

What are the barriers and facilitators for stroke survivors and their carers accessing psychological therapy.

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BACKGROUND

- Around 95,000 people per year survive stroke
- Stroke is the major cause of disability and can lead to physical deficits and psychological problems.
- There is a multitude of psychological issues post stroke including anxiety, depression, anger, frustration, stress, as well as post-traumatic stress disorder.
- Only about half of stroke services have access to psychological support.
- Whilst The Stroke Association offer some support to patients and carers, they are only commissioned to see 40% of stroke survivors leaving a massive gap in the service.
- The Stroke Association produced a paper 'feeling overwhelmed: the emotional impact of stroke'. This report indicated that 20% of stroke survivors and 10% of carers surveyed had received adequate emotional support, with two thirds of stroke survivors agreeing that their psychological needs had not been as well looked after.
- There is overriding evidence that there is a gap in services for psychological therapy provision for stroke survivors and their carers.



AIMS AND OBJECTIVES

To explore the barriers and facilitators for accessing current psychological care with a view to identifying potential inequalities.

Research Objectives

- Identify barriers and facilitators for accessing current psychological care
- Describe the journey of care for service users, identifying how it can be improved.
- Explore issues for uptake in different socio-economic groups.



Methods

- Design: A qualitative approach, using semi-structured interviews was utilised.
- Interviews were conducted with patients and carers by a researcher and audio recorded.
- Following transcription, interviews were analysed thematically resulting in a number of themes and subthemes relating to the patients experience of stroke and the provision of psychological support

PRELIMINARY RESULTS

Barriers & Facilitators to accessing psychological care

Lack of opportunity and Information

"You could go to your GP but where do you go other than that.. there is nowhere to go"
"I sometimes feel maybe the system potentially leaves people in the dark"

Pride

"I think a lot more talking instead of us asking, because at our age we don't ask. People should come to you..."

Emphasis on physical recovery

"I had no psychological help whatsoever with the stroke"
"They didnt bother to find out about any psychological problems I might have..."

Clear Signposting and Information

"It really needs to be clearer for people how they can access support"

Continuity of care

"well surely when you are discharged they give you access to people who can help..."

Peer support

"It's useful just to mix with people who can understand what you're talking about..."

Patient, Carer and Public Involvement (PCPI)

As part of the ADOPTS project a PCPI has been set up. This group has met several times to advise on different aspects of the project. The last meeting explored their views on access to Increasing Access to Psychological Therapies (IAPT) services.

How would you manage accessing IAPT?

- Need to know about the service in the first place
- Name is confusing – should be referred to as counselling
- Should be introduced while patients still in hospital

What would be barriers?

- Difficult to recognise the signs of depression in the first place
- Unsure of how to complete forms – too much written info/reading difficulties
- Using the telephone – those with communication difficulties, hearing impairment may struggle
- Harder for those who live alone
- Availability of family i.e. limited availability for support – especially when support required outside of weekends or evenings

What would make it easier?

- Keep the process simple
- Internet access – complete a short and simple form
- IAPT linked with Stroke Association
- Options about delivery of therapy explained at the start e.g. option for face to face vs telephone sessions, contact via email, home visits etc
- Care worker/key worker to support



Conclusion

The findings from this phase of the study will help to inform the implementation package and care pathway (including Improving Access to Psychological Therapies) which is designed to guide health professionals to identify and manage psychological distress following a stroke. Based on preliminary qualitative findings, individualised care planning could help facilitate access to psychological care. The success of the implementation package will be reviewed at a later stage during the project.