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Accelerating the Delivery of Psychological therapies After Stroke (ADOPTS) : developing a psychological care pathway

Background

Psychological Problems

- Depression
- Anxiety
- Emotionalism
- Adjustment disorder
- Post Traumatic Stress Disorder

Background

Psychological difficulties after stroke

- Common
- Disabling
- Reduces functional recovery
- Impedes social and leisure pursuits
- Associated with morbidity and mortality
- Frequently under-diagnosed

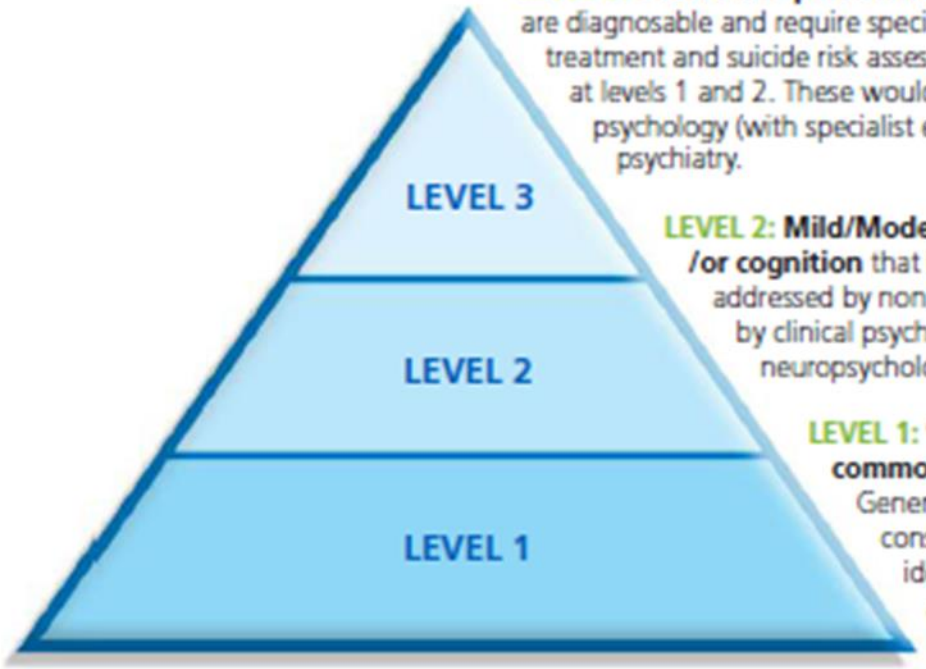
Current care

- Focus on physical health
- Stroke staff may lack confidence
- Limited input from clinical psychologists
- 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 not enough
- We should aim to
  - prevent
  - screen
  - support and treat
- This needs to be simple and affordable

Figure 1: Stepped care model for psychological interventions after stroke.
Adapted from IAPT model with input from Professor Allan House and Dr Posy Knights



LEVEL 3: **Severe and persistent disorders of mood and/or cognition** that are diagnosable and require specialised intervention, pharmacological treatment and suicide risk assessment and have proved resistant to treatment at levels 1 and 2. These would require the intervention of clinical psychology (with specialist expertise in stroke) or neuropsychology and/or psychiatry.

LEVEL 2: **Mild/Moderate symptoms of impaired mood and /or cognition** that interfere with rehabilitation. These may be addressed by non psychology stroke specialist staff, supervised by clinical psychologists (with special expertise in stroke) or neuropsychologists.

LEVEL 1: **'Sub-threshold problems' at a level common to many or most people with stroke.** General difficulties coping and perceived consequences for the person's lifestyle and identity. Mild and transitory symptoms of mood and/or cognitive disorders such as a fatalistic attitude to the outcome of stroke, and which have little impact on engagement in rehabilitation. Support could be provided by peers, and stroke specialist staff.

