

Stroke Recovery News

Volume 22, Issue 1

Summer /Autumn 2022

POST-STROKE MOOD AND EMOTIONAL DISTURBANCES: PHARMACOLOGICAL THERAPY BASED ON MECHANISMS

Mood and emotional disturbances are frequent symptoms in Stroke survivors. These symptoms are distressing for both the patients and their caregivers, and negatively influence patient quality of life. Important mood/emotional disturbances include post-Stroke depression, post-Stroke anxiety, post-Stroke emotional incontinence, post-Stroke anger proneness, and post-Stroke fatigue. Underlying factors and predictors of these emotional disturbances partially overlap, but are still different. The relationships between these phenomena and lesion locations differ when considering the different emotional symptoms. Thus, these diverse emotional disturbances are pathophysiologically interrelated, but are different phenomena.

Studies have shown that these emotional disturbances have negative impacts on patients' clinical outcomes. Post-Stroke depression, for example, negatively influences later functional outcomes after Stroke, decreases quality of life, leads to less efficient use of rehabilitation services, and increases mortality. Patients with post-Stroke fatigue are more often unemployed, change their jobs, and fail to return to previous jobs than those without post-Stroke fatigue. Although the overall negative impacts of post-Stroke emotional incontinence and post-Stroke anger proneness are less marked than those of post-Stroke depression, they still lead to distress and embarrassment, impair certain domains of patients' quality of life, and increase caregiver burden.

Fortunately, these mood and emotional disturbances can be treated or prevented by various methods, including pharmacological therapy. In order to administer the proper therapy, we have to understand the similarities and differences between the phenomenologies and pathophysiological mechanisms associated with these symptoms. Regrettably, these important symptoms have been underdiagnosed, neglected, and under-studied.

Depression and depressive mood

Symptom characteristics and prevalence

The symptoms of post-Stroke depression or depressive symptoms include depressed mood, anhedonia, loss of energy, decreased concentration, and psychological issues. Although somatic symptoms, such as decreased appetite and insomnia are common, they may in part be attributed to the Stroke itself, medications, or comorbid diseases. Guilty feelings and suicidal ideations are less common than observed in primary depression.



STROKE RECOVERY
ASSOCIATION NSW

1300 650 594

www.strokenew.org.au

info@strokenew.org.au

CONTENTS

Post-Stroke mood and emotional disturbances	1 - 3
COVID-19 at home tests	4
Wheelchair friendly beaches	5
Stroke Recovery Association's 2022 Board of Directors	6 - 7
Celebrating 45 years of SRA	8 - 9
President's Report 2021	10 - 12
Treasurer's Report 2021	13 - 14
Has Stroke impacted your ability to work?	15

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition has been used for the diagnosis of post-Stroke depression. It defines depression as depressed mood or anhedonia (loss of interest or pleasure) for 2 weeks or longer, in addition to the presence of at least four of the following symptoms: substantial weight loss or gain, insomnia or hypersomnia, psychomotor agitation, fatigue or loss of energy, worthlessness or inappropriate guilt, diminished concentration, and indecisiveness. However, it remains controversial whether these criteria, validated in physically intact persons, can be used in Stroke patients, especially in the acute setting. Thus, other interviewer-administered or self-completed depression case-finding or screening instruments are also used in the study of post-Stroke depression.



The prevalence of post-Stroke depression ranges from 5 to 67%. The wide variability is due to different study settings, time since Stroke, and the different criteria/methods used to diagnose. A meta-analysis of 61 cohorts involving 25,488 patients published in 2014 indicated that 31% of patients developed depression at some time point up to 5 years following Stroke.

Generally, the prevalence of major depression decreases over time. In one study, post-Stroke depression was present in 50% of the patients in the acute phase, but only in 12% of the patients at a one-year follow-up. Another study reported the prevalence of depression as 30% at 3 months post-Stroke. Of these patients, 60% were no longer depressed one year later. In the author's recent study involving 478 patients with acute Stroke, approximately 57% had depression at the time of the Stroke. This percentage rapidly decreased over time.

Factors associated with post-Stroke depression

Although various factors have been reported to be associated with post-Stroke depression, the results have been inconsistent. A recent systematic review included 23 studies with 18,374 participants, and reported that demographic characteristics (age and sex) were not consistently associated with post-Stroke depression. There was also no consistent association between hemisphere of Stroke, lesion location, or pathological subtype, and depression. A history of depression before Stroke was associated with post-Stroke depression in four of seven studies, while cognitive impairment was associated with depression in two of four studies.

Based on the literature, the most consistent factors associated with post-Stroke depression are severe Stroke, and early or late physical disability. In our recent study, changes in Montgomery-Asberg Depression Scale scores were well-correlated with improvements in neurological impairment. It seems that patients' acute depressive symptoms are related to physical dysfunction, while post-Stroke depression at the chronic stage has an additional psychosocial component.

