

Collaboration for Leadership in  
Applied Health Research and Care  
North West Coast

**Researching Innovation**

Strengthening the post-stroke psychological  
care pathway:

Examples from four North-West of England  
sites



# Background

- Range of psychological problems post-stroke
- Common and disabling
- Impacts on rehabilitation and recovery
- Impedes social and leisure pursuits on discharge
- Frequently under-diagnosed



# Current care

- Focus on physical health
- Staff may lack confidence
- Clinical psychology input often very limited
- No clear referral pathway
- Few receive treatment following discharge
- 65% do not receive support required



# Current care

- Guidelines recommend screening for depression
- Screening alone is insufficient
- Stroke management pathways:
  - prevent
  - screen
  - treat
- Incorporated in a simple and affordable way



# Improving Access to Psychological Therapies (IAPT)

- Effective in reducing anxiety and depression in the general population
- Encouraged to widen access
- Few IAPT services have implemented post-stroke psychological support



## Aim

To explore the feasibility of developing and implementing a site-specific intervention package to facilitate access to, and increase the provision of, psychological support for people post-stroke

## Setting

Four sites across the North West of England



# Project Plan

- **Phase 1 Scoping and Mapping of Services**
  - Describe current patient pathways
  - Experiences and difficulties of providing psychological support
- **Phase 2 Developing Psychological Care Pathway**
  - Consider issues and concerns raised by staff, service users
  - Develop collaborative pathway
- **Phase 3 Feasibility Study**
  - Implement patient pathway
  - Explore feasibility and acceptability of services



# Phase 1: Staff interviews

## Participants

N=40 interviews with a range of staff (stroke nurses, HCAs, therapists) from across acute, rehab, community services

## Screening

- Different tools across the pathway
- Tool choice - quick and easy
- Lack of clarity around who should complete it

## Referrals/Treatment

- Lack of confidence in dealing with emotional issues
- Not a clear pathway in place
- Rely on verbal handover for mood scores
- Not aware of IAPT service





# Phase 1: Patient & carer interviews

## Participants

N=37 interviews carried out with patients and carers across the North West of England. Patients interviewed between two weeks and six months post-stroke

## Key findings

- Talk more with patients/carers – staff to make the first approach
- Move information leaflets on acute ward
- Transition points are anxiety provoking - discharge meeting
- Longer term support
- Increase peer support



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# Developing Psychological Care Pathway

Stakeholder meetings organised for each of the sites

Develop localised intervention for psychological support after stroke

Each intervention comprised 4 key principles:

- Patient pathway
- Manual
- Training
- Supervision



# Developing Psychological Care Pathway

Used information from Phase 1 interviews and stakeholder groups to tailor pathways for each site.

Key aspects:

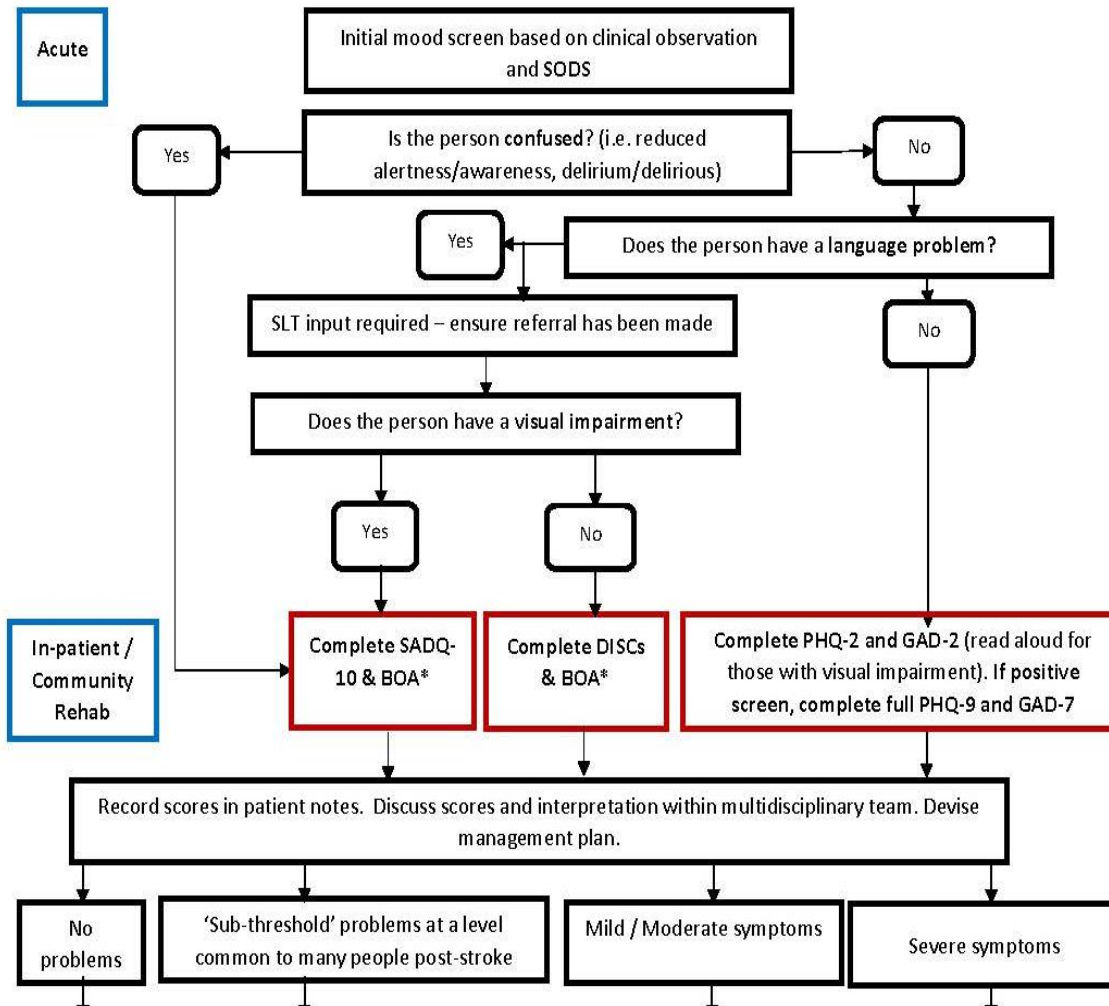
- Develop clear pathway for identification, management and treatment of emotional changes post-stroke
- Consistent mood screening tools used across services (time point and measure)
- Mood scores recorded and communicated on service transition
- Linking IAPT and stroke teams
- Identifying service 'champions' to facilitate collaboration between services



