

Rebuilding Minds After Stroke

Project summary and recommendations

November 2023

Cymdeithas
Strôc | Stroke
Association

 **Mind**
Cymru

Shift



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Project Background

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Context

The impact of stroke on a person's mental health is significant and well documented - with experiences of depression, anxiety, mood swings, panic attacks and suicidal thoughts reported by survivors.

Right now in Wales, there are over 70,000 stroke survivors with little statutory emotional and psychological support available that is stroke-specific and sensitive to the specific impacts of stroke. A survey conducted by the Stroke Association found that stroke survivors with emotional support priorities were the least likely to have had support when they needed it most (only 3%).

The Stroke Association currently offers 'level 1' psychological support to address this gap - a helpline, peer support, social support and local activity groups. But there's a gap in 'level 2' support for stroke survivors struggling with mild/moderate depression and/or anxiety.

After an impactful local collaboration in Neath Port Talbot which tested a group-based programme for people struggling emotionally after a stroke, the Stroke Association and Mind Cymru - with help from Shift - wanted to step back and go through a service design process to gain an in-depth understanding of the experience of people struggling with their mental health post-stroke; and identify, test and prioritise potential solutions.

3/4

Around three quarters of stroke survivors experience at least one mental health problem following a stroke.

*Lived experience of Stroke,
Stroke Association 2018*

“My mental health hit rock bottom. I was struggling everyday. I wanted to cope, I wanted to be me again.”

Freya, stroke survivor

The aim of the project

Together with Shift, the Stroke Association and Mind Cymru wanted to come up with possible sustainable solutions to respond to the gap in support for people who are experiencing emotional and mental health problems after stroke in Wales.

The key objectives of this work were to:

- Gain an in depth understanding of the lived experience of a diverse range of people struggling with their emotional and mental health post-stroke
- Identify and prioritise solutions to the challenges faced by stroke survivors struggling with their mental health
- Test and refine these potential solutions and define recommended next steps to ensure the continuation of this work

The shared vision for this collaboration between the Stroke Association and Mind Cymru is for stroke survivors, their carers and families in Wales to receive the mental health support they need following their stroke, enabling them to rebuild their lives.

Who ran this work

This work was held by a small core design team made up of staff from Shift, Mind Cymru, the Stroke Association, and two stroke survivors.

Stephen Attwood and **Melissa Broad** formed a key part of the core team for this project, independent from any organisation in this work. They provided invaluable input and advice from their lived experience as stroke survivors.

Katie Chappelle (Director, Wales) and **Katy Rothwell** (Head of Experience & Development) formed members of the project team from Stroke Association. The Stroke Association is committed to ensuring people affected by stroke have access to the rehabilitation and lifelong support they need.

Nicola Whitson (Operations Manager) and **Julia James** (Head of Programmes) formed members of the project team from Mind Cymru. For Mind Cymru, this project links to its three strategic priority groups as these are groups who experience health inequality, namely young people, racialised communities and people living in poverty. It also links to their strategic ambition to develop national core services across Wales, and to the emerging ambition to develop services to help people with long-term physical health issues or people on long waiting lists for physical health conditions.

Aaron Kent, Broken Sleep Books, a creative storyteller and stroke survivor joined the team to develop the creative output that accompanies this report.

Louise Cooper (Service Designer), **Bella Hunt** (Research, Engagement and Wellbeing), **Amelia Woods** (Recruitment and Research) and **Hester Kitchen** (Visual Design) formed the members of the project team from Shift. Shift creates on-the-ground social change to improve the lives of people negatively impacted by systemic inequality.

The approach

At the heart of this work was the desire to develop solutions with and for stroke survivors.

At each stage of the service design process - research, generating ideas, testing and prioritising - we were led by people with experience of stroke.

The principles that guided our approach more broadly were:

- Co-design
- Diversity & Accessibility
- Ready for build

01 Co-design

To develop solutions that truly support emotional and mental wellbeing and are truly stroke-sensitive, we knew we needed to centre people with lived experience of stroke in this work. We co-designed ideas with stroke survivors, carers, family, stroke professionals and mental health workers - all bringing lived and learned experience, knowledge and ideas.

02 Diversity & Accessibility

Top of mind was developing a solution that meets the needs of the diversity of people that represent stroke survivors in Wales. This looked like tailoring our research and design methods to make sure that people could participate in ways that worked best for them. This included making all materials accessible in Welsh, providing online and in-person options as much as possible, and creating aphasia friendly written materials.

03 Ready for build

We wanted to end this project in a place where both organisations felt armed and ready to continue into the next phase smoothly. It's really important to us and the people involved in this work that the solutions we propose are fundable and deliverable. This fed carefully into decision making throughout, alongside making sure that the ideas proposed lead to a positive impact for stroke survivors.

Who was involved

12 stroke survivors took part in research conversations. They shared their experiences of struggling with their mental health after stroke

1 co-design workshop with 15 people with experience of stroke (including 7 stroke survivors) to generate ideas for potential support