Improving Access to Psychological Therapies (IAPT)

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

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Aim

To explore the feasibility of delivering collaborative psychological care after stroke between existing services

Setting

Four sites across the North West

Intervention

- Joint care pathway
- Referral mechanisms/process
- Training
  - Stroke unit staff
  - IAPT staff
- Develop mechanisms for mutual advice and support
- Manual
- Clinical supervision

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Project plan

- Phase 1 Scoping and Mapping of Services
  - Describe current patient pathways
  - Experiences and difficulties of providing or accessing 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 to staff and patients

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Phase 1 Scoping & Mapping of Services

Scoping	Build picture of what services are available after stroke	**Telephone call**: What psychological support is available, how it is delivered, who accesses your service
Mapping	Map available services – localised information	**Focus group**: Service provision, who delivers it, when, where, referrals, training, relevant collaborators
Interviews	More detailed information	**Individual interviews:** How psychological support is delivered, training, supervision

Phase 1: Staff interviews - What do we need to improve on?

Participants

N=40 interviews with a range of staff (stroke nurses, HCAs, therapists, psychologists, PWPs, HIT, Counsellors) from across the pathway (acute, rehab, community services)

Key findings

- Focus on physical health – mood not prioritised in terms of time/commitment

Screening

- Too soon - tick box
- Different tools across the pathway
- Lack of clarity around who should complete it

Referrals/Treatment

- Staff often don't know where to go when there is a problem
- Some not aware of IAPT services

Phase 1: Staff interviews - What do we need to improve on?

Hospital

- Confidence & time consuming - Not wanting to delve into emotions
- No training programme
- Nursing staff not released for in service training
- Lack of supervision
- Psychology input limited
- Cognitive impairments more challenging
- Private space – bedside not good for psychological support
- Rely on verbal hand over for mood information

Community

- Monitoring those who have milder strokes post discharge
- No clear referral pathway

Phase 1: Staff interviews - What do we need to improve on?

Mental Health Services

- Unsure how IAPT link into services
  - Especially for those with cognitive/communication impairment
- Lack of collaboration between services
- Manage time delay between assessment and intervention
- Once referred no feedback

Phase 1: IAPT suggested changes

- Referrals should flag up any potential difficulties - so the initial session can be adapted to meet the patient's needs
- Service is very target driven - may not reflect the benefit to patients e.g. must demonstrate improvement in scores within 8 weeks of sessions
- Alternative measures could be used for patients following stroke e.g. wellbeing measures – but alongside current measures
- More group work to meet patients with common experiences together
- Adaptations to sessions, in particular for PWPs.
- Materials developed and shown to be effective in stroke ready to download and use in sessions.
- Home visits - PWPs tend not to do home visits

Phase 1: IAPT Training

- Better knowledge of stroke
  - increase confidence
- Knowledge on stroke as a condition
  - Causes
  - Potential consequences for patients

Phase 1: IAPT Joint working

- Stroke Association may be able to offer support to IAPT staff regarding information around stroke
- IAPT staff liaise with Stroke Association for further support
  - short intervention with IAPT - continued support through a Stroke Association community group
- IAPT staff could offer strategies to stroke teams when working with particular patients

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Phase 1: Patient & carer interviews

Aim: Explore Patient and carer experiences of accessing psychological support

Participants: Patients and carers N=37

Interviewed between two weeks and six months post-stroke

Phase 1: Patient & carer interviews

Themes

- Impact of the stroke
- Adapting and re-adjustment
- Confidence
- Frustration
- Support
- Barriers to accessing support

Phase 1: Patient & carer interviews

I think emotionally, it's something that I probably tended to sort of internalise more. I don't, I try not to let the family know how it's affected me emotionally but I'm sure they know. I'm certainly a lot less self-confident than I was, a hell of a lot less. To the point where you know if I was going to be put in a situation and stood in the middle of a factory now I just couldn't do it. Yeah so from that point of view I do find it frustrating, it's not so much emotional it's just downright frustrating. You know that you're not the person you were six, nine months ago for whatever reason. Physically yeah it's the same but mentally, yeah different.

