

Project Scope: Psychology Adding Value – Epilepsy Screening (PAVES)

11th November 2021

Name of technology and potential application

Psychology Adding Value – Epilepsy Screening (PAVES) project for children and young people with epilepsy (CYPwE) who experience mental health issues.

Without early identification and intervention to support CYPwE who are experiencing mental health issues, there is a risk over the longer term of these patients experiencing increased morbidity, reduced quality of life, and potentially poorer treatment outcomes.

PAVES provides appropriate early intervention options depending on the needs of the patient, including referral to third sector services, workshops for parents of CYPwE, self-help materials and therapeutic groups for adolescents.

In addition to improving mental health for CYPwE through a reduction in episodes of poor mental health, PAVES is expected to create efficiencies for the NHS in terms of reducing pressure on community and adult mental health services (CAMHS).

Inclusion criteria

The selection of studies for inclusion in the literature review element of the project will be based on the following criteria:

Population	Children and young people with epilepsy who have been identified as having concomitant mental health issues
Intervention	PAVES project (range of needs-based options to support patients)
Comparator	Standard of care (referral to CAMHS for high-risk patients) or no mental health treatment (for lower-risk patients).

Outcomes	Costs, changes in mental health issues (as measured by the Strengths and Difficulties Questionnaire) over time.
Limits	NHS/PSS perspective for base case analysis, sensitivity analysis to explore extrapolation over longer time horizon as well as wider perspectives e.g. out-of-pocket expenses. This may be dependent on available parameters and capacity.

Planned activities

1. An economic evaluation - that compares the costs and consequences of early intervention provided with PAVES compared with the standard of care which is an onward referral to CAMHS (for patients screened as being high risk) or no intervention (for patients screened as being at lower risk).
2. Patient organisation input
3. Peer Review input

End products

At the end of the project, SHTG will publish:

- SHTG Assessment

Timescales (approximate)

Work on the project started in November 2021 and will aim to be completed by April/May 2022