

A service evaluation of stroke survivors' and family members' experiences of receiving support from Clinical Psychology within the Early Supported Discharge Service.

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INTRODUCTION

Around 100 000 people suffer strokes every year in the United Kingdom. Most people survive, but rehabilitation after stroke is often necessary to restore as much quality of life as possible. Some survivors are offered Early Supported Discharge (ESD) support, where they receive specialist rehabilitation in the community instead of hospitals. ESD teams are multi-disciplinary, including Clinical Psychologists/Neuropsychologists where possible.

Current ESD services nationally, vary in terms of Psychology provision, with input often dependent on funding restrictions. For example, whether Psychology is provided in an outpatient clinic or the patients home environment. Whether direct carer support is offered, alongside patient input. Furthermore, there is disparity between ESD teams, with the length of time patients can access the service.

When considering the disparity of Psychology provision available within ESD, being able to demonstrate the value of Psychology after stroke is prudent. Most research to date, has focused on the outcomes or experiences of patients/caregivers of ESD as an MDT approach rather than looking at the contributions of individual specialities. This means it is difficult to assess the contributions of the specific disciplines, what works well, and any other quality indicators. Additionally, due to Psychology being embedded in a larger service, the Psychology team included in this evaluation have found it challenging to obtain feedback directly related to the work completed by the team itself, beyond informal feedback via conversations with patients/caregivers.

AIMS

To evaluate the service provision of the Clinical Psychology team within the 6-month ESD pathway, to assess:

- 1) patients/caregivers' experiences of accessing Psychology
- 2) how the service provision could be improved.

METHODS

A semi-structured interview schedule was devised.

Twelve recorded interviews took place, with participants falling into three groups:

- 1) Stroke survivors who had/have accessed Psychology (n=9)
- 2) Family members who had/have accessed Psychology (n=1)
- 3) Family members of a stroke survivor, where the stroke survivor has/had accessed Psychology (n=2)

Interviews were anonymously transcribed and Reflexive Thematic Analysis was used to analyse the data.

RESULTS

Three themes were developed:

- 1) The value of Clinical Psychology for patients,
- 2) Value of Clinical Psychology for caregivers,
- 3) "It it's not broke, don't fix it".

"[others] have always said to me "you're built to help". And now I'm helpless and I've got that low. It [= Clinical Psychology] was like a lifeline."

"And it was just a little bit insightful for me to actually, give me some strategies on how to look after me, and some strategies on how to address some of [patient]'s behaviours."

"it's really handy that they come to the house, [...] it's just one less thing for me to arrange and worry about. [...] quite selfishly gives me an hour to just potter, to just do what I need to do."

Participants were very positive of the support received. They especially valued space to talk through stroke experiences, and receiving psychoeducation. Caregivers felt looked after too, and participants did not feel that any significant changes should be made to the psychology support provided within the ESD service.

IMPLICATIONS

The Psychology team appears to be delivering a valued service that is perceived as patient-centred and meets needs of the people they support. However, the service evaluation uncovered some potential unmet needs among survivors receiving ESD but not being seen by Psychology. For example, the provision of psychoeducation; some participants explained that, without Psychology involvement, they would not have understood as much about their experiences in relation to the stroke and would therefore have had unmet informational needs.

For full reference details, please contact the Authors.