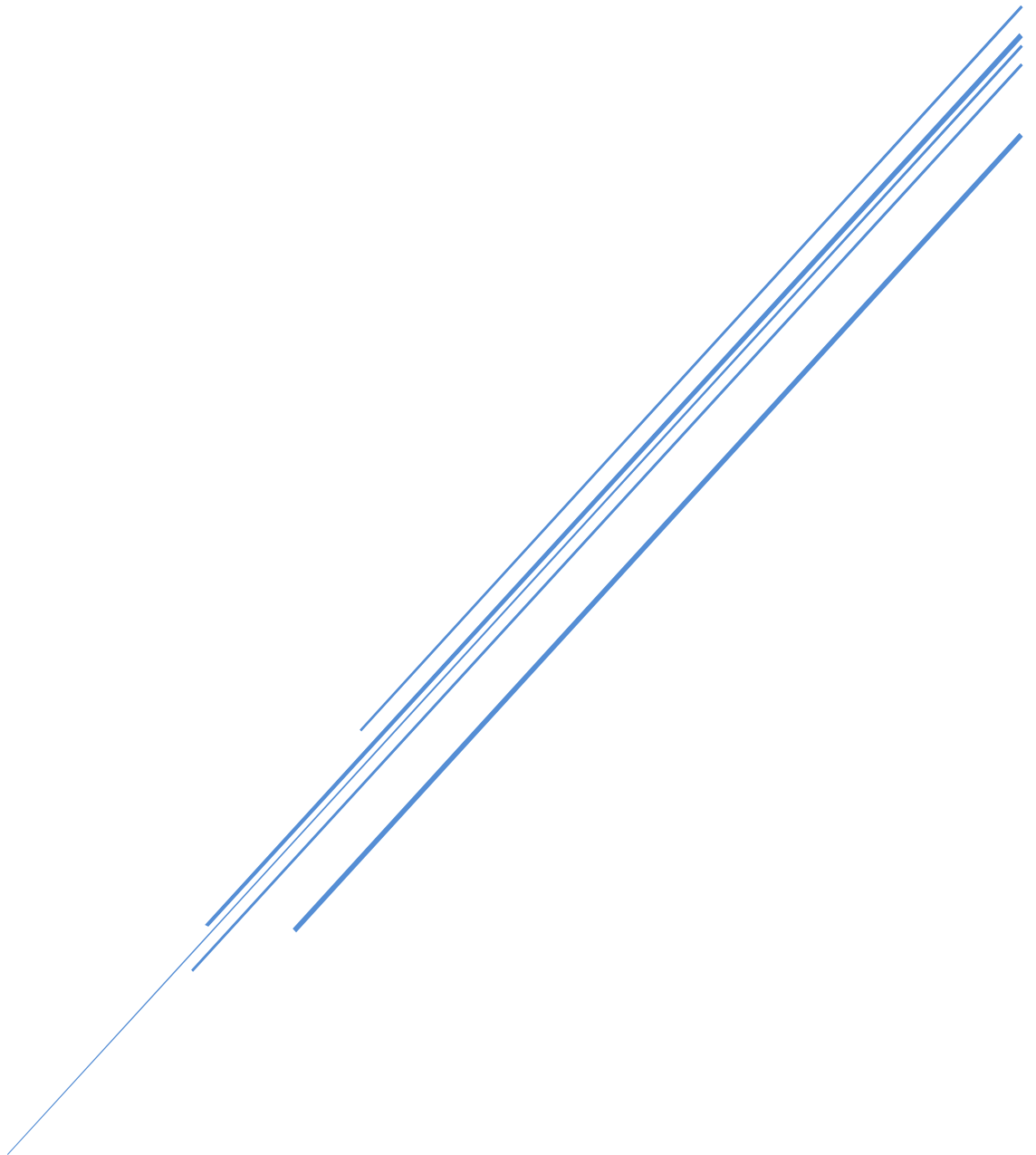


IMPROVING PSYCHOLOGICAL CARE IN STROKE SERVICES

A National Model for Scotland



Scottish Stroke Psychology Forum
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Recommended Model of Psychological Care

The National Model of Psychological Care in Stroke (Scotland)

The National Model of Psychological Care in Stroke (NMPCS) (Scotland) has been developed by the Scottish Stroke Psychology Forum to support the development, delivery and evaluation of psychological care in stroke services. The purpose of the model is to provide a framework defining the services which should be available to those affected by stroke and provides a pathway to appropriate assessment and intervention of psychological needs. The NMPCS-Scotland is consistent with approaches developed for psychological care in stroke in England (NHS Improvement – Stroke, 2011) and for other clinical populations with long term health conditions (NHS Education for Scotland 2017).

Underpinning the model:

- It should be expected that all people who have had a stroke will experience emotional and psychological effects relating to their stroke
- Psychological care should be provided as part of the normal course of holistic post-stroke care
- A systematic approach to assessing psychological needs should be carried out so that no person is missed
- Assessment should be carried out at an early stage in order to implement early intervention when required, to avoid escalation of issues. Thereafter regular enquiries should be made about an individual's emotional and psychological state
- It is recognised that all members of stroke teams have a role in assessing and managing psychological care
- Interventions from staff are dependent on training and supervision, and should be matched to the assessment of the individual's needs.
- Clinical/Neuropsychologists have a necessary role in supporting the implementation of psychological care practices as well as providing highly specialist assessment and intervention.