Lesion location

Robinson emphasized the role of left frontal lesions in producing post-Stroke depression. However, other studies have shown heterogeneous results, and one systematic review failed to find an association between lesion location and post-Stroke depression. We have shown that frontallenticulocapsular-brainstem base lesions are related to post-Stroke depression. An important confounding factor in these studies is the variability in time since Stroke. One study found that the association between left anterior cortical Stroke and post-Stroke depression was apparent at the acute stage, but not the subacute or chronic stages. Higher lesion volumes, cerebral atrophy, silent infarcts, and white matter lesions may also be associated with a higher risk of post-Stroke depression.

Pathophysiology

The close relationship between post-Stroke depression and neurological deficits, and between changes in Montgomery-Asberg Depression Scale scores and neurologic improvement, suggests that post-Stroke depression may be a psychological, reactive depressive symptom associated with

sudden functional deficits. When there are prolonged functional deficits, subsequent familial and social issues may perpetuate post-Stroke depression. The presence of post-Stroke depression may also be dependent on the patients' personality traits and environmental factors, such as social support, economic matters, job stability, etc.

However, there still are patients whose depression is not readily explained by neurological changes. For instance, patients with transient ischemic attacks or minor Strokes can still have post-Stroke depression. The possible role of anterior frontal lobe damage and the involvement of the frontal-basal ganglia brainstem pathway in post-Stroke depression development suggest alterations in neurotransmitter systems, such as serotonergic, adrenergic, and dopaminergic systems. It is generally likely that patients with post-Stroke depression have symptoms due to mixed mechanisms.

Treatment

In 2008, two Cochrane reviews were published regarding the prevention and treatment of post-Stroke depression. The authors identified 14 prevention trials involving 1,515 people, and reported a small effect for psychological intervention. However, there was no evidence of an effect due to antidepressant drugs. Nevertheless, a few trials of antidepressant drugs published afterwards have shown some benefit of antidepressant drug use. The Cochrane review of treatment trials identified 16 trials involving 1,655 subjects. Although antidepressant drugs (13 trials) produced improvements in depressive symptoms, it is uncertain whether they lead to higher rates of remission for depression. The use of antidepressants increases gastrointestinal and central nervous system side effects. There was no evidence for effectiveness of psychological therapies alone for the treatment of post-Stroke depression.

Therefore, although antidepressants seem to be effective for the treatment of post-Stroke depression, the evidence is not robust. Nevertheless, European and American guidelines recommend pharmaceutical treatment, such as selective serotonin-reuptake inhibitors (SSRI) or tricyclic antidepressant drugs for patients with post-Stroke depression, along with monitoring for effectiveness and side effects. It is recommended that treatment be continued for at least 6 months after initial recovery.

Summary

Post-Stroke mood and emotional disturbances are common and manifest in diverse manners. The phenomenology, predicting factors, pathophysiology, and response to pharmacological treatments are different, although there are also factors that are in common. Post-Stroke depression appears to be associated with complex pathophysiological mechanisms involving both psychological/psychiatric problems associated with patients' functional deficits and neurochemical changes secondary to brain damage. Therefore, although antidepressants, and especially SSRIs, are considered to be the management options of choice, their benefits are not robust. It remains uncertain whether pharmacological treatment in Stroke patients is needed to prevent post-Stroke depression or perhaps to improve neurological outcomes.

Recognizing these emotional disturbances is important because they are often treatable. Proper management may improve patients' quality of life in a prolonged manner, even after the cessation of treatment. Undoubtedly, more research is needed to improve the management of post-Stroke mood and emotional disturbances.

The article above contains excerpts from Kim, J. (2016). Post-Stroke Mood and Emotional Disturbances: Pharmacological Therapy Based on Mechanisms. *Journal Of Stroke*, 18(3), 244-255. doi: 10.5853/jos.2016.01144. To read the full article, visit <https://www.j-stroke.org/journal/view.php?doi=10.5853/jos.2016.01144>.

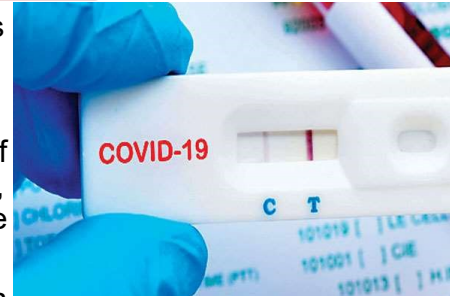
If you are feeling as though you or someone you know is struggling with depression, please contact your GP, or any of the services listed below:

- Stroke Recovery Association telephone counselling line - 1300 650 594
- Lifeline - 13 11 14
- Beyond Blue - 1300 22 4636

As of 24 January 2022, Concession card holders are able to access 10 free rapid antigen COVID-19 home test kits from pharmacies.

About the scheme:

- Holders of Commonwealth Seniors Health Card, Department of Veteran's Affairs Gold, White or Orange Card, Health Care Card, Low Income Health Card, and Pensioner Concession Card are eligible.
- You will need to show your Commonwealth concession card to a staff member to confirm your eligibility and make sure you haven't exceeded your allocation of rapid tests.
- Each individual concession holder can access 10 rapid tests over a three-month period. You will receive two RATs at a minimum and can ask for up to the monthly limit (five tests) at any one time.
- If you do not have a Commonwealth concession card, visit Services Australia website to check your eligibility.