2 testing workshops with 15 stroke survivors to help develop and refine ideas

66 people with experience of stroke gave their feedback on 3 ideas for support

48

stroke survivors across Wales helped shape this work

14

loved ones

48

people who work with stroke survivors

Demographics of stroke survivors

A number of stroke survivors currently experiencing mental health problems

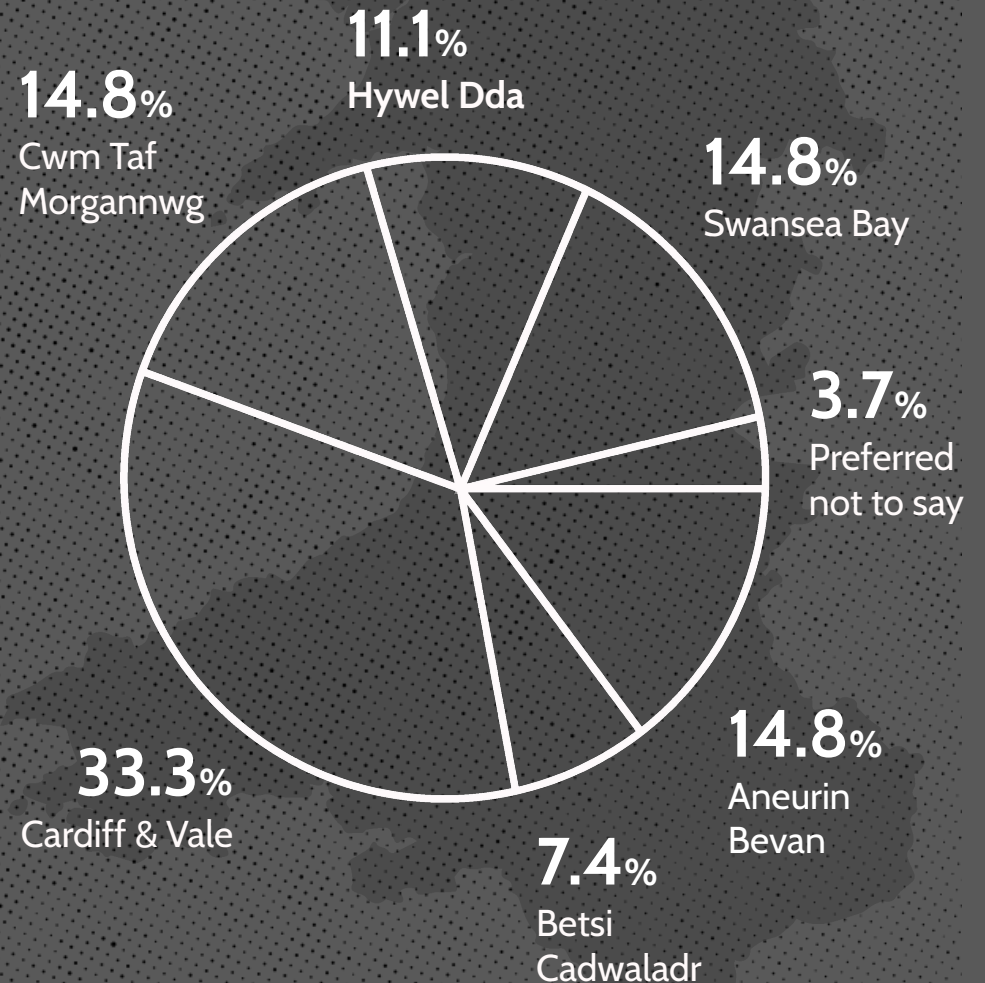
Across **6** health boards

Experience of stroke between **6 months & 10 years**

Aged between **25-85**

17 people with communication problems as a result of their stroke

16 people with a physical disability



Reaching Black, South Asian and ethnic minority groups

Black and South Asian people are at greater risk of stroke. Black people are also twice as likely to have a stroke compared to white people.

5% of the population in Wales don't identify as white.

“There were leaflets of Caucasian people. And there wasn't anything that I could say. Oh, that looks like something I could relate to. There was nothing like that. Not in words, not in pictures.”

Sabina, Stroke Survivor

It was important to ensure we heard from the diversity of stroke survivors that live in Wales, including Black, South Asian and minority ethnic stroke survivors. However, it must be noted that during this work we heard from four stroke survivors who identified as Black or a person of colour.

The Stroke Association and Mind Cymru are currently hard to reach organisations for people from ethnic minority groups in Wales.

Both organisations are committed to changing this. More needs to be done to make sure that the solutions we are putting forward as part of this work are accessible to, and effective for, ethnic minority groups.

“It felt as if I was the only Asian in the group [a Mind group before the stroke]. I could relate to what they were going through, because they were going through what I was going through. But without the religion and without the discrimination, nobody could ever totally understand what I was going through.”

Sabina, stroke survivor

Learning and recommendation:

We found that the most successful way of reaching stroke survivors to take part in this work was through trusted relationships, particularly those formed by the Stroke Association Stroke Coordinators in local communities. As part of this work we reached out to ~32 organisations who serve Black and South Asian communities in Wales.

The organisations we reached out to supported us to reach their communities through posting on their social media channels, sending the word out through newsletters and Whatsapp. However, within the time we had, we didn't see this lead to a marked increase in reach during this work.

We recommend the Stroke Association and Mind Cymru continue to build long term strong partnerships with organisations currently serving Black, South Asian and ethnic minority groups in Wales.

What we did

Explore

May-Jul

We started by learning about the experiences and needs of stroke survivors struggling with their mental health after stroke.

What we did:

We spoke to 12 stroke survivors about their experiences of struggling with their mental health after stroke, as well as 4 people with learned experience of stroke.

Co-created ideas

Aug

Using what we found, we then came up with ideas for what could help address the challenges that surfaced.

What we did:

We held two co-design workshops with stroke survivors and people who work with stroke survivors. Eight ideas emerged.

We prioritised these ideas with the core project team, with a focus on impact, fundability and appropriateness for the organisation involved.

Make

Sep-Nov

We went out to test a set of prioritised ideas, to help us develop and refine them into ideas we were really confident in.

What we did:

We started by testing 4 ideas in a group feedback session with stroke survivors, conversations with Local Minds and commissioners.

The ideas we were least confident in, we took into a second round of testing through more conversations and a survey that reached stroke survivors, loved ones and professionals.

Startup

Nov

We synthesised all of our learning and developed a set of recommendations and proposed next steps.

This involved working up the idea that felt the most pressing to focus on first into a more detailed brief.

Stroke & Mental Health

Insights from our research
conversations with stroke survivors
and people working with them

○ Key insights

○ Opportunities

View our insights
and opportunities
playback
presentation

Key insights

01

People do not expect the negative impact on mental health.

02

Stroke survivors feel alone and uncertain in their recovery.

03

Stroke affects people's identity and they can struggle to adapt.

Overview of key insights

To develop a solution we felt confident would support stroke survivors, we spent the initial phase of this work listening to stroke survivors. We wanted to learn about the experiences and needs of stroke survivors struggling with their mental health after stroke.

We spoke with 12 stroke survivors. We held individual conversations with each person in a way that worked best for them, whether that was in-person, over the phone or over Zoom.