# Manual

- Manuals created to document agreed pathway
- Evidence base for decisions e.g. time to screen
- Included mood algorithm summary sheet





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- Evidence base for decisions e.g. time to screen
- Included mood algorithm summary sheet
- Copy of screening tools with scoring guidance
- Referral forms



# Staff training

- Training delivered to all sites
- Targeted all staff regardless of role/experience
- Focus on psychological (stroke teams) or stroke (psychology teams)
- Variety of approaches offered (days/time of day/cascade)





# Training by staff role



# Barriers to developing psychological care pathway

- Difficulties aligning goals between services
- Training -Staff on board in principle but staff shortages - often unable to release staff
- 3 hour training sessions challenging
- So were 1.5 hour sessions!
- Online training?



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## Phase 3: Feasibility Study

- Patient outcomes 6-weeks and 6-months
  - Depression
  - Anxiety
- Process evaluation interviews exploring acceptability of emotional support received and research design
  - Patient
  - Carer
  - Staff



# Future plans

- Main study evaluation ongoing
- Process evaluation interviews to take place later this year

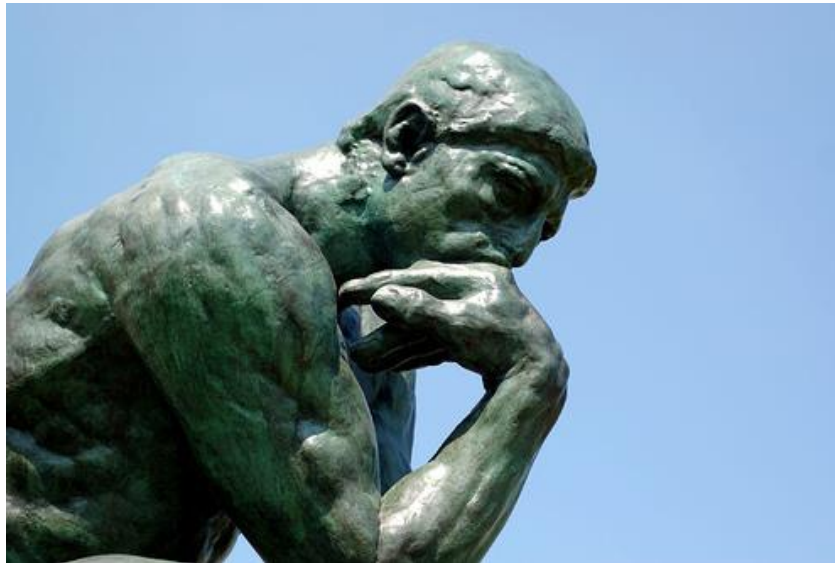


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# Thank you for listening



**ANY  
QUESTIONS?**

