Factors Influencing the Implementation of a Stepped Approach to Psychological Care in Stroke

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1 -BACKGROUND

Stroke is a major cause of disability worldwide, and many stroke survivors experience cognitive and psychological difficulties, including depression, anxiety, apathy, and adjustment-related distress. National guidance in the UK recommends that psychological care should be embedded across stroke pathways and organised using a stepped care approach, in which support is matched to level of need. Despite this, access to psychological care after stroke remains inconsistent across NHS services. Limited evidence exists on how stepped psychological care is understood and implemented in UK stroke settings, particularly from the perspective of psychologists working within these services.

2- RESEARCH AIMS

1) **Explore how clinical psychologists and neuropsychologists experience** delivering psychological care within NHS stroke services

- (a) **How this aligns with stepped care principles** in practice

(2) **Explore what factors influence the implementation** of stepped psychological care in stroke services.

3 -METHODOLOGY

Exploratory qualitative study
Critical realist framework
Semi-structured individual interviews
Data were analysed using Braun & Clarke's 6 phase **Reflective Thematic Analysis (RTA)**: Data were analysed using Braun and Clarke's six-phase Reflective Thematic Analysis: (1) Familiarisation (2) Coding (3) Searching for themes (4) Reviewing themes (5) Defining and naming themes and (6) Writing up

4- PARTICIPANTS

Fifteen HCPC-qualified clinical psychologists and neuropsychologists with varied years of experience.
Worked in **NHS stroke services** in the UK
Recruited between May and August 2024
Participants represented **acute, hyper-acute, inpatient, neurorehabilitation, community, and ESD settings**

Purposive maximum variation sampling.
Recruitment via:

- social media
- stroke networks
- professional groups

5 -RESULTS

Theme 1: Systemic Inequalities and Gaps in Psychological Provision

- Staffing and funding limited access to psychological care.
- Care was prioritised for the highest-risk and most complex cases.
- Access to specialist psychology varied geographically ("postcode lottery").
- Generic mental health services were often used despite limited stroke-specific expertise.

Theme 2: Data Auditing versus Patient-Centred Care

- SSNAP requirements often promoted a tick-box approach to screening.
- Screening sometimes took precedence over meaningful intervention.
- Staff were reluctant to identify distress without available referral pathways.
- Defensive practice reduced opportunities for early psychological support

Theme 3: Relational Labor

- Psychologists undertook substantial invisible work to embed psychological thinking within MDTs.
- This included strategic and covert communication, formulation, staff support, and training.
- Psychological care was frequently viewed as the psychologist's responsibility alone.
- MDT staff turnover undermined sustainable psychologically informed practice.

Theme 4: Shifting Psychological Needs Post-Stroke

- Psychological needs changed over the course of recovery.
- Early care prioritised medical and physical rehabilitation.
- Emotional difficulties often emerged after discharge.
- Current services were poorly equipped for long-term adjustment.
- Participants advocated flexible, episodic models of psychological support.

6 -DISCUSSION

- **Substantial implementation gap** between the policy ambition of stepped psychological care and its delivery in NHS stroke services.
- **Lower levels of stepped care** were often underdeveloped or absent, increasing reliance on specialist psychologists.
- **Implementation barriers** extended beyond funding and staffing to include team culture, role clarity, and service configuration.
- **Specialist psychology alone is insufficient** to meet the psychological needs of stroke survivors.
- **Effective stepped care requires** psychologically informed MDTs, protected time for indirect work, regular supervision, and clear role responsibilities.
- **Services should reflect the long-term and evolving nature** of post-stroke psychological needs across acute and community care.

7- CONCLUSION

- Implementation of stepped psychological care is constrained **by workforce limitations, audit-driven practice, and fragmented service structures**.
- Sustainable implementation **requires greater investment in psychological staffing, protected indirect roles (e.g., training and supervision), and flexible, longitudinal models of care.**
- Findings have important implications for **stroke service design, policy development, and future research** to improve equitable and sustainable psychological provision.

Strengths
•One of the first UK qualitative studies exploring stepped psychological care in NHS stroke services.
•Included psychologists from a range of acute, rehabilitation and community settings.
•Generated rich insights into barriers and facilitators to implementation.

Limitations
•Included psychology professionals only; other MDT perspectives were not captured.
•Findings may not be transferable to all stroke services.
•Reflects an interpretive qualitative analysis rather than objective service evaluation.

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