We also spoke with 4 people with learned experience of stroke including a clinical psychologist, a loved one, Mind Neath Port Talbot and a Stroke Association Coordinator.

Three overarching insights emerged:

1. People **do not expect the negative impact** on mental health.
2. Stroke survivors **feel alone and uncertain** in their recovery.
3. Stroke **affects people's identity** and they can struggle to adapt.

Key insights

01

People do not expect the negative impact on mental health.

02

Stroke survivors feel alone and uncertain in their recovery.

03

Stroke affects people's identity and they can struggle to adapt.

There's a focus on physical health but stroke survivors are unprepared for the impact on their mental health.

Stroke is an unexpected shock that no one can feel prepared for.

In the days and weeks following their stroke, people mentioned the very necessary focus on the physical and communication side of their recovery; the speech and language therapists, the physiotherapists and nurses and support staff. However, those we spoke to said they did not feel at all prepared for the struggles they experienced with their mental health soon after having had their stroke.

Many said they, and their loved ones, had not been told that their mental health could be impacted by having had a stroke.

"Physical wise, they were fantastic. But then no one prepared me for the mental side."

Graham, stroke survivor

"The professionals in hospital were fantastic but even at my 6 month review they didn't ask if I was ok."

Sara, stroke survivor

Some people had turned to the internet and social media in search answers for how they were feeling. Few people found helpful resources.

Key insights

01

People do not expect the negative impact on mental health.

02

Stroke survivors feel alone and uncertain in their recovery.

03

Stroke affects people's identity and they can struggle to adapt.

The effects of stroke on physical, cognitive, mental health are compounding.

It can be hard to separate mental health from all the other impacts of stroke; physical, cognitive, social, financial. Those we spoke to mentioned struggling to understand and make sense of what was happening and what they were feeling.

The symptoms of depression or anxiety such as fatigue and apathy can be mistaken as purely symptoms of the stroke.

Some stroke survivors mentioned that following the days, months, and years after their stroke they were dealing with feelings of exhaustion, teariness, loss of independence and often, as a result, had less contact with friends and were unable to do the activities they loved.

“It’s like you’re lost in a in a dark foggy forest and you’re trying to get out every single day. You want some clarity, some connection in your head that makes sense and you’re always struggling to make sense of words, of phrases, of what’s happening.”

Mike, stroke survivor

Key insights

01

People do not expect the negative impact on mental health.

02

Stroke survivors feel alone and uncertain in their recovery.

03

Stroke affects people's identity and they can struggle to adapt.

Loved ones can struggle to understand.

Lots of people mentioned that their relationships with family and friends had been impacted by their stroke, especially early on when they were experiencing feelings of anger and frustration.

Some mentioned their family and friends had been reluctant to talk about mental health and the stroke more broadly. For some, because the stroke had not impacted their physical health, it was easier to assume everything was ok.

“Someone suggested local counselling. My manager said ‘What do you want to do that for.’”

Diane, stroke survivor

“It’s quite hard for people to understand. They think I look quite healthy. But they don’t understand the brain part of things. You feel like you’re a bit of a failure really. I’ve survived, but I’ve failed.”

Naomi, stroke survivor

Key insights

01

People do not expect the negative impact on mental health.

02

Stroke survivors feel alone and uncertain in their recovery.

03

Stroke affects people's identity and they can struggle to adapt.

Stroke survivors can feel 'dumped' once they come home from hospital, especially when at-home care and services withdraw.

There is a sense of uncertainty when it comes to recovery. Some stroke survivors felt they were not progressing as quickly as they thought they would, and some felt they had taken steps back rather than forward.

"My sister said I was dumped. They didn't prepare us for the mental health side of it."

Sara, stroke survivor

"Nobody told me about my mental health. I couldn't control my emotions. I was alone in the house, depressed and anxious."

Scott, stroke survivor

Key insights

01

People do not expect the negative impact on mental health.

02

Stroke survivors feel alone and uncertain in their recovery.

03

Stroke affects people's identity and they can struggle to adapt.

It can be hard to admit you are not ok, especially to loved ones.

Many stroke survivors we spoke to mentioned their family was their biggest source of support after their stroke.

However, people often wanted to shield their family from how they were feeling. For those with children, there was a sense of wanting to maintain their identity as a strong caretaker.

People also spoke about not wanting to burden their loved ones, or services that they felt were already overstretched.

“My mental health hit rock bottom. I was struggling everyday. I felt really numb but I was telling everyone I was alright.”

Freya, stroke survivor

“People would tell me I'm lucky but I didn't feel lucky. They'd tell me I looked fine. It was like I was imagining it. I wanted to be me again.”

Freya, stroke survivor

Key insights

01

People do not expect the negative impact on mental health.

02

Stroke survivors feel alone and uncertain in their recovery.

03

Stroke affects people's identity and they can struggle to adapt.

Existing mental health support often doesn't meet the needs of stroke survivors.

Stroke survivors we spoke to highlighted a number of challenges in accessing support for their mental health. These included accessibility, availability and appropriateness of support.

For many, the GP was the first person they turned to once admitting they weren't ok. Lots of people mentioned wanting to find someone they could talk to. They were often met with long referral times, signposting and the offer of medication such as antidepressants.

Some stroke survivors had accessed therapy through the NHS or through work. However the focus of their sessions was often not on stroke and support was only available for several weeks.

“I was struggling to put a sentence together so couldn't reach out to any of the stuff the GP was signposting to. I felt so low. I'd done the hard yards by asking for help but I couldn't do anything with what I got given.”

Mike, stroke survivor

“I did a 12 week course and I was traumatised when it ended.”

Ava, stroke survivor

Key insights

01

People do not expect the negative impact on mental health.

02

Stroke survivors feel alone and uncertain in their recovery.

03

Stroke affects people's identity and they can struggle to adapt.

All stroke survivors we spoke to said what they wanted was to talk to someone who 'gets stroke', who could listen, understand and tell them it's going to be ok.