The model recognises the roles that all members of stroke teams can play in providing psychological care, acknowledging the training and clinical supervision needs of staff to ensure that the psychological care provided is safe and effective.

At level 1 all health and social care staff can be proactive in enquiring about an individual's emotional state and have a role in identifying psychological distress. They can provide compassionate communication, effective information provision and signposting, identify and promote resilience and coping strategies.

At level 2 staff with expertise in stroke have an active role in identifying and managing distress and cognitive impairment, including implementation of a psychosocial needs assessment within core stroke assessment applicable for all individuals. With appropriate training and regular consultation with a Clinical/Neuropsychologist, staff at this level can apply psychologically informed practice, which may include goal setting, anxiety management, problem-solving and approaches to enhance patients ability to cope and meet their own needs for support.

Level 3 care is provided by professionals with accredited training in mental health and Level 4 care is provided by a stroke specialist Clinical/ Neuropsychologist, and may require additional involvement from Psychiatry. In some Health Boards, Levels 3 and 4 may be provided by the same service. Detailed recommendations for the assessment, treatment and rehabilitation of specific cognitive and mood difficulties are contained within RCoP (2016) National Clinical Guidelines for Stroke and other evidence based clinical guidelines for psychological problems.

When implementing this model at a local level, it is recommended that Clinical/Neuropsychologists should lead on the implementation and evaluation of the model in the local context, with representation from other clinical leaders, to ensure appropriate evidence based interventions, clinical governance, training and clinical consultation is embedded within the pathway.

National Model of Psychological Care in Stroke (Scotland)

LEVEL	DESCRIPTION	INTERVENTION	MINIMUM TRAINING
Level 4 HIGHLY SPECIALIST Clinical Psychology (with specialist expertise in stroke) or Clinical Neuropsychology	Severe and/or persistent disorders of mood and/or cognition that: <ul style="list-style-type: none"> Require specialised neuropsychological assessment and intervention and/or assessment of risk (e.g. suicide, capacity, vulnerable adult) are likely to be or have been resistant to treatment at levels 2 and 3. Additional involvement may also be required from psychiatry.	Expert opinion and individualised intervention based on comprehensive and holistic assessment and theoretically driven and evidenced approaches. To provide individually tailored specialist assessment, formulation and interventions (e.g. complex presentations, uncertain diagnoses, co-morbid problems) which takes account of all domains of cognitive, emotional and behavioural functioning.	Professional qualification (e.g. in Clinical Psychology, Clinical Neuropsychology) Ongoing Supervision and CPD
Level 3 ADVANCED Professionals with accredited training in mental health*	Moderate symptoms of psychological distress or mental health condition that interfere with rehabilitation and/or ongoing adjustment post-stroke. If cognitive impairment is identified in addition, assessment and intervention may need to be provided in Level 4 to account for the complexity of interaction between cognition, emotion and behaviour. Consultation should take place with clinical psychologist with expertise in stroke or clinical neuropsychologist.	Appropriate use of screening/psychometric measures (cognitive and emotional) along with behavioural observations to inform clinical decision making and practice. Able to assess and treat diagnosable single conditions using specific therapeutic modality Protocol based treatment	Professional qualification in mental health Accredited training to delivery specific psychological therapy. Ongoing supervision and CPD
Level 2 ENHANCED - Psychologically skilled practice Non-psychology stroke specialist staff*	Mild to moderate difficulties including emotional distress and cognitive difficulties that interfere with rehabilitation and/or ongoing adjustment post-stroke. These can be addressed with enhanced psychologically informed practice by non-psychology stroke specialist staff, within the limits of their own professional competency and in regular consultation with a clinical psychologist with expertise in stroke or clinical neuropsychologist.	Assessment of holistic needs (e.g. distress management system) Appropriate use of screening/psychometric measures (cognitive and emotional) along with behavioural observations to inform clinical decision making and practice Implementing psychological approaches e.g.: <ul style="list-style-type: none"> Acknowledging, validating and normalising post stroke experience Problem solving, Goal setting Supported self-management 	Professional qualification (e.g. nursing, AHP, medicine) Training in appropriate identification and management of emotional and cognitive needs, such as: <ul style="list-style-type: none"> Developing Practice (NES) Distress management system (locally developed, national standardisation planned) Appropriate use of psychometric measures Advanced communication skills STARS Advancing Modules (e-learning)
Level 1 FOUNDATION - Psychologically informed practice All health & social care staff*	Emotional distress and cognitive difficulties are expected following stroke, many of which will resolve in time. Appropriate intervention at this stage may be preventative against further distress/disorder. These can be addressed with support provided by peers, stroke specialist and non-specialist staff.	Awareness and recognition of psychological needs (cognitive & emotional) <ul style="list-style-type: none"> Information sharing and signposting Emotional support Effective communication (listening, understanding, empathy etc) Supported self-management 	Emotion matters (NES; e-learning) STARS core competencies (e-learning)

* All staff should be able to identify when to escalate level of care or seek consultation/supervision if unsure

** Consultation refers to formal discussion and reflection with a Clinical Psychologist or Neuropsychologist regarding clinical practice, leading to advice or recommendations.