What are RATs?

There are two key types of COVID-19 tests you can take at the moment:

1. **Polymerase chain reaction test (PCR)**

- PCR is a molecular test that analyses a swab from your nose looking for genetic material from the virus that causes COVID-19.
- This test takes up to approximately 72 hours to return a positive or negative result and can detect even very small fragments of the virus.
- It is widely considered the most reliable way to test for COVID-19.

2. **Rapid antigen test (RAT)**

- Rapid antigen tests (RATs) detect proteins known as antigens on the surface of the virus.
- Can return a result within 10 to 30 minutes (depending on the brand of test you use).
- While it is much faster than the PCR test, it is much less sensitive – meaning it could potentially return an incorrect result.

Currently, the government considers a positive test from either PCR or approved RAT to be sufficient proof of having COVID-19.

Using home testing kits

- Follow the instructions provided with the testing kit carefully.
- If you return a positive test, you must isolate at home and register as a positive case with Services NSW. Reporting a positive case may enable you to access government benefits to help with lost income, access support services, and more.
- NSW have penalties for failure to report a positive case from a RAT, so it's critical you report it as early as you can.
- If you return a negative result, check the current NSW Health guidelines to see if you need to isolate or monitor for symptoms.
- Speak to your GP over the phone if you are symptomatic, but test negative, for advice on what to do.

Concerns over stock

The program will commence at participating community pharmacies on 24 January, however with supplies of tests in high demand across the globe and distribution delays due to worker shortages, it's unclear whether tests will be available for concession holders. Before making the trip to your pharmacy, ensure you confirm if they are participating in the program and have stock available.

This article was reproduced with permission from National Seniors Australia (<https://nationalseniors.com.au/news/latest-in-health/free-covid-19-home-testing-kits-for-concession-holders>)

Wheelchair friendly beaches

To enhance the beach-going experience for people with disability, beach wheelchairs are now available at a number of new locations. They provide and improve access to the beach and ocean, with both children and adult-sized options to allow children, in particular, to have access to and be included in a range of activities such as playing in the waves and exploring rock formations usually found at the ends of a beach.

Each Summer IDEAS are happy to learn of additions to accessible beach facilities as new equipment becomes available and destinations strive to be inclusive. Here is a round-up of the newest additions at Accessible Beaches.



- **Ballina Lighthouse Beach and Avoca Beach** - Accessible beach matting.
- **Batehaven** - Adult and child chairs available for hire at Clyde View Holiday Park. The chairs are also next to Corrigans Reserve where the accessible playground is located. Phone 02 4472 4224.
- **Batemans Bay SLSC** - Clubhouse George Bass Drive, Malua Bay. One chair with smooth tyres.
- **Bondi Beach** - The previously accessible promenade and ramp access now have added improvements to portable beach access matting. The matting is at the Northern end of the beach. Beach access matting is rolled out, weather and surf permitting, on Thursday and Saturdays from 8.30 am – 2 pm. Beach wheelchairs must be prebooked on 02 9083 8400, or through email at bondipav@waverley.nsw.gov.au. Ramsgate Ave is close to the accessible and ambulant toilets. An accessible shower is located at Bondi Pavillion.
- **Broulee Surfers SLSC** - Free to hire with donations welcome. Two chairs with smooth tyres available from SLS Club southern end of Heath Street, Broulee. Phone 02 4471 6657.
- **Fingal Bay Beach** - Accessible beach matting and Movichair floating beach wheelchair available. This matting is rolled out during lifeguard patrols. Wheelchair accessible bathroom and shower. A hoist is available onsite.
- **Malabar Beach (Randwick)** - Permanent Wheelchair access with Mobi matting.
- **Moruya SLSC** - Clubhouse Charles Moffitt Drive, Moruya Heads. Phone: 02 4474 2674.
- **Narooma SLSC** - Clubhouse Main Beach, Willcocks Avenue, Narooma. Phone: 02 4476 1745.
- **North Wollongong Beach - Stuart Park** - Toilet facility has an adult lift and change table.
- **Shellharbour City NSW** - North Beach has the provision of Mobi Matting and beach wheelchairs. A beach wheelchair is also available at Warilla Beach. The chairs are available when lifeguards are on patrol. Bookings are not required, however, a combination code is needed for access. To obtain the access code please see one of the on-duty lifeguards or contact customer service on 4221 6111. Both beaches also have accessible parking and toilets.
- **South Cronulla Beach** - Accessible beach matting and beach wheelchairs are available for hire. Bookings are essential for use of these facilities. Lifeguards must be on duty with a maximum time of 4 hours with one wheelchair, per person. The matting is available on request every day from 8 am - 4 pm during summertime and 10 am - 2 pm during winter. Phone: 02 8522 2100.
- **Thirroul and Austinmer Beaches** - Beach matting and beach friendly wheelchairs are available at Thirroul and Port Kembla. Wheelchairs can be used during patrol hours. To book a wheelchair call 02 4227 7268. Austinmer Beach has an adult lift and change table.
- **Toowoona Bay Beach** - Accessible beach matting is available every Saturday 10 am - 3 pm all Summer Season, ending 29th April. Access to beach wheelchairs is available during patrolled hours, contact Toowoona Bay Surf Life Saving Club to arrange. Further information: Toowoona Bay SLSC. Phone: 02 4332 2411.
- **Tuross Beach Holiday Park** - Beach wheelchair. Bookings are required. Phone: 02 4473 8236.

