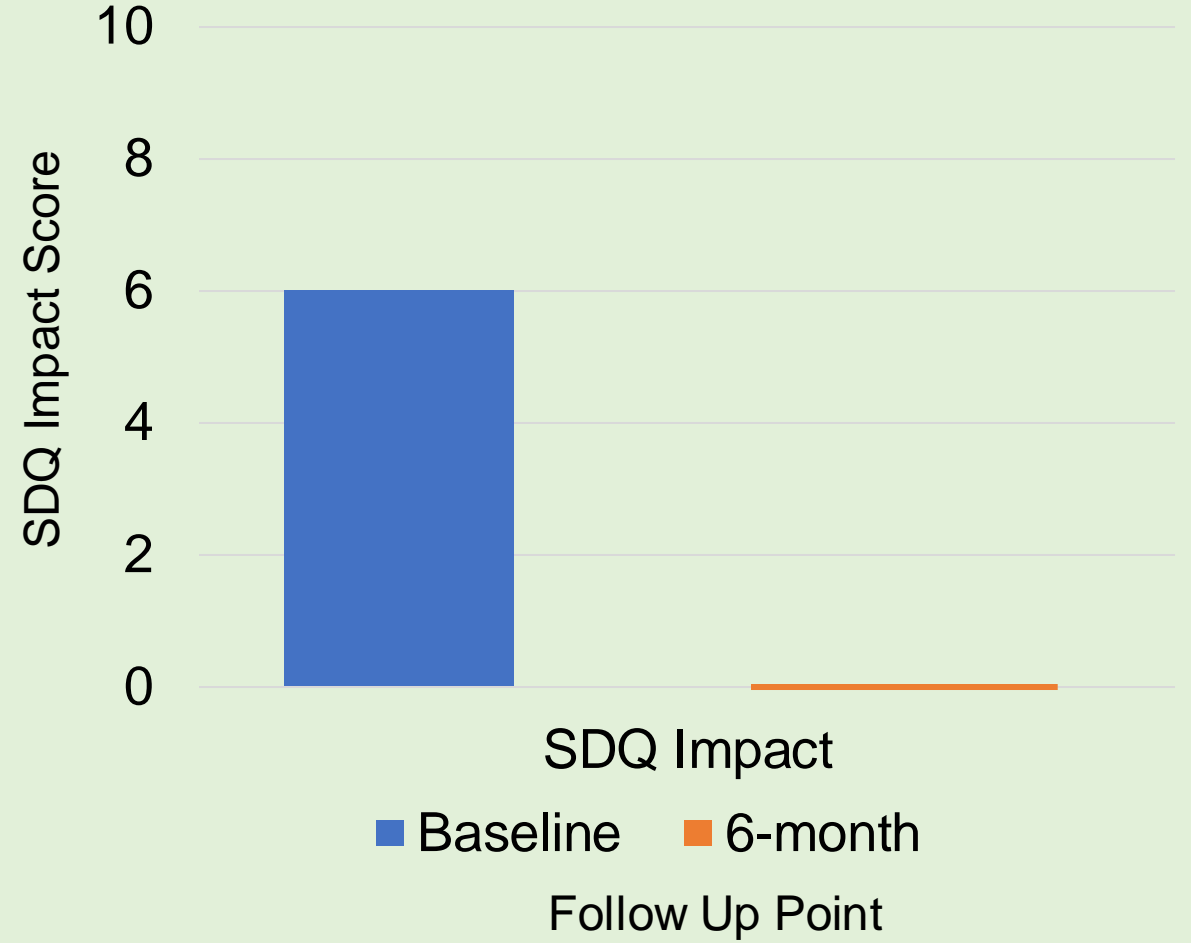
6. Discussion

Pre-Post Outcomes

SDQ Total



SDQ Impact



Meet Henry: Behaviour and Anxiety



- 13-year-old
- Male
- Very severe seizure activity at baseline
- SDQ Total: Very High (27)
- SDQ Impact: Very High (9)
- Diagnosis on the DAWBA: ASD, Generalised Anxiety

Presenting difficulties



- Henry was experiencing symptoms of anxiety, disruptive behaviour and hyperactivity
- Henry expressed a fear of dogs
- Henry demonstrated challenging behaviours
 - Harming himself in response to change or loud unpredictable noises
- Henry was becoming increasingly withdrawn

