Implementing a mood pathway

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Screening for post-stroke depression

RCP, BPS guidelines that patients are screened (depression rate 30% after stroke)

Then, not being done half the time (RCP, 2007)

Rarely being done in our service
Screening for post-stroke depression

Consulted team on who was interested and established a working group (CP, TCP & OT)

OT’s prepared to introduce it into their routine assessments, as part of their care pathway
Screening for post-stroke depression

- Worked to establish from the literature (Bennet & Lincoln, 2006) what was proven for use and then considered what was practical to use.

- Developed a very specific protocol with the OTs that included what to do with whom as well as where and how to record and present the results (Hart & Morris, 2008).
Screening for post-stroke depression

-Made it clear that patients should be screened within 5-15 days of admission

-Importantly, what to do if someone endorsed an item to indicate suicidal ideas

-What the likely outcomes would be: referral on, watchful waiting, medication…
Screening for post-stroke depression

The Depression Intensity Scale Circles

- Most severe depression
- No depression
Screening for post-stroke depression

- I feel worst at the beginning of the day

- True
- False
SADQ-H10

Please indicate how often in the last week the patient has shown the following behaviours:

Does he/she have weeping spells?

Every day this week (3) On 4 - 6 days this week (2)

On 1-4 days this week (1) Not at all (0)
Does the patient have a communication difficulty?

Yes

Administer the DISCs

Scored 2 or more?

Yes

Administer SADQ H10

6 or more?

Yes

Suicide question from BASDEC

Respond with true?

Yes

Report to nurse in charge

No

Non-depressed range

Staff concerns?

Yes

Score 9 or more on D scale?

Yes

Administer suicide question from BASDEC

Respond with true?

Yes

Report to nurse in charge

No

Depressed range

Non-depressed range

No

Invalid
Screening for post-stroke depression

Initial trial by psychologists

Training programme developed (1 ½ hours)
- Introduction to depression
- Nature of depression in stroke
- Familiarisation with the instruments
- Consideration of suicide
- Case vignettes to check learning
Screening for post-stroke depression

Trial by OT

Audited the implementation

Published the protocol & audit
Screening for post-stroke depression

Audit 2010 (3 years on)

3 months, 13-1 (MD) i.e., 12 admissions

10 (83%) screened

10 (100%) correct tool used

10 (100%) outcome recorded in medical notes

8 (80%) feedback to patients indicated in medical notes

(Kneebone, Stone et al., in press)
Post stroke depression screening

- Re-training, re-familiarising new and rotational staff, to support it as routine
- Doesn’t need a psychologist to implement: Done in Bournemouth on the basis of a 2007 address to an OT conference
Screening for emotional problems after stroke

- Have developed a protocols for use in the community
- These consider anxiety and depression
- Based on similar development work, including user involvement
- Extended to all community therapists and nurses (not just OT)
Screening in the community
(Kneebone, Neffgen et al., in press)

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<thead>
<tr>
<th></th>
<th>Communication un-impaired</th>
<th>Communication impaired</th