This article was reproduced from IDEAS. For a full list of accessible beaches in Australia, visit <https://www.ideas.org.au/facts/australian-beach-accessibility.html>

At the Annual General Meeting, held on 3 December 2021, members voted in the 2022 Board of Directors for the Stroke Recovery Association. We are proud to present the Stroke Recovery Association 2022 Board of Directors:

- Mr David Bostock
- Mr John Garbutt
- Mrs Linda Glanfield
- Mrs Judith Thornley
- Ms Pam Short
- Mrs Judy Sumner
- Mr Shih-chang (Ming) Wang

Thank you to our returning Board members and welcome to those who are joining the Board for the first time this year. We look forward to a successful and exciting 2022!

Welcome to new Board members

The Association would like to introduce the newest members of the Board of Directors for 2022, Mr David Bostock and Mrs Judy Sumner. You can read a bit about our newest Board members below.

David Bostock (*Working Age Group - Stroke, Central Coast*)



David Bostock is a Stroke survivor, who had his Stroke in 2003, at the age of 39. He is the current Co-Chair and Co-President of the Working Age Group - Stroke (WAGS) on the Central Coast, a group that he has been a member of since 2006. In 2008, David met his lovely partner Jane and managed to convince her to leave her home state of Tasmania, to move to the Central Coast of NSW. They married in 2012 and are very happy together.

In 2007, David's Stroke story became a central part of the Cancer Councils warnings of smoking related Stroke and an advertising campaign titled 'The Voice Within' was launched nationally. He was the consumer presenter at the 2008 Smart Strokes Conference, and again at the Stroke Recovery Association's 2008 Creating Connections Stroke Conference.

In 2018, he appeared as a Stroke survivor in the NSW Ambulance Service training video for the 'Hunter 8'. This is the pre-hospital acute triage protocol which is now used by NSW ambulance to assist first responder paramedics in recognising the early signs of Stroke, reducing pre-hospital and emergency department delays for patients and increasing their access to thrombolytic therapy in an acute Stroke care setting.

David also appears on Central Coast TV, radio and print, whenever a Stroke Survivors story is required.

David continues to enjoy his time with the Working Age Group - Stroke (WAGS) and at the Association. The very popular Sip and Nibbles (Working Age) online Stroke group began at David's suggestion and he continues to host this uproariously funny group on the second and fourth Wednesdays of each month.

Welcome to new Board members

Judy Sumner (*Tamworth Stroke Recovery Club*)



Judy Sumner is the Vice President and Assistant Treasurer of the Tamworth Stroke Recovery Club.

Judy became a member of the Association in 2004, after her husband Alan experienced a Stroke in his mid-40s. Judy was working, managing her own business and still had one of her three children at school during this time. The impact of Alan's Stroke on the family was immediate as Judy was unable to continue work due to the severity of his Stroke. Alan was hospitalised in Tamworth for five months, and was confined to a wheelchair for over five years. However, with Judy's attentive care, he continued to improve, and was able to walk with the assistance of a walking stick. Unfortunately, in 2015, Alan had a second Stroke, which left him more dependent on Judy's support and assistance with daily activities.

As part of her role within the Tamworth Stroke Recovery Club, Judy, along with her fellow volunteers, is responsible for organising the main fundraising events for the Club. The proceeds of this contributes to the many bus trip outings for members of the Tamworth Club. Judy regularly organises the Clubs involvement in the Hunter Stroke Olympics and is hoping to assist the Club to travel to the Combined Clubs Morning Teas and other Stroke Recovery Association events this year.

Both Judy and Alan are regular attendees of the Association's online Stroke support groups. Judy believes that these groups have been essential for Alan to continue to connect with other survivors during COVID-19 lockdowns. Connecting with the Maitland Aphasia Communications group online has been a huge bonus for Alan, as he feels supported, safe to be able to speak up, and at ease while meeting with other people who have aphasia. Judy believes that Alan has also benefitted from meeting with the Working Age online group, as he now realises that he is not the only person of a younger age to have experienced a Stroke.

Judy is excited to be part of the Board of the Association, as she believes that the Association will benefit from have a rural representative. She is committed to the Association continuing to work in the virtual world, as this has opened up a whole new support network for her husband, Alan.