SMART Goals

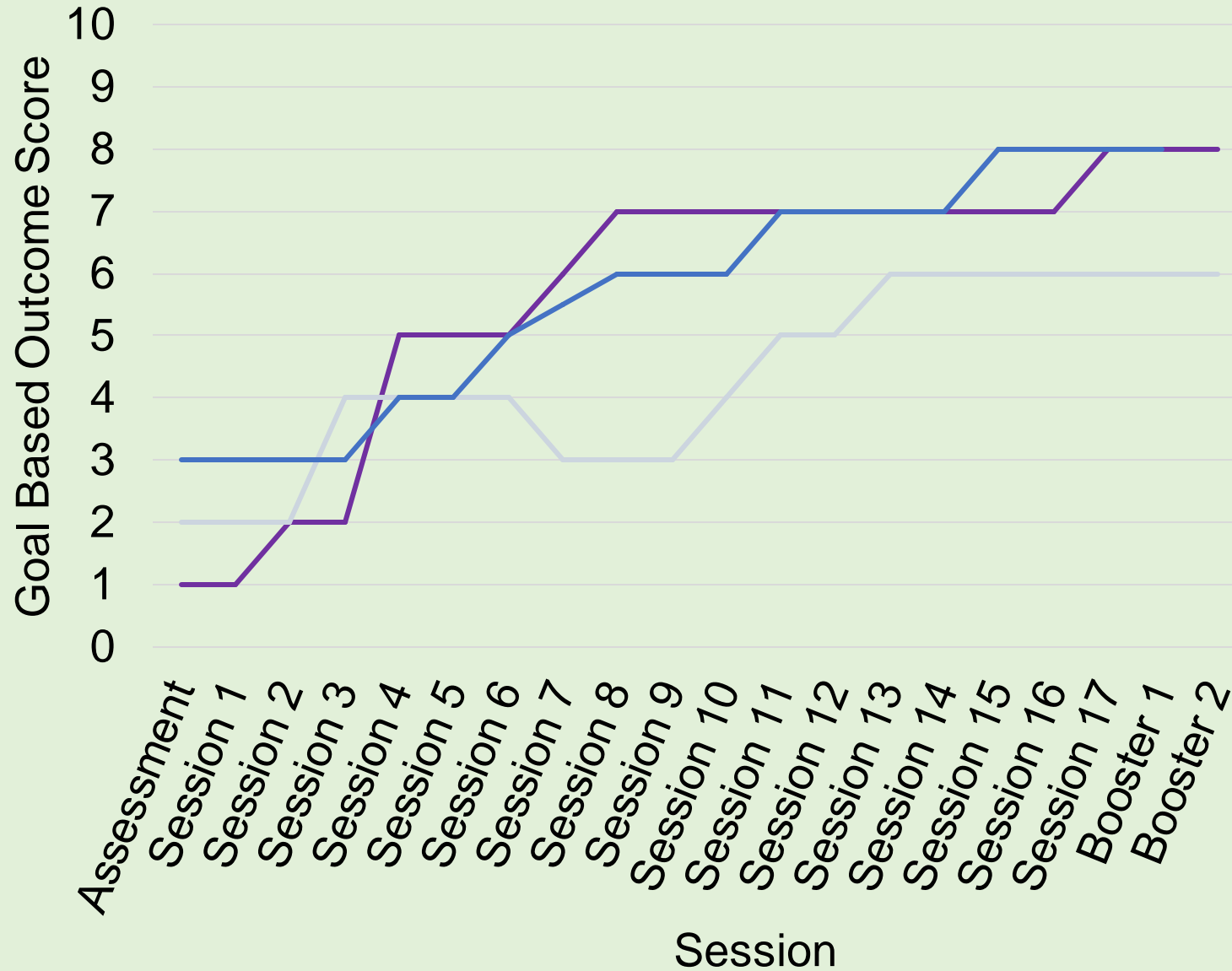


1. For Henry to be able to get ready for school in the morning without hitting, spitting, hair pulling or asking repeatedly if he's going to school
2. For Henry to be able to interact with his support assistant at school in the mornings (or when people visit, or going to somebody else's house)
3. For Henry to be able to go shopping (in a small shop) with mum at least once a week without asking whether or not there will be other children more than three times