Stroke survivors said that this person didn't have to be a professional, 'just someone who knows stroke'. Often people had found most comfort in attending stroke support groups where they could meet other stroke survivors who could relate to what they were going through.

"The stroke group was so welcoming. I used to live for the meeting on a Thursday morning"

Graham, stroke survivor

"We need someone to understand that we have had a stroke, and our minds our different. They need to be able to break into pieces. That person only needs to be able to say its ok I'll give you a hug.."

Naomi, stroke survivor

Key insights

01

People do not expect the negative impact on mental health.

02

Stroke survivors feel alone and uncertain in their recovery.

03

Stroke affects people's identity and they can struggle to adapt.

Stroke is a sudden life change that impacts all aspects of identity.

Stroke happens all of a sudden. It's like a switch is flipped and your life is changed.

Many of those we spoke to struggled to cope with losing the things that made them feel like themselves, whether that was their job, their role in the family or the things they enjoyed doing the most.

“It's like a bomb going off in your life. That's how people describe it.”

Tracey, Mind NPT

“I know now that I could no longer do my job and that's what broke me.

I think I need grief support for losing my identity and my mental health.”

Freya, stroke survivor

Key insights

01

People do not expect the negative impact on mental health.

02

Stroke survivors feel alone and uncertain in their recovery.

03

Stroke affects people's identity and they can struggle to adapt.

Stroke is a sudden life change that impacts all aspects of identity.

Starting with a race to leave the hospital and get back home, the desire to feel normal again following a stroke was felt strongly by the people we spoke to. Some mentioned that their family and friends struggled to understand the extent of the change they'd experienced. While they might 'look normal' they didn't 'feel normal'.

Activities that helped build a sense of independence and normality such as dog walking, being able to drive or seeing friends helped some people to cope when they were struggling with their mental health.

“Going from being a busy, independent person to absolutely nothing. That's been the biggest thing. Depending on other people to take me places, it's been an absolute nightmare.”

Sara, stroke survivor

“I'm their dad. I was a provider and I'd come home, but then when you're always home, cooking and cleaning...it's been a huge change in roles for me.”

Mike, stroke survivor

The grounding insights from our research

01

People do not expect the negative impact on mental health.

02

Stroke survivors feel alone and uncertain in their recovery.

03

Stroke affects people's identity and they can struggle to adapt.

The questions we posed to stroke survivors to come up with ideas

01

How might we help stroke survivors expect and prepare for the negative impact on mental health?

02

How might we help people play an informed and active role in the recovery of stroke survivors so they don't feel in it alone?

03

How might we help stroke survivors process what's happened, reframe their identity and move forward with resilience?

We took these insights and flipped them into design opportunities



- A holistic response

- Four ideas

- Principles

Rebuilding Minds After Stroke

Ideas developed by stroke survivors for stroke survivors

We need a holistic response to a complex problem

We worked with stroke survivors and those working with stroke survivors to come up with, test and refine ideas for improving mental health after stroke. We started with a **workshop to generate many possible ideas**, another to **refine those ideas down to eight** and a final workshop to **prioritise which to bring forward**.

Together, we chose four high potential ideas which we tested and refined in cycles of 1:1 feedback conversations, group feedback sessions and a survey.

Asides from feedback on the ideas themselves, one thing we heard over and over is that there can be no silver-bullet solution for helping stroke survivors rebuild their mental health.

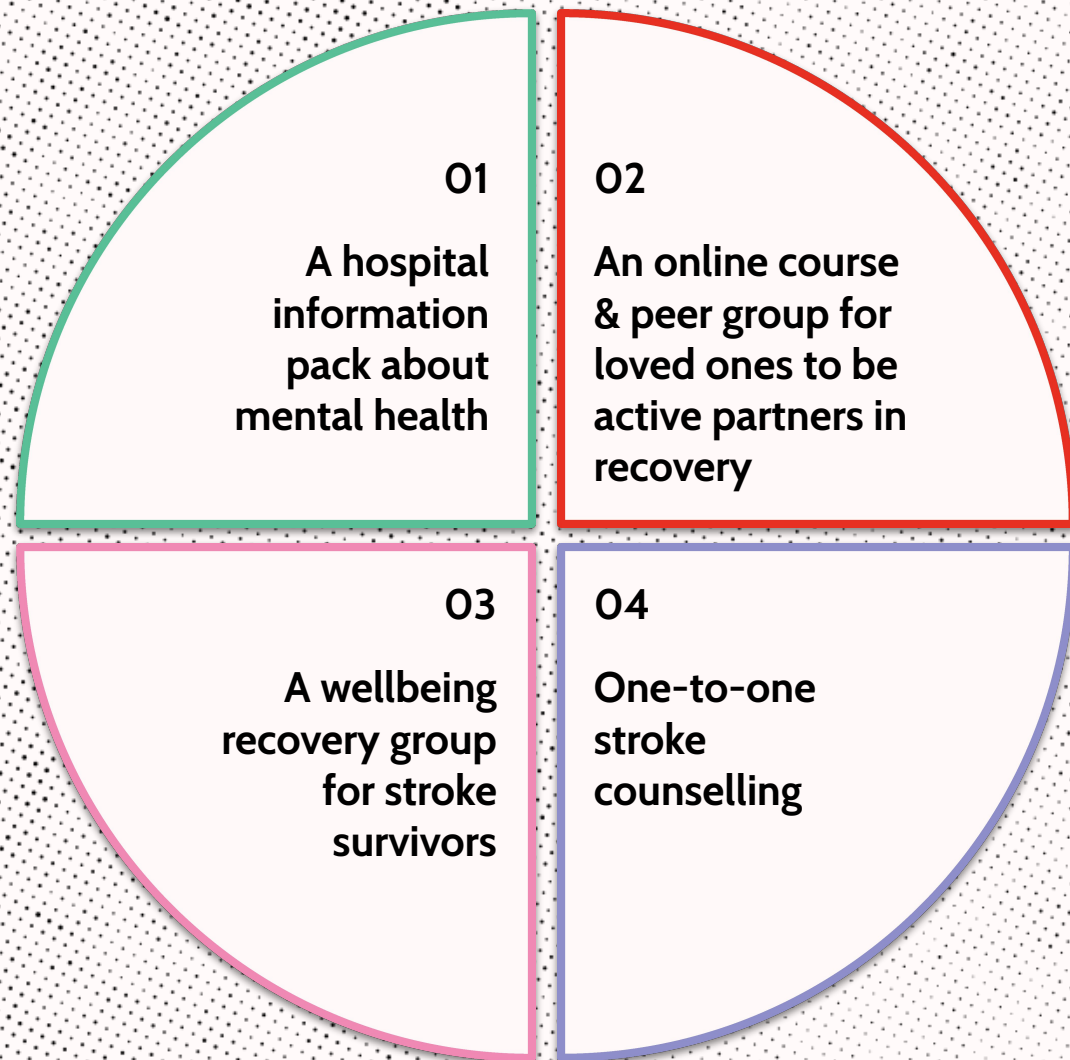
What's needed is a holistic response to a complex issue. A variety of offers to meet stroke survivors where they are at.

