

The Role of Social Work in Acute Stroke Care

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Hospital social workers provide direct services ... aiming to minimise the negative impacts of illness and hospitalisation. ...

To enhance social and emotional functioning through targeted interventions and the mobilisation of services and supports.

Acute Stroke Specific Social Work



RPA Hospital Context

Services: Stroke Unit + Thrombolysis
+ 24/7 Endovascular Clot Retrieval



10 Neuro ICU beds



30 Neuro ward beds



2.5 Neuro Social Workers

+ 1 ED Social Worker + On-Call Service

ED & ICU: The Crisis Context

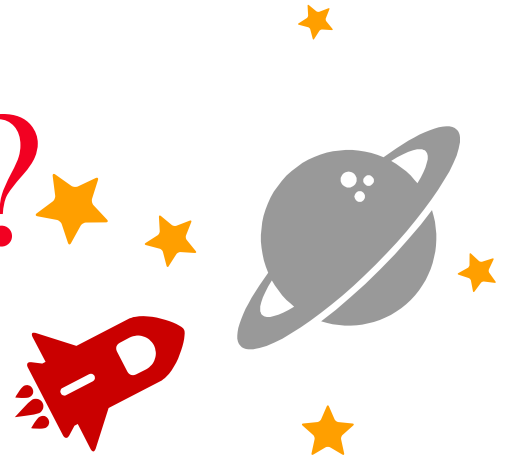
- Crisis intervention support
- Managing shock and hopelessness
- Grief support (incl. anticipatory)
- Helping with understanding medical information
- Managing expectations in a time of uncertainty

Transition to the Ward

- Psychosocial assessments
- Counselling – adjustment, grief, carer
- Education & resourcing
- Case management
- Advocacy & collaboration

What's next?

Rehab vs outpatient vs other follow-up



Emphasis:

Empowerment,
Resourcing & Hope





Social Work in Community Rehabilitation

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Senior Social Worker,
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Community Rehabilitation Service

Home Based Rehabilitation Service

- 6-week multidisciplinary home-based program
- People over 18 yrs. old
- Referral is by hospital staff after a health crisis
- Clients have varying health concerns-stroke, fracture, neurological disorders etc.

Public Outpatient Department

- Referrals may be from HBRS
- GP
- Varying health conditions-stroke, Neurological (MS, Parkinson's Disease etc.)
- Clients attend the outpatient department
- Clients may attend 3-12 months

Community Rehabilitation Service

Transitional Care Package

- 12 week home based rehabilitation program for people over 65 yrs. old
- Referral by hospital staff
- Requires an ACAT assessment
- Royal Rehab provides the therapeutic component of the package which, includes support workers up to a Level 3 Home Care Package
- Clients have varying/multiple health concerns

Source of referral to Social Work

- The multidisciplinary team
- From the original referral source e.g. hospital staff, GP
- Client
- Case Manager from TACP provider
- Automatic referral for clients that had a stroke

Role of Social Work in Rehabilitation

- Clients are seen post discharge from hospital and then 'reality sets'- clients/family/friends realise the impact of health change
- Loss and Grief Theory is useful for understanding the adjustment clients and their families go through-to identity, roles, responsibilities, finances etc.
- Approximately 30% of our clients have had a stroke and 40% of them are under 65 years old.
- **The social work role falls into two basic categories:**

Social Work Role

Supportive Counselling

- Acknowledging the loss of previous life for client and family
- Acknowledging everyone is living with uncertainty about the future
- Making sense of the situation using loss and grief theory-adjusting to a new life/identity and identity may take years
- With client and family members (may be a big focus if client has cognitive impairment)- strength based approach used
- Feelings of anxiety, stress and low mood have an impact on participation in rehabilitation- fluctuation in confidence and motivation by both client and family
- Intimacy/sexuality

Social Work Role

Information/Referral to services

- My Aged Care-referral, processes and services that can be accessed
- National Disability Insurance Scheme
- Finances-Centrelink, Income Protection Insurance
- Client specific services-Parkinson's Association, MS Society,
- Stroke –Stroke Recovery Association, Stroke Foundation, ENABLE ME, peer support
- Counselling-psychology, specific organisations e.g. MS Society, Parkinson's Association, Carer Gateway
- Education-specific to health issue eg stroke prevention, podcasts, online forums

Conclusion

- The social work role at Royal Rehab usually starts when clients first come home and 'reality sets in' about the impact of health crisis.
- Input from social work is short term and needs to keep pace with the client, confirming existing coping skills, reducing isolation and re-establishing connections with loved ones.
- Adjustment to a new identity and a new 'normal' may take years.



The role of Social Work with Stroke Survivors : ▶ Community Based

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Stroke Social Worker

Royal Prince Alfred Hospital

Stroke Outreach Service

- ▶ A home-based rehabilitation team providing therapy services to adult survivors of stroke.