Thank you to outgoing Board members

The staff and Board of the Association would like to take this opportunity to thank our outgoing Board members, Mr Stuart Chalmers OAM (2001 - 2021) and Mr Jim Towers (2017 - 2021) for their many years of service and contributions to the Association. Stuart will remain an active member of the Belmont Stroke Recovery Club and the Hunter Stroke Olympics committee. The Association would like to express their deepest appreciation and thanks to these long serving Board members.



Pictured: Stuart Chalmers OAM (left) and Jim Towers (right).

45 years of the Stroke Recovery Association NSW

2022 marks 45 years of the Stroke Recovery Association NSW. To celebrate, we are looking back at some special moments over the past 45 years.



Stroke Awareness Week - 1987



Speech practice and exercises



Anita Rosenberg, one of the founders of the Association



Presentation of donation - 1985



Kintestu Japanese Friendship group presentation - 2000



Harbour Cruise - 1982



Opening of the Association's offices - 1982

45 years of the Stroke Recovery Association NSW



Hunter Stroke Olympics - 2000



Stroke Seminars and conferences



Stroke Awareness Week Launch - 2009



Stroke Awareness Week Launch - 2010



City to Surf Team - 2011



Creating Connections Stroke Conference - 2014



SRA 40th celebrations - 2017



Stroke Choir Recital - 2018



Sydney Stroke Olympics - 2021

The latter part of 2020 was quite disappointing for all who are part of the Association with the cancellation of many of our flagship events due to COVID-19. The new year of 2021 began with such promise and it was hoped that the ongoing lockdowns were behind us. We did manage to reactivate the Stroke Recovery Clubs/groups and hold two major events prior to COVID-19 raising its ugly head again. I congratulate my fellow Board members, the staff, and our wonderful Stroke Recovery Club/group volunteers for their initiative and ongoing commitment to the Association. It has taken an enormous amount of energy to keep going with the ups and downs of the present health crisis which appears to be here to stay for the foreseeable future.

The organised events of the Association and the activities of our Stroke Recovery Clubs/groups were recommenced in late 2020, however, many did not get up and running again until early 2021. Whilst most of our organised events scheduled for the latter half of 2020 were cancelled, the Building Capacity Training Conference, scheduled for May 2021, and the Sydney Stroke Olympic Games Day, scheduled for June 2021, were able to proceed as normal.

The Association's services in review

The staff have continued to work extremely hard through the challenges of COVID-19 to ensure the services of the Association continue to be relevant for members. The performance of the Association continues to be a source of pride for all involved. The Association's statistics indicate that the services and programmes are continuing to perform well.

Support and Information

This aspect of the Association's work has continued to be a vital service for survivors of Stroke and their carers. The enduring difficulties accessing the health, NDIS and aged care systems, have highlighted the ongoing need for our telephone support and counselling line. The calls are usually complex as those experiencing the impact of Stroke on their lives for the first time often have a more limited time in the acute and rehab settings, leading to a greater need for information and support to understand the changes in their lives.

I trust you have all had the opportunity to experience the new Stroke Recovery Association website. The Association staff and our website designer have worked diligently to ensure that we have improved the capability of the website to meet AA accessibility standards. This has resulted in a website that is generally more welcoming and open to all who are seeking information about the Association, our services and Stroke. We have also introduced a members-only section of the website which gives access to recordings of the guest presentations from our conferences and Topical Thursday online groups. These can be accessed by members who were unable to attend or who may wish to view the presentations again.

Support of Stroke Recovery Clubs/groups

The Association was successful in obtaining a further grant from the Information Linkages and Capacity Building programme for a two-year Stroke Connectivity Project. This has seen the development of a training programme to be implemented at Stroke Recovery Clubs/groups to assist members to further develop skills in accessing and utilising the internet and online platforms. We are particularly looking to increase participation levels of our members in the online Stroke support groups as a result of this project.

Cont... President's Report 2021



Members from WAGS and Bega at the Building Capacity

The Building Capacity Training Conference was held in May 2021 and was successfully livestreamed to all our members who were unable to attend in person. Many of our Stroke Recovery Clubs/groups were represented at the two-day conference held in Parramatta for the first time. In May 2022, the Association will hold this conference again, which will coincide with celebrations for the Association's 45th birthday.



Winners of the Staying Well September awards (members from GLAMS, Tamworth, Port Macquarie)

The October 2021 Club video conferences were able to proceed and it is envisaged that these will be held using the online video conferencing system 'Zoom' going forward. More frequent communication between the Clubs/groups and the Association is vital given the continually changing requirements of COVID-19.



Members from Macarthur and Nowra at the Building Capacity Training Conference 2021

The number of online Stroke support groups has continued to expand this year. Many Stroke Clubs/groups are now experimenting with opening their groups to both online and face to face attendees. Working with our partner organisation Intereach Griffith, we have extended the Griffith Stroke group to our members online as the Rural and Remote online group. The Maitland Aphasia Communications group have also opened their weekly meetings to other members to attend online. Technology enables members to attend these groups no matter where they are located throughout NSW.