View the slide deck from our [ideas prioritisation session](#) and our playback of learning from our [first ideas testing cycle](#) and [second ideas testing cycle](#)

“There can be no silver-bullet solution for helping stroke survivors rebuild their mental health. What’s needed is a holistic response to a complex issue. A variety of offers to meet stroke survivors where they are at.”

Four ideas to improve stroke survivors' mental health

These are four ideas that stroke survivors and those working with them believe will lead to the most positive impact on their mental health, while also feeling achievable to deliver by the Stroke Association and Mind Cymru.



Four ideas to improve stroke survivors' mental health

What?	<p>01</p> <p>A hospital information pack about mental health</p>	<p>02</p> <p>An online course & peer group for loved ones to be active partners in recovery</p>	<p>03</p> <p>A wellbeing recovery group for stroke survivors</p>	<p>04</p> <p>One-to-one stroke counselling</p>
When?	<p>At hospital</p>	<p>At hospital (or anytime after)</p>	<p>After initial recovery, e.g. 3+ months</p>	<p>On self-acknowledgment of wellbeing issues</p>
Why?	<p>To help stroke survivors expect and prepare for the negative impact on their mental health</p>	<p>For loved ones to understand and empathise with stroke survivors' experiences</p>	<p>To speak to other stroke survivors, share and process personal experiences</p>	<p>To speak to a mental health professional who "gets stroke" to help with coping and wellbeing</p>
Who?	<p>All stroke survivors and their loved ones</p>	<p>Stroke survivors who have a partner, adult child or close friend</p>	<p>Stroke survivors who want to talk about wellbeing with a group</p>	<p>Stroke survivors who want to talk about wellbeing one-to-one</p>

Principles for creating new solutions

Throughout our research conversations, idea development and testing, there were must-have criteria that came up again and again that we heard should be centred when creating new support for stroke survivors.

All new solutions created off the back of this project should...

Acknowledge trauma

Stroke is a whole mind, body and life trauma. The effects are multifaceted and compounding but often pulled apart, recognised and treated separately. Stroke survivors need their trauma acknowledged and treated holistically.

“It’s like a bomb going off in your life. That’s how people describe it to me.”

Stroke coordinator

Understanding of stroke

Stroke symptoms are so often invisible and misunderstood by people with no personal experience. Stroke survivors need to know that the people there to help them ‘get stroke’, know what’s normal and can offer stroke-informed support.

“I want them to understand and say it's normal - not just suggest drugs.”

Stroke survivor

Lasts longer

Stroke impacts cognition, language processing and energy levels. When ‘standard practice’ like capped numbers of counselling sessions is offered to stroke survivors, it can feel abrupt and do more damage than good. Stroke survivors need more time than others.

“There's this theme of 6 weeks but for a stroke survivor it takes you longer.”

Stroke survivor

A way forward

Recommended next steps for
Stroke Association & Mind Cymru



- Next step

- Proposed approach

- The idea

“Stroke recovery is a very isolating experience. No one else in my family or friends has experienced it so they can't fully understand how it feels. Connecting with others who just know would really help”