Patient and Carer Interviews

What emotional support was received?

- Family and friends
- Therapists
- Nurses
- Stroke Association
- Psychologist post-discharge
- Peer support
- GP
- None – focussed on physical side

Phase 1: Patient & carer interviews

- Impact of the stroke
- Adapting and re-adjustment
- Confidence
- Frustration
- Support
- Barriers to accessing support

Phase 1: Patient & carer interviews

Sometimes you know I think now it's more, when [name], when I saw [name] the last time, and she sort of said I've got 75 other people, so now I think well, should I phone [name] because she might be busy, she might be with somebody else

The fact that he can't speak, I think that's one of them, and he couldn't write at one time

Phase 1: Patient & carer interviews

What we need to improve on

- Prioritising time to talk with patients
- Communicating with patients **and** carers
  - Information
  - Empathy, kindness, listen
- Discharge process
- Peer support
- Longer term support/re-accessing support

Phase 1: Patient & carer interviews

I would imagine it would be useful to have a group discussion and talk to people about their experiences, maybe people at different stages in the process you know someone whose 6 months further down the line.

No one-on-one really yeah from my point of view, I'm not that good at speaking in public you know, which is part of the stress

Phase 1: Patient & carer interviews

What we need to improve on

- Prioritising time to talk with patients
- Communicating with patients **and** carers
  - Information
  - Empathy, kindness, listen
- Discharge process
- Peer support
- Longer term support/re-accessing support

Phase 1: Patient & carer interviews

Someone to visit you and talk to you in general terms, without feeling you're breaking a secrecy code by telling on something, maybe you could tell them things you're gonna tell your daughters, plus if someone lives on their own like I do and didn't have a family, they need the support

Yeah so it can show them if you're struggling with this or struggling with that, there's a number to ring.

Phase 1: Patient & carer interviews Suggested improvements

- Increasing the availability of information (written, verbal, on line)
- Named Keyworker/contact provided
- Increase support
  - Volunteers
  - Psychoeducational groups
  - Peer support group – acute/rehab/community
  - Stroke Association/IAPT
  - IAPT taster sessions and video

ADOPTS PCPI

How would you manage accessing psychological support services?

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

ADOPTS PCPI

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 or hearing difficulties may struggle
- Harder for those who live alone
- Availability of family to support
  - especially when support required outside of weekends or evenings

ADOPTS PCPI

What would make it easier?

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

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
- 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 or role/experience
- Focus on psychological (stroke teams) or stroke (psychology teams)
- Variety of approaches offered (days/time of day/cascade)

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IAPT Training

- Overview of stroke (what, where, why, how)
- Range of psychological problems after stroke
- Impact, prevalence and symptoms of these
- Outcome measures for psychological problems after stroke
- Barriers to effective delivery of psychological interventions

IAPT Training

- Adapting psychological interventions
  - communication difficulties
  - cognitive difficulties
- Effective Communication
- Assistive communication



IAPT training feedback

One counsellor felt the training was not relevant to them - patients with any cognitive deficits would not be suitable for their therapy so would not be referred to them.

A PWP questioned whether the training was relevant to the service they offer.

<u>Useful</u>
Practical tips
Suggestions of what to say and what not to say
Not so worried about trying to address some of the issues myself
Learning about how stroke affects an individual's emotional wellbeing.
Information about how to adopt therapy materials to assist in communication with stroke survivors

IAPT training feedback

What they would use in future

The general strategies, and practical tips of what to and what not to say

Affirming, reflecting, summarising

Suicide risk and what to do

Having a better conversation using these skills

Aids for communication with aphasia sufferers.

To slow things down

IAPT training feedback

One person had already used the tips and felt more confident.

Quote
"I anticipate that if I do work with a stroke patient I will have a better understanding of their condition and be more confident in asking them how it has affected them"

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
  - Patient
  - Carer
  - Staff

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Thank you for listening

Any questions?

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