- Henry completed a total of 20 sessions of the anxiety module followed by the behavioural module:
 - Assessment
 - ESMY
 - Learning about anxiety
 - Fear Thermometer
 - Fear Ladder
 - Practising
 - One to one time
 - Praise
 - Active ignoring
 - Instructions
 - Rewards
 - Problem solving
 - X2 Boosters
 - X1 Review
- Henry's mother was primarily present during sessions

Goals Over Time



— To be able to get ready for school in the morning without hitting, spitting, hair pulling or asking repeatedly if he’s going to school

— To be able to interact with his support assistant at school in the mornings (or when people visit, or going to somebody else’s house)

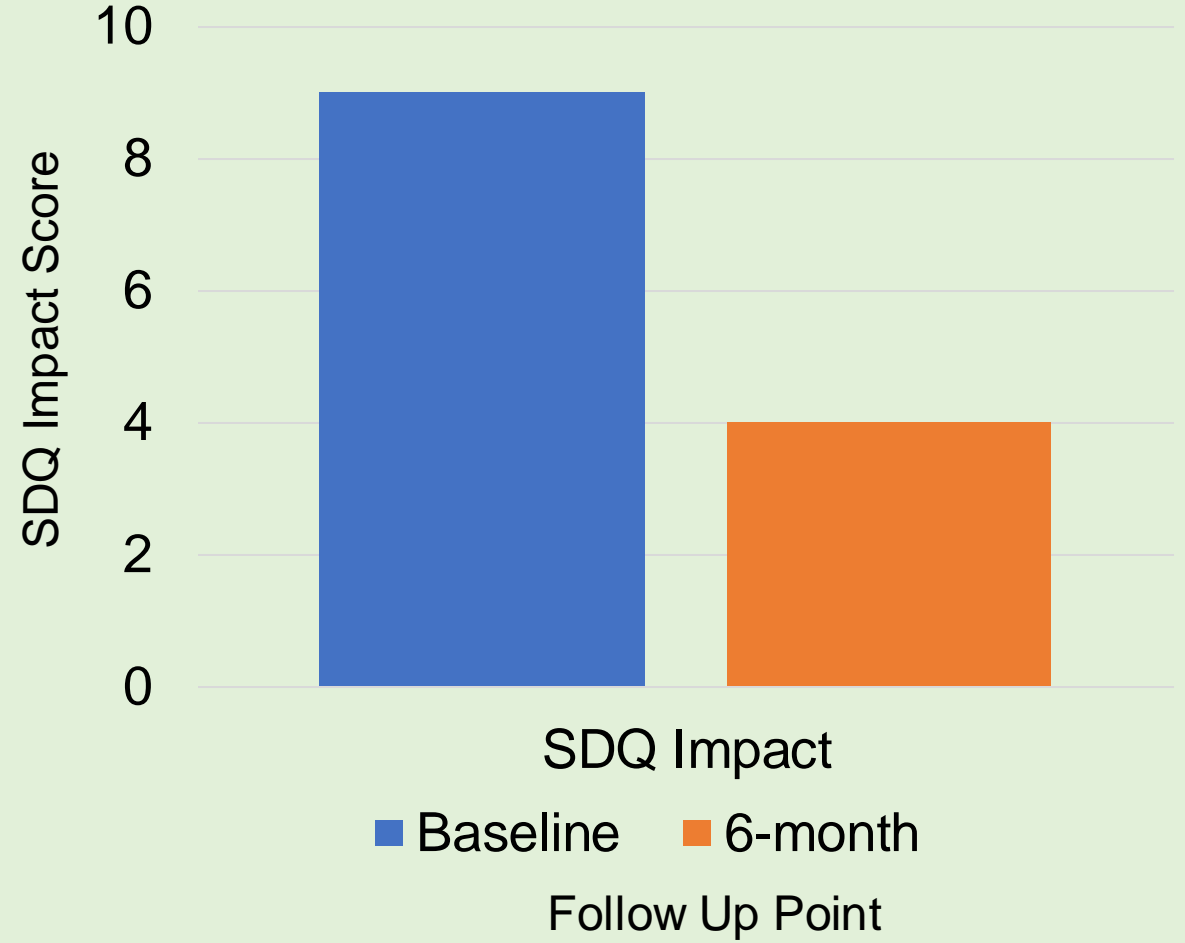
— To be able to go shopping (in a small shop) with mum at least once a week without asking whether or not there will be other children more than three times

