A Clinical Psychology Service in Stroke Rehabilitation: A Review of Five Years of Referrals and an Evaluation of a Matched Care Model

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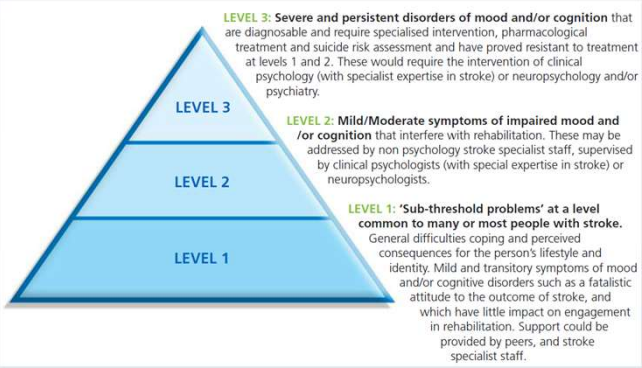
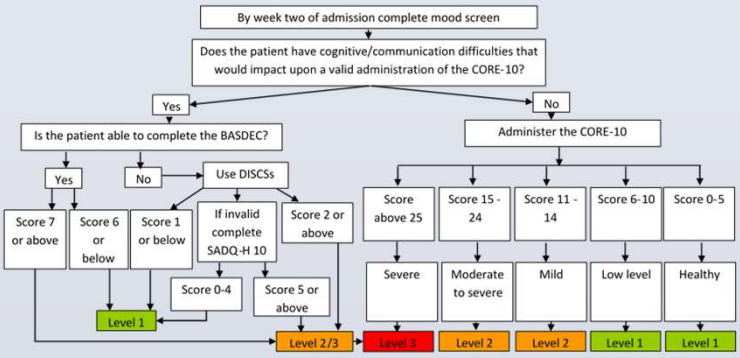
INTRODUCTION

- The Royal College of Physicians (2016) National Clinical Guidelines for Stroke recommend that all patients have their mood assessed within six weeks of their stroke and that services use a matched care approach to psychological intervention.
- Matched care involves an initial triage so that patients are provided psychological support at an appropriate level, based on their presenting difficulties.
- The NHS Improvement (2011) guidelines suggest a three-tiered approach to triage:



- A mood screening pathway has been implemented in central Norfolk to facilitate this triaging:



REVIEW AIMS

Examine all referrals to the psychology service between 1st January 2015 and 31st December 2019 to understand:

- The nature of referrals.
- The effect of the mood screening pathway on waiting time and number of sessions.
- Effect of intervention on mood.

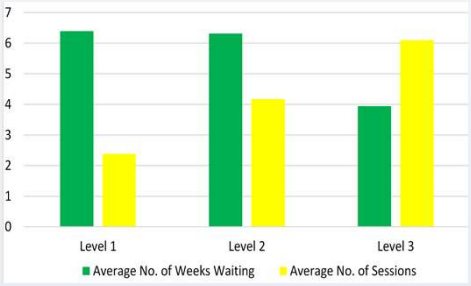
RESULTS

Nature of referrals

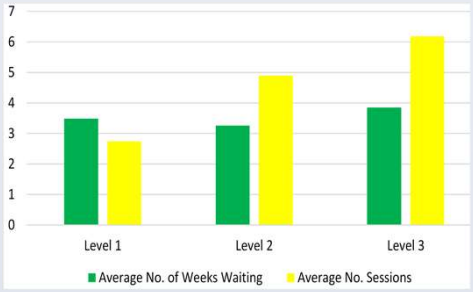
- 598 referrals aged between 18 – 100 years (M = 66, SD = 15.3).
- Average wait time was 5 weeks (SD = 4.8).
- Average number of sessions was 3 (SD = 4.7) .
- It is requested that all referrals to psychology are accompanied by a mood assessment.
- 362 (60.5%) of referrals included a prior mood assessment.
- 137 (23%) mood assessments were conducted in the initial psychology assessment as they were not included with the referral.
- 99 (16.5) patients did not receive a mood assessment at all either due to staff omission or patient refusal.

Waiting time and number of sessions

- 279 patients who had a mood assessment prior to their psychology referral went onto attended an initial psychology appointment.
- Patients triaged to level 3 had a shorter waiting time and received more sessions on average than those referred at level 1 or 2.



- For the 137 patients who did not have a mood assessment on referral, and received this during their psychology appointment, there was no difference between the average wait time across all three levels. The number of sessions received was approximately the same for each level across both groups.



- Correlational analysis between 135 Clinical Outcomes Routine Evaluation Ten Item version (CORE-10) questionnaires and number of sessions and weeks waiting was also caried out.
- There was only a very weak positive correlation between CORE-10 score and the number of sessions (r (133) = .20, p = .008, r^2 = .04) and only a very weak negative correlation between CORE-10 scores and number of days waiting (r (133) = -.20, p = .009, r^2 = .04).

The effect of psychological intervention on mood

- Where pre/post data was available, there were medium or large effect sizes in the direction of improvement across all mood assessments used.

Mood Assessment	Pre	Post	Cohen's d
CORE-10	17 (n = 136, SD = 6.7)	9 (n = 136, SD = 6.4)	1.22
BASDEC	10 (n = 18, SD = 4.9)	5 (n = 18, SD = 3.2)	1.20
DISCS	3 (n = 21, SD = 1.4)	2 (n = 21, SD = 1.4)	0.71
PHQ-9	15 (n = 56, SD = 5.9)	7 (n = 56, SD = 5.1)	1.45
GAD-7	12 (n = 54, SD = 5.6)	6 (n = 54, SD = 4.2)	1.21

CONCLUSIONS

- When referrals were accompanied by a mood assessment, those with higher emotional distress were seen quicker and for more sessions.
- Despite requests for all referrals to be completed with an accompanying mood screen, only 60.5% did. Further staff training in mood assessment may improve this.
- This service review supports national guidance around matched care in stroke psychology services.

KEY REFERENCES

Harriman, E., Poh, J., Steverson, T. (2021). A clinical psychology service in stroke rehabilitation: A review of five years of referrals and an evaluation of a matched care model. *The Neuropsychologist, 11,* 38-46.