After consultation with service users, researchers and healthcare professionals, we have now determined our research priorities for the psychological consequences of stroke. We invite applications to address the following requirements.

**Application Types**

The following application types are applicable to this research priority programme, but please note, we are particularly interested in research that will help to embed existing evidence, interventions, tools and models. We do not wish to fund new screening assessments or tools, there are many existing ones used in stroke and other conditions that need to be fully tested, adapted and implemented within NHS stroke service provision.

More important questions are around which tools and interventions are most appropriate in different circumstances, or in response to specific issues, cognitive impairment, mood and adjustment or other conditions.

- Clinical trials
- Observational studies

**Research Topics**

Applications must incorporate an intervention to help support and develop management strategies, or may have a diagnostic or epidemiological approach. Applications should focus on one or more of the following five topics in the psychological consequences of stroke:

1. **Cognitive Management:**
   - Which interventions/techniques are beneficial to patients; and to which patients?
2. **Mood Management:**
   - What psychological skills training might be beneficial? What is the best model for managing mood from existing evidence/interventions?
3. **Natural History:**
   - The natural history of cognitive and/or mood changes, including how to assess change over time. What constitutes normal, and does early assessment allow predictions to be made about which patients will respond to which rehab/support model?
4. **Confidence:**
   - Which specific interventions are needed to help regain and improve confidence at the acute, mid and longer term stages?
5. Tailored Interventions for Specific Needs:
   o Interventions should be developed to support patients with adjustment and mood problems.
   o Support that is tailored to specific issues is encouraged, in particular, tailoring interventions for patients with aphasia and/or cognitive impairment will be considered a high priority for funding.

We appreciate that some of the above may overlap and you may wish to address a combination of two or more of the above topics.

Methodological Requirements

Researchers should incorporate one or more of the following methodological requirements in designing and delivering their study. Meaningful outcomes, inclusion of support for carers and family members, and providing longer term support are three areas which are not well addressed in the scientific literature and clinical practice at present.

- Meaningful Outcome Measures (to the patient/carer/family):
  o Outcome measures should be selected carefully so that they are meaningful to patients and ideally are based on the goals of the patient, or goals they set with their family e.g. play games with their children, read a magazine or catch a bus.

- Inclusion of family/friends/partners in emotional intervention and support:
  o The assessment of methods or tools which help to support the family/partner/carer/friends of the patient, and the patient, will be of high priority for funding.

- Providing longer term support:
  o Reaching and providing support for people with issues affecting their psychological wellbeing should be delivered at the time when they really need it. A stronger focus should be included to reach and support patients mid to longer term after hospital, in addition to providing support at the acute stage.

Additionally, we would particularly favour the following for funding:

- a large collaborative study
- a study with a capacity building element, e.g. training of PhD students or Postdoctoral scientists.