Pre-Post Outcomes

SDQ Total



SDQ Impact



Being fixed isn't the objective, but changing the scale of intensity of impact is

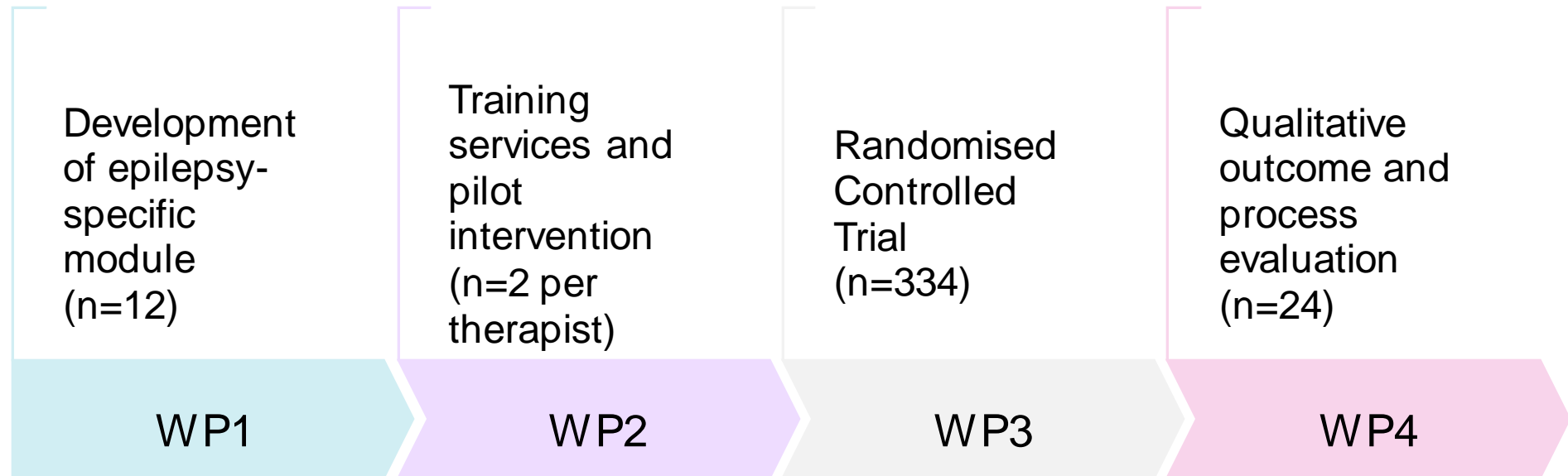
(MICE was) excellent in general, has been super helpful with my daughter who had quite complex physical and behavioural needs

It is not a one-size-fits-all programme and is really tailored to my child

With the techniques I have learnt in therapy, I have a tool kit to make things I find difficult more manageable