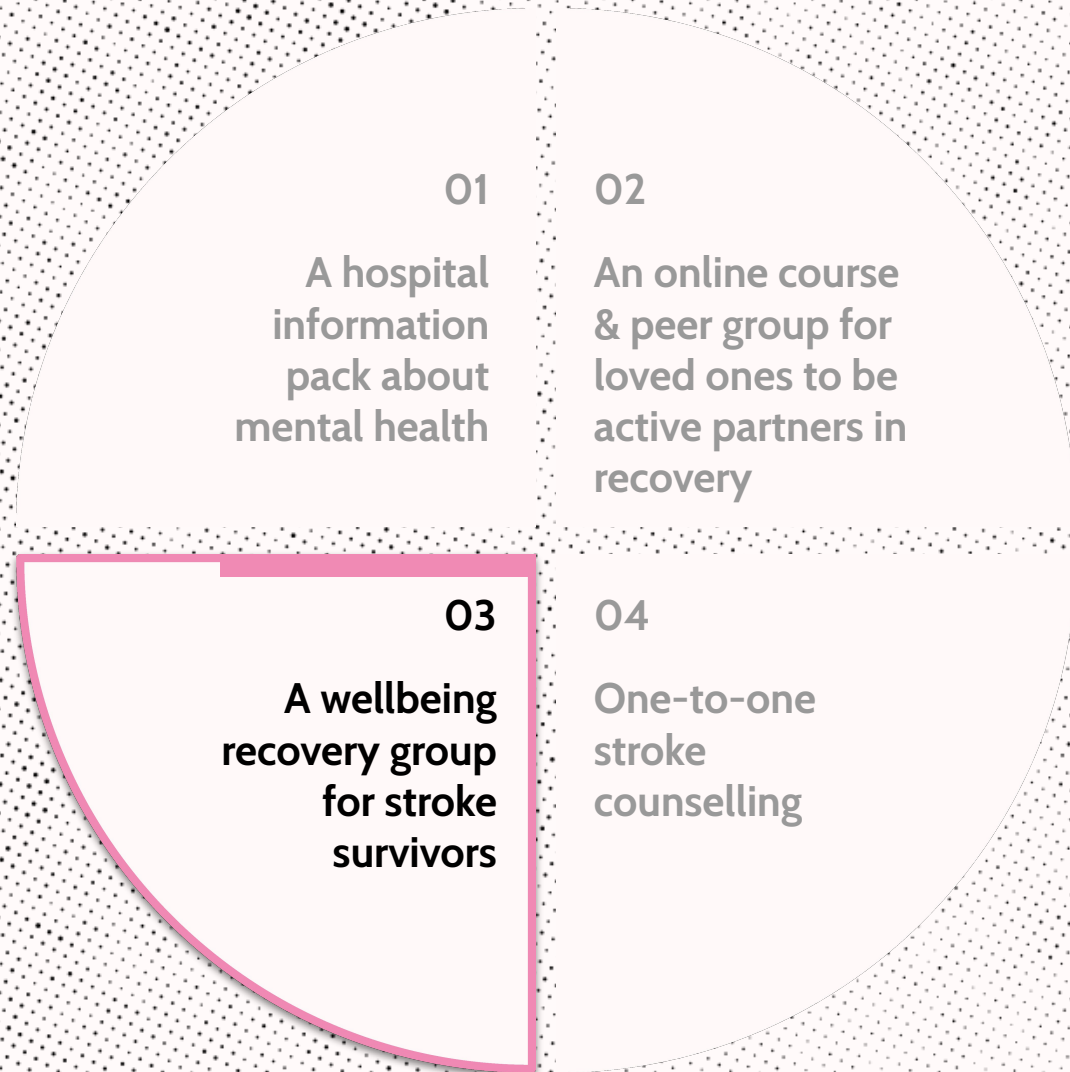
Stroke survivor

Recommended next step

We're proposing an immediate next step of developing one of the ideas further - the one that makes most sense based on what stroke survivors said they want and where there feels like most potential for the Stroke Association and Mind Cymru as a partnership.

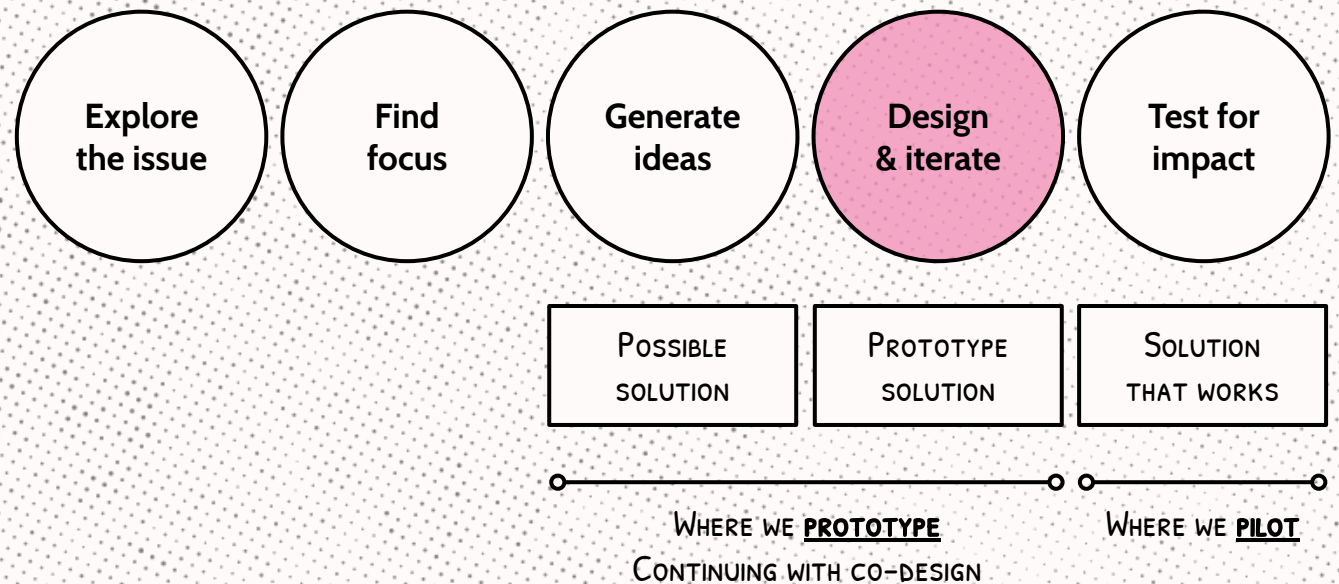
Our recommended next step:

Development of idea #03
A wellbeing recovery group for stroke survivors



Proposed approach

We suggest doing continued prototyping of the Wellbeing Recovery Group to test the 'riskiest' assumptions that are baked into the idea - the things that **must be true** for the idea to succeed. For example, building confidence that stroke survivors will actually sign up to attend before co-designing the ins and outs of the content and experience. This will help to build confidence that this idea actually 'works' as a solution and does in fact help stroke survivors rebuild their mental health - before fully launching into a pilot.



Quick note...

How is prototyping different to piloting?

Prototyping	vs.	Piloting
Takes place during the design process to inform the development of the service		Takes place after the design process is complete and is the final stage of implementation
Is a creative and co-design process that generates new ideas for specific aspects		Is an evaluative process that tests a fixed service and builds evidence around it
Embraces failure as a learning process		Expects the service to be past the failure stage
Tests separate aspects of a service		Tests an entire service
Is cheap and easy to run and can be turned around quickly		Requires a large amount of investment and an extended timeframe to get results

The idea to develop

A wellbeing recovery group for stroke survivors

Connect with a small group of 6 stroke survivors

A place to talk about how stroke has affected your mental health

Facilitated by a stroke-experienced mental health practitioner

Runs for 10 weeks - each week covering a topic like "sharing your stroke story", "talking to your loved ones" and "creating a personal wellbeing plan"

Join either an in-person group locally or an online group with similar people

Option to join a wider stroke community afterwards

For...