Members from Maitland Aphasia Communications at their combined face to face and online meeting

Other online groups which continue to be successful are the Sips and Nibbles Working Age Group, facilitated by David Bostock, the Topical Thursday guest speaker sessions and Trivia Tuesday. The staff are working closely with many of our lovely volunteers to enable them to use their skills to facilitate the online groups.



Opening of the Sydney Stroke Olympic Games Day 2021 (members from Blacktown and WAGS)

Stroke Awareness and Education

Stroke awareness and education is an area that has been greatly reduced due to the impact of the lockdowns this year. Most Clubs/groups were unable to participate in Stroke Awareness Week 2021 due to COVID-19. The Annual Stroke Awareness Week launch, and the Stroke Choir Recital were both cancelled due to COVID-19 and the inability of venues to accommodate guests for an event. Community talks and education opportunities have also been reduced.

Advocacy

Inclusion on various committees and consultation groups ensures that the Chief Executive Officer continues to be very active in advocating for services at all levels of government.

Many advocacy, consultation groups and committees have continued to meet during 2021 using online platforms. Areas in which we have had significant input have included: the development of the NSW Health TeleStroke Project through the ACI Stroke Network, and the Transport NSW roll out of the new train fleets and other transport related policies through the Accessible Transport Advisory Committee. This is an important aspect of the Association's mandate. We will continue to be involved with NSW Health and Transport NSW, with the provision of consumer representatives. As your President, I will continue to provide a vital voice within Health Consumers NSW, serving as their Chairperson again in 2021.

Moving Forward

On 31 December 2021, we will lose the NSW Government funding that was reinstated from the Department of Communities and Justice in June 2020. This is a funding source we have received for well over 25 years. The staff have provided an excellent tender for the continuation of this funding, but we do not expect to hear the outcome of this tender until early 2022. Irrespective of whether we receive this funding, the Association will still see advocacy as a core component of our service provision. We are committed, along with our partner organisations within the Disability Advocacy Alliance, to ensuring that the needs of people with disability are at the forefront of decision making. In 2022, you can be assured that your staff and Board of Management will continue working with Stroke survivors and their carers to ensure that the interests and the voices of Stroke survivors will be heard within the decision-making processes of NSW.

As we move into 2021/2022, we can look back on the past 12 months with enormous pride in the achievements of this Association. We have not only adapted to the ever-changing and trying conditions of COVID-19, but we have risen to the challenge and found new and improved ways to engage with and provide services to our members.

The Stroke Connectivity Project will continue in 2022. This will bring staff from the Association out to your Club/group where you will have the opportunity to engage with the Association's staff directly. Going forward, all the Association's education conferences will be livestreamed to those who are unable to attend the event in a face to face capacity. Staff and members are becoming much more at ease with the online platforms and these will continue to be used as we develop more ways of engaging directly with you.

The use of technology will become an increasingly valuable tool to ensure you enjoy greater access to the services and events made available by the Association, wherever you live. We will continue to work on our governance procedures to ensure compliance with all relevant authorities and to evaluate our services to ensure they are meeting the needs of survivors as they evolve over time.

Thank you

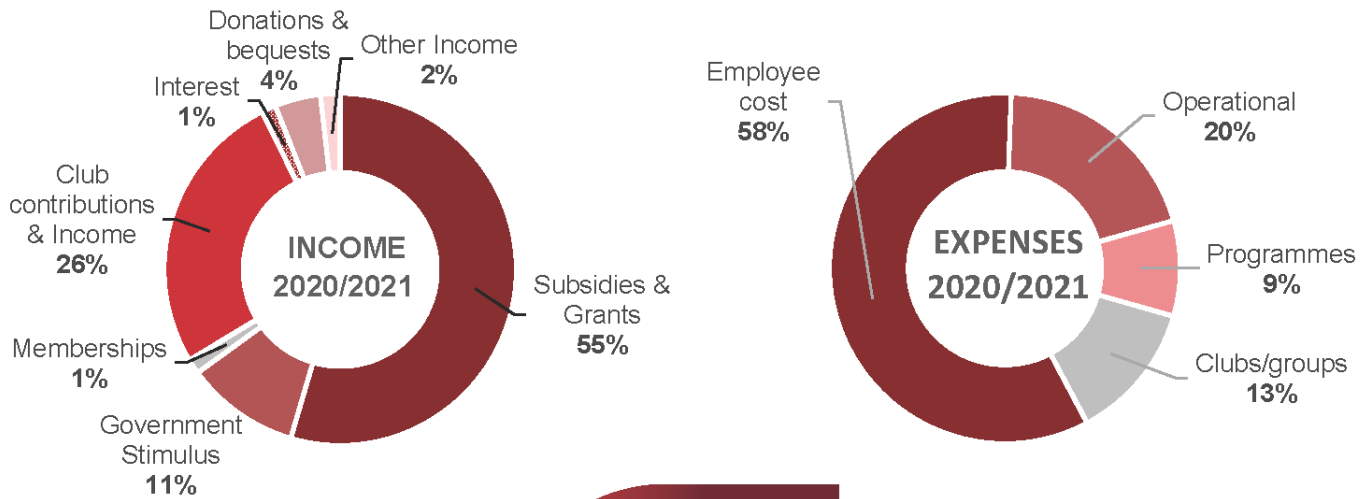
A huge thank you to all the individuals and organisations who have contributed to our success, whether that be the contribution of their skills through volunteering or as a member of staff. Thank you also to all members of the Board for their ongoing contribution.