MICE treatment had given me hope and a sense of accomplishment

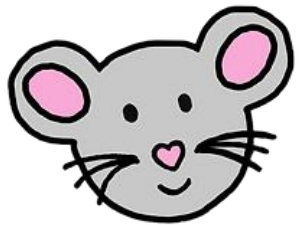
MICE Programme: Work Package 4



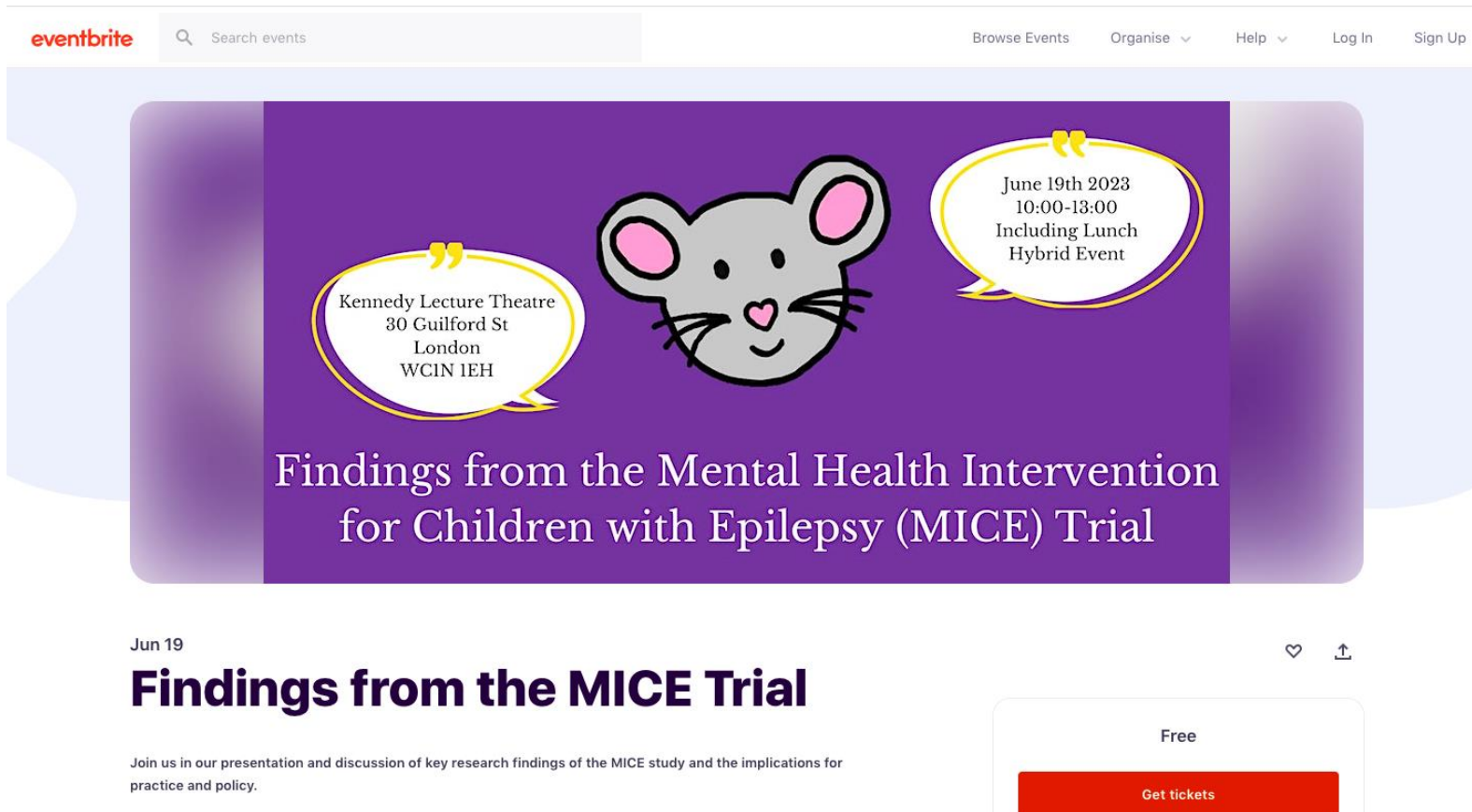
MICE Programme: Work Package 4

Qualitative
outcome and
process
evaluation
(n=24)

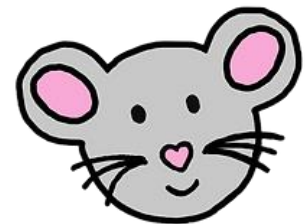
WP4



Work Package 4 and beyond



The screenshot shows the Eventbrite interface for an event. At the top, there is a search bar and navigation links for 'Browse Events', 'Organise', 'Help', 'Log In', and 'Sign Up'. The main event banner is purple and features a cartoon mouse illustration. Two yellow speech bubbles contain the following text: 'Kennedy Lecture Theatre, 30 Guilford St, London, WC1N 1EH' and 'June 19th 2023, 10:00-13:00, Including Lunch, Hybrid Event'. Below the banner, the event title 'Findings from the Mental Health Intervention for Children with Epilepsy (MICE) Trial' is displayed. Underneath the title, it says 'Jun 19' and 'Free'. A red 'Get tickets' button is visible at the bottom of the event card.



1. Background

2. WP1

3. WP2

4. WP3

5. WP4

6. Discussion

Discussion

- Positive effect on children and young people
- And their families
- Model for other chronic illnesses?
- How do we implement it in clinical practice?
- How do you get trained in MICE?

Gos-tr.mice@nhs.net

<https://forms.office.com/e/Babnv5xhun>



Acknowledgements



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