Stroke Survivors experiencing poor mental health and actively seeking support.

Who want to...

Share and process their experience of stroke - in a group setting with other stroke survivors.

When?

After initial physical and cognitive recovery, e.g. 3+ months post-stroke.

The benefits...

- Share and process with people who get stroke so they don't feel in it alone
- Build new relationships
- Get professional and peer support

How to focus your prototyping

Within the Wellbeing Recovery Group idea, there are multiple assumptions - things that must be true for this idea to actually work.

We worked with the project team to surface some of these assumptions, as well as open questions we have. You can see these listed on the right.

Our recommendation is to test the 'riskiest' assumptions in the idea through prototyping and follow-up research. This will help you further develop the idea, design the specifics, gather feedback, work through kinks and iterate - before packaging up for pilot.

Reach	STROKE SURVIVORS WILL SIGN UP TO THE WELLBEING RECOVERY GROUP	STROKE SURVIVORS WILL ATTEND THE WELLBEING RECOVERY GROUP	ONLINE MARKETING IS THE BEST WAY TO REACH STROKE SURVIVORS	HOW DO WE DESCRIBE THIS IDEA IN A WAY THAT'S MOST APPEALING?	WHAT'S THE SIZE OF THE TARGET SEGMENT?
Experience	WHAT'S THE WEEKLY CURRICULUM?	10 WEEKS WILL FEEL APPROPRIATE AND SUPPORTIVE TO STROKE SURVIVORS	WHAT ARE THE WAYS WE CAN CONTINUE TO MAINTAIN SENSE OF COMMUNITY AFTER THE RECOVERY GROUP?		
Accessibility	THIS IDEA WILL BE EQUALLY AS BENEFICIAL FOR PEOPLE FROM MINORITY ETHNIC BACKGROUNDS	WE CAN ACHIEVE EQUITABLE ACCESS ACROSS WALES (GEOGRAPHICAL REACH)	WE CAN DELIVER IN THE WELSH LANGUAGE	THE CONTENT AND EXPERIENCE WILL BE ACCESSIBLE FOR ALL STROKE SURVIVORS (INCL THOSE WITH APHASIA)	
Infrastructure	THE WELLBEING RECOVERY GROUP CAN BE DELIVERED BY LOCAL MINDS (ONLINE AND IN-PERSON)	LOCAL MIND MENTAL HEALTH PRACTITIONERS CAN BE TRAINED TO 'GET STROKE'	WHAT INFRASTRUCTURE IS NEEDED TO DELIVER THE WELLBEING RECOVERY GROUP?		
Sustainability	WE'LL GET THE FUNDING TO DELIVER A PILOT	WE CAN ACCESS LONG TERM SUSTAINABLE FUNDING	WHAT'S THE COST PER PERSON TO DELIVER THIS SERVICE?	DOES THIS FEEL LIKE A PALATABLE INVESTMENT FOR FUNDERS?	STROKE ASSOCIATION AND MIND CYMRU WILL CONTINUE TO WORK IN PARTNERSHIP ON THIS

How to focus your prototyping

We suggest focussing on testing assumptions around reach and sustainability first.

Reach

Develop and test different messaging to frame the idea and test these with stroke survivors via digital A/B testing and feedback conversations. Then promote the idea to stroke survivors through digital marketing and other known effective channels to see how many stroke survivors express interest. Compare this number to the size of your target segment to understand demand.

Reach	STROKE SURVIVORS WILL SIGN UP TO THE WELLBEING RECOVERY GROUP	STROKE SURVIVORS WILL ATTEND THE WELLBEING RECOVERY GROUP	ONLINE MARKETING IS THE BEST WAY TO REACH STROKE SURVIVORS	HOW DO WE DESCRIBE THIS IDEA IN A WAY THAT'S MOST APPEALING?	WHAT'S THE SIZE OF THE TARGET SEGMENT?
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Accessibility	THIS IDEA WILL BE EQUALLY AS BENEFICIAL FOR PEOPLE FROM MINORITY ETHNIC BACKGROUNDS	WE CAN ACHIEVE EQUITABLE ACCESS ACROSS WALES (GEOGRAPHICAL REACH)	WE CAN DELIVER IN THE WELSH LANGUAGE	THE CONTENT AND EXPERIENCE WILL BE ACCESSIBLE FOR ALL STROKE SURVIVORS (INCL THOSE WITH APHASIA)	
Infrastructure	THE WELLBEING RECOVERY GROUP CAN BE DELIVERED BY LOCAL MINDS (ONLINE AND IN-PERSON)	LOCAL MIND MENTAL HEALTH PRACTITIONERS CAN BE TRAINED TO 'GET STROKE'	WHAT INFRASTRUCTURE IS NEEDED TO DELIVER THE WELLBEING RECOVERY GROUP?		
Sustainability	WE'LL GET THE FUNDING TO DELIVER A PILOT	WE CAN ACCESS LONG TERM SUSTAINABLE FUNDING	WHAT'S THE COST PER PERSON TO DELIVER THIS SERVICE?	DOES THIS FEEL LIKE A PALATABLE INVESTMENT FOR FUNDERS?	STROKE ASSOCIATION AND MIND CYMRU WILL CONTINUE TO WORK IN PARTNERSHIP ON THIS

