Exploring the Psychological Needs of Stroke Survivors at the Early Stages of Recovery

Aims and Background:
Psychological difficulties are common following a stroke. Despite this, psychology services are often sparse within acute stroke rehabilitation wards and there is little research that focuses on the type of psychological need presenting in acute ward settings. The current study aimed to explore the psychological needs of stroke patients on acute rehabilitation wards at the early stages of recovery and how these are supported by different models of psychology services. It also aimed to investigate the effect of cognitive difficulties and behavioural and emotional disturbance on a patient’s ability to fully engage with stroke rehabilitation.

Method:
Data was collected using a rating scale completed by the multidisciplinary team (MDT). The MDT made judgments on whether the following needs were present 1. cognitive, 2. behavioural, 3. emotional 4. difficulty with engagement or 5. mental capacity in question. The MDT decided whether patients had been directly assessed by a Psychologist during their admission. Patient data (n=109) was collected over a 3 month period across 3 stroke rehabilitation wards; each ward used a different model of psychology service.

Results
It was found that 73% of stroke patients across the acute rehabilitation wards were considered to have psychological needs. 66% of patients were considered to have cognitive difficulties. 42% of patients were considered to have emotional disturbance. 24% of patients were considered to have behavioural disturbance. 37% of patients were considered to be able to fully engage with rehabilitation. 38% of patients had their mental capacity in question. 32% of patients were directly assessed by a Psychologist where there was a Neuropsychology service embedded within the MDT. 10% of patients were seen directly by a Psychologist using an external referrals model. A chi-square test indicated that patients that experienced behavioural and emotional disturbance were less likely to be able to fully engage with rehabilitation.

Conclusions and Discussion
Psychological provision needs to be sufficient for at least 35% of patients with psychological needs to be seen directly by a Psychologist, with resource for supporting staff to support the remainder of patients with psychological needs.

- Different models of psychology provision provided different levels of direct contact with a Psychologist. This data supports the matched care model as recommended by the RCP guidelines 2016, which suggest that psychological needs will be best be met by a Clinical Psychologist embedded within the team; both seeing patients directly and supporting other staff to meet other psychological needs. Based on this data, psychological provision needs to be sufficient for at least 35% of patients with psychological needs to be seen directly, with resource for supporting staff to help the rest of patients.
- A high percentage of stroke patients had cognitive needs at the early stages of recovery. Clinical Psychologists are trained in neuropsychological assessment and management of cognitive impairment.
- Patients that experienced behavioural and emotional disturbance were less likely to be able to fully engage with rehabilitation; psychological interventions have been demonstrated to help with engagement.
- Psychology services could not only provide direct support to stroke patients with emotional disturbance whilst on acute wards settings but also signpost patients to appropriate mental health / wellbeing services promptly upon discharge.

Future Research
If this data could be collected nationally across a longer time period, using the additional information section of Sentinel Stroke National Audit Programme, it could highlight discrepancies that may exist nationally.

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