The Stroke Outreach Service's main aims are to:

- Promote maximal independence and improve quality of life through rehabilitation
- Develop client centred goals in conjunction with the stroke survivor and carers/significant other
- Strengthen the multidisciplinary management post discharge from hospital
- Reduce deterioration and crisis readmission
- Provide education & support to stroke survivors & carers/significant other

▶ **Staffing:**

- Physiotherapy
- Speech Pathology
- Occupational Therapy
- Social Work

Social Work - Stroke Outreach Service

- ▶ Referring onto services and resource education: Stroke Recovery Association NSW, Carer Gateway, Mental Health Line
- ▶ Navigating systems: NDIS, My Aged Care, Centrelink, Superannuation
- ▶ Advocacy: Working with clients to ensure that their voices are heard
- ▶ Carer support: Counselling, normalizing experiences and identifying resilience
- ▶ Emotional Support: Adjustment to new identity and roles within personal relationships

Mood Screening

- ▶ Depression¹ and Anxiety² occur frequently following Stroke. Can be detrimental to recovery, impact upon engagement with rehabilitation.
- ▶ Conducted both in-patient and within the community. Research suggests that worsening depressive symptoms can be identified at clinic follow up within 6 months post-stroke⁴
- ▶ Some academic research highlights the need for mood assessments to map the trajectory of psychological distress, instead of being one point in time³.
- ▶ A key aspect of regular mood screening is the exercise of professional judgement - taking into account history, social and formal supports.

¹ Hackett ML, Yapa C, Parag V, Anderson CS. Frequency of depression after stroke: a systematic review of observational studies. *Stroke*. 2005 Jun;36(6):1330-40.

² Campbell Burton CA, Murray J, Holmes J, Astin F, Greenwood D, Knapp P. Frequency of anxiety after stroke: a systematic review and meta-analysis of observational studies. *Int J Stroke*. 2013 Oct;8(7):545-59

³ West R, Hill K, Hewison J, Knapp P, House A. Psychological disorders after stroke are an important influence on functional outcomes: a prospective cohort study. *Stroke*. 2010 Aug;41(8):1723-7.

⁴ Fournier, L.E., Beauchamp, J.E.S., Zhang, X., Bonojo, E., Love, M., Cooksey, G., Hinojosa, E., Okpala, M.N., Savitz, S.I. and Sharrief, A.Z., 2020. Assessment of the progression of Poststroke depression in ischemic stroke patients using the patient health Questionnaire-9. *Journal of Stroke and Cerebrovascular Diseases*, 29(4)

Screening Tools

▶ Hospital Anxiety and Depression Scale (HADS)

- Can be Self Administered
- Multiple Choice
- Only tool to flag Anxiety affectively¹

▶ Patient Health Questionnaire (PHQ-9)

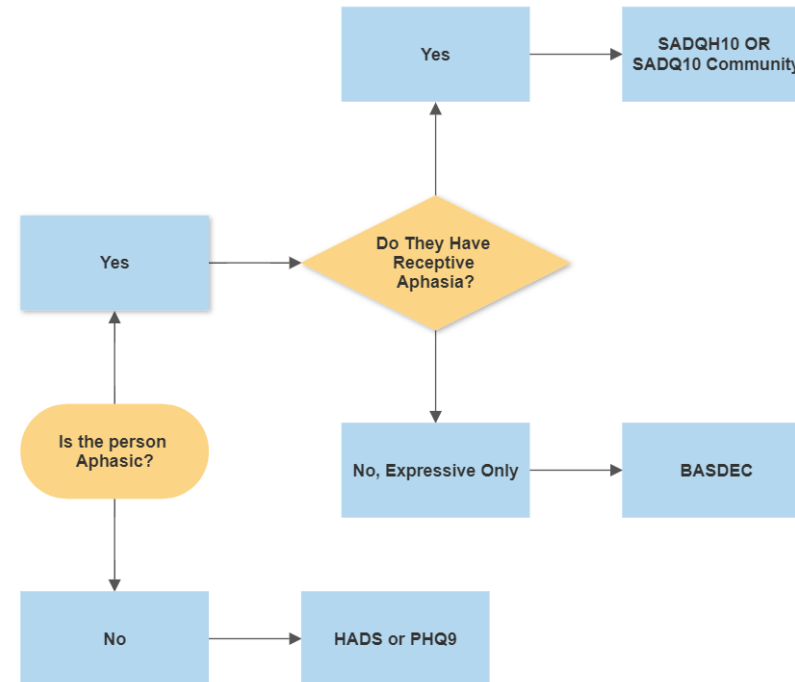
- Can be Self Administered
- Explores suicidality and negative self thoughts
- PHQ-9 scores discriminate equally well between those with and without PSD²

▶ Brief Assessment Schedule Depression Cards (BASDEC)

- Set of cards with screening questions, cards are placed accordingly in 'True' or 'False' pile.

▶ Stroke Aphasic Depression Questionnaire (SADQ)

- Observational
- Draws on impression of carers and family



¹ Burton, L., & Tyson, S. (2015). Screening for mood disorders after stroke: A systematic review of psychometric properties and clinical utility. *Psychological Medicine*, 45(1), 29-49.

²Williams LS, Brizendine EJ, Plue L, Bakas T, Tu W, Hendrie H, Kroenke K. Performance of the PHQ-9 as a screening tool for depression after stroke. *Stroke*. 2005 Mar;36(3):635-8.

Mental Health

What can we offer when significant mood changes occur post-stroke?

- ▶ In an Acute Setting: Psychiatric review and regular support, pharmacological intervention, practical changes
- ▶ In the Community: Crisis helplines, Community Mental Health Services, Stroke Recovery Association Counselling Line, Older Persons Mental Health via Mental Health Line, Private psychology or psychiatry
- ▶ Linking in the with Social Supports: Men's Sheds, Senior Outing Groups, Stroke Clubs and Events, ACON, Culturally Specific Community Groups
- ▶ Carer Support: Carer Gateway