John Garbutt
President

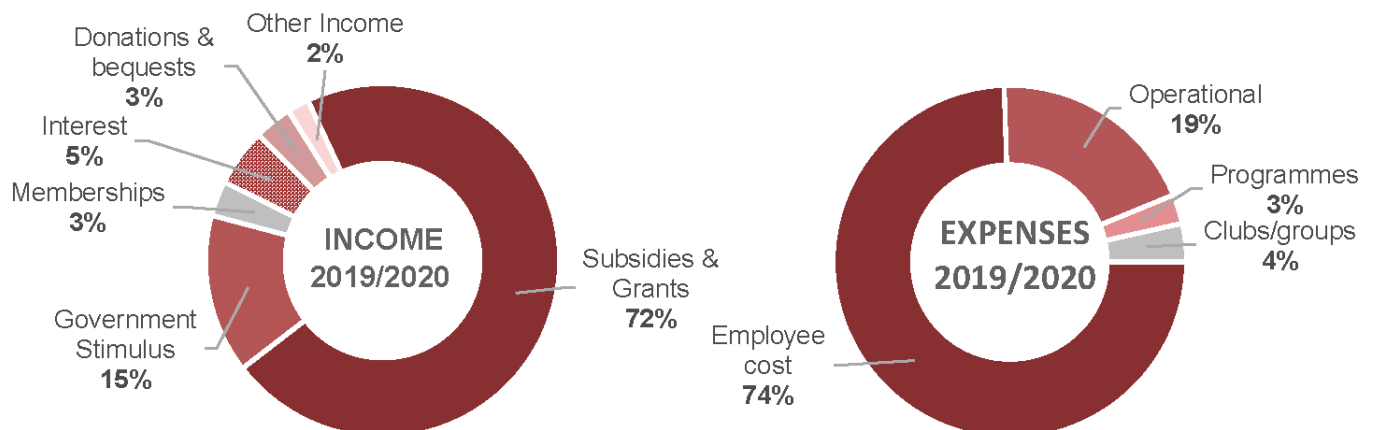
Financial Position

2020/2021 FINANCIAL YEAR



**Net Position
2020/2021
+\$250,076**

2019/2020 FINANCIAL YEAR



**Net Position
2019/2020
-\$67,490**

At the conclusion of 2020/2021, the Association remains in an excellent financial position. The financial overview gives you a compact picture of how monies have been received and expended over the past year and a comparison with the previous financial year.

The information is slightly skewed as this is the first time that we have incorporated the individual Stroke Recovery Club bank accounts as part of the reports, therefore the operating profit of \$250,076 is considerably larger than expected.

The income and expenditure report indicates that there has been a decrease in monies received from memberships and fundraising over the past year, however, there is an increase in all other forms of income. The Association received \$31,755 in bequests over the past financial year, an increase of over 173%, and has been notified of additional bequests in 2021/2022. Due to the current low interest rates, our investments have returned a decreased performance. The overall annual expenditure in 2020/2021 increased due to higher staffing levels.

Staff have worked diligently to source alternative sources of funding and this is reflected in the extension of the grants received from NSW Health and a grant from NDIS for the 2020-2022 period. The Association has benefited substantially from the Federal Government stimulus programmes, resulting in an additional \$81,507 in 2020/2021.

Moving Forward

As we move into the 2021/2022 financial year, we are in a very strong and viable financial position with a total cash reserve of \$1,511,388, an increase of \$294,171 or 24% on last year's position. Please note, this increase incorporates the monies held in Stroke Recovery Club bank accounts (\$204,319, or 70%, of the yearly increase). This is a substantial amount, as this is the first time these monies have been included in our audited statement, as required by the Australian Not-for-Profit and Charities Commission.

Our funding agreement with NSW Health is secured until 2023. However, the funding for our Advocacy and Information Programme (NSW Government) is only guaranteed until 31 December 2021. The new Disability Advocacy Funding Programme was announced in September 2021 and the CEO has submitted a tender application for continued funding, however, the outcome of this is expected to be known in 2022. Staff were successful in securing \$40,000 funding from the NSW Department of Communities and Justice Social Sector Transformation Fund, which will be spent over the next financial year. A further six month extension of the NDIS grant to rollout the Stroke Connectivity Training Project was also granted.

Our retained revenue will be managed carefully to enable the Association to continue to grow and move forward. Some of this cash reserve has been used to employ further administrative support for the Association's office. This is an expense that we will continue to incur in future years.

The Board is acutely aware of the ever-increasing legislative burden on the Association and our Clubs. It is imperative that the Board monitors the spending of monies diligently to ensure that our legal obligations are fulfilled. It is vital that we maintain our status as a charity and strictly comply with the new processes of the Australian Not-for-Profit and Charities Commission. Members can feel assured that financial diligence is a primary concern of the Board. The CEO has now been added as a signatory on 90% of all Club bank accounts and we will be completing that process in the 2021/2022 period.

Thank you

I would again like to express our appreciation to our honorary auditor Vishal Modi from Nexia. A copy of the independent Auditor's Report is included on page 18 of the Annual report. I would also like to acknowledge the extra work undertaken by the financial manager, Cheryl Smith, who has worked diligently to ensure we comply with the requirements of the Australian Not-for-Profit Charities Commission.



Linda Glanfield
Secretary/ Treasurer

Has Stroke impacted your capacity to work?

The financial impact of not being able to work due to Stroke can be significant.

Day-to-day expenses are likely to continue, and you will probably also face additional costs for medical treatments and tests, causing financial worry and stress.

AFRM Claims Advocacy (ACA) has reached out to the Stroke Recovery Association NSW to offer SRA members a free assessment to find out if they are owed payments from their personal insurance. (Although the initial assessment is free, there may be costs associated if you progress with having your claim managed).



Do I qualify?

Has Stroke impacted your ability to work - even if it happened years ago? You might have personal insurance in your superannuation that could possibly owe you an insurance payment. ACA can assist you to check whether you can access this payment to alleviate financial stress. Alternatively, you may choose to explore your personal insurance yourself.

Did you know?

- Personal insurance benefit payments are intended to support you if you are injured or become ill.
- To make it easy for you, ACA can find out if you are owed payments or not, based on your situation.
- You've most likely been paying for your personal insurance via your superannuation fund (e.g. income protection).
- You may be owed insurance payments, whether your injury was recent, or happened many years ago.
- ACA's initial assessment, to find out if you are owed a benefit payment, will cost you nothing.
- Personal insurance can still be paid even if you already receive payments from injury compensation schemes or are a participant in the National Disability Insurance Scheme (NDIS).

The Stroke Recovery Association and ACA have come together to inform our members of this option, and hopefully assist in alleviating some of the financial stress experienced by those who are not able to work or have reduced their working capacity. ACA have assisted hundreds of clients to get an insurance benefit payment, and may be able to assist you too.

To find out if ACA can assist, visit www.afrmclaimsadvocacy.com/strokerecoveryassociation, call 1300 013 328 or email aca@afrm.com.au.

Please note that AFRM Claims Advocacy is a commercial service and there may be costs associated with this service (after the initial free assessment) if you are successful in receiving an insurance payout.

The information in this article may be beneficial to some of our members, however, should be used for information purposes only and is not endorsed by the Stroke Recovery Association. The Stroke Recovery Association NSW is not responsible for any fees incurred by any individual that chooses to utilise the services that AFRM Claims Advocacy provide.



STROKE RECOVERY ASSOCIATION NSW

CONTACT US

Phone: 1300 650 594
Email: info@strokensw.org.au
Postal Address: PO BOX 3401
PUTNEY NSW 2112



StrokeRecoveryAssociation



@StrokeNSW



www.strokensw.org.au



@StrokeNSW

MEMORIAL DONATIONS

The passing of a family member, friend or loved one is a very sad and stressful time. Sometimes, symbolic gestures and actions provide great comfort to those who are grieving.

It is with gratitude that the Stroke Recovery Association receives donations in memoriam. These donations, which assist us to continue our valuable work, are a wonderful remembrance of the person who has passed away.

All donations received by the Association are tax deductible and can be forwarded to our postal address above. Acknowledgement will be sent to the family of the deceased.

The Association is happy to provide memorial donation pamphlets, which can be made available at a funeral service, with pre-paid addressed envelopes. Thank you for your support.

DISCLAIMER AND COPYRIGHT

The views expressed in Stroke Recovery News are not necessarily those of the Stroke Recovery Association nor its Board. No liability or responsibility is accepted by the publisher for any consequences resulting from any action taken based on information or advertisements included herein. All care is taken to ensure the accuracy of the contents, but this cannot be guaranteed and should not be relied upon.

The Publisher of Stroke Recovery News is the Stroke Recovery Association of NSW.

No part of this publication may be reproduced, either in print or any other media, including the internet, without the written authorisation of the Executive Officer of the Stroke Recovery Association. Permission should be sought by writing to PO Box 3401 PUTNEY NSW 2112 or info@strokensw.org.au.

BOARD OF THE ASSOCIATION

President:
John Garbutt

Vice-President:
Judith Thornley

Secretary/Treasurer:
Linda Glanfield

Public Officer:
Michelle Sharkey OAM

Directors:
David Bostock, Pam Short,
Judy Sumner, Professor
Ming (Shih-chang) Wang.

STAFF OF THE ASSOCIATION

Chief Executive Officer:
Michelle Sharkey OAM

**Office & Communications
Manager:**
Rachel Field

Financial Manager:
Cheryl Smith

Administrative Assistant:
Carolyn Armstrong

Stroke Project Officer:
Maria Nguyen