How to focus your prototyping

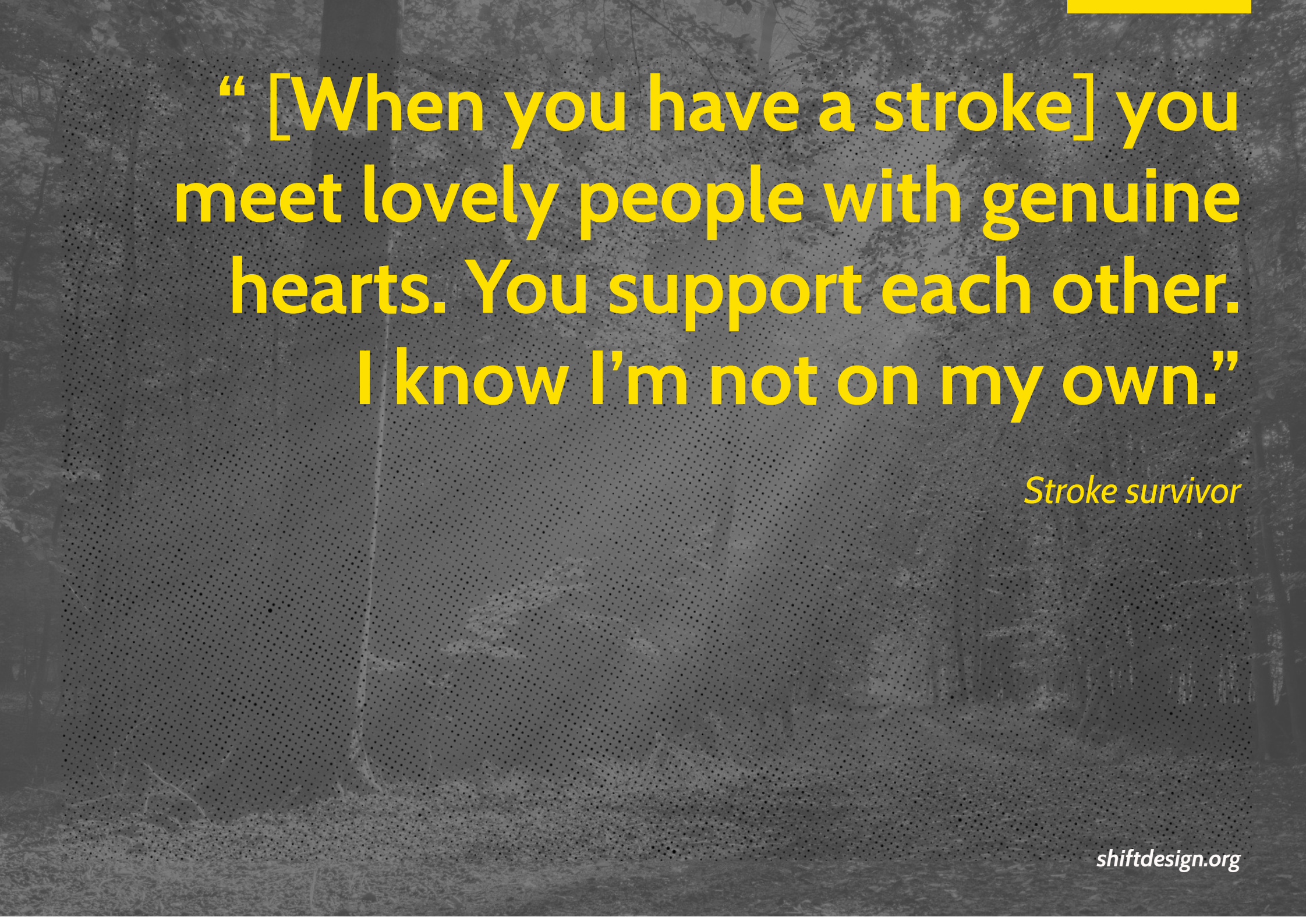
Sustainability

Conduct research to understand which funders or commissioners might fund this idea based on aligned priorities. Break this down by both funding for pilot and potential longer-term funding.

Also establish the intent of the Stroke Association and Mind Cymru to continue working in partnership. This is especially important as the idea could be delivered via the current network of Local Minds in Wales.

With confidence about reach and sustainability, you can next design and test the journey/experience.

Reach	STROKE SURVIVORS WILL SIGN UP TO THE WELLBEING RECOVERY GROUP	STROKE SURVIVORS WILL ATTEND THE WELLBEING RECOVERY GROUP	ONLINE MARKETING IS THE BEST WAY TO REACH STROKE SURVIVORS	HOW DO WE DESCRIBE THIS IDEA IN A WAY THAT'S MOST APPEALING?	WHAT'S THE SIZE OF THE TARGET SEGMENT?
Experience	WHAT'S THE WEEKLY CURRICULUM?	10 WEEKS WILL FEEL APPROPRIATE AND SUPPORTIVE TO STROKE SURVIVORS	WHAT ARE THE WAYS WE CAN CONTINUE TO MAINTAIN SENSE OF COMMUNITY AFTER THE RECOVERY GROUP?		
Accessibility	THIS IDEA WILL BE EQUALLY AS BENEFICIAL FOR PEOPLE FROM MINORITY ETHNIC BACKGROUNDS	WE CAN ACHIEVE EQUITABLE ACCESS ACROSS WALES (GEOGRAPHICAL REACH)	WE CAN DELIVER IN THE WELSH LANGUAGE	THE CONTENT AND EXPERIENCE WILL BE ACCESSIBLE FOR ALL STROKE SURVIVORS (INCL THOSE WITH APHASIA)	
Infrastructure	THE WELLBEING RECOVERY GROUP CAN BE DELIVERED BY LOCAL MINDS (ONLINE AND IN-PERSON)	LOCAL MIND MENTAL HEALTH PRACTITIONERS CAN BE TRAINED TO 'GET STROKE'	WHAT INFRASTRUCTURE IS NEEDED TO DELIVER THE WELLBEING RECOVERY GROUP?		
Sustainability	WE'LL GET THE FUNDING TO DELIVER A PILOT	WE CAN ACCESS LONG TERM SUSTAINABLE FUNDING	WHAT'S THE COST PER PERSON TO DELIVER THIS SERVICE?	DOES THIS FEEL LIKE A PALATABLE INVESTMENT FOR FUNDERS?	STROKE ASSOCIATION AND MIND CYMRU WILL CONTINUE TO WORK IN PARTNERSHIP ON THIS



“ [When you have a stroke] you meet lovely people with genuine hearts. You support each other. I know I’m not on my own.”

Stroke survivor

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Thank you

If you'd like to learn more about this work, we'd love to hear from you.



Louise Cooper,
Project & Design Lead

louise.cooper@shiftdesign.org



Bella Hunt,
Research & Engagement Lead

bella.hunt@shiftdesign.org

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Association

 **Mind**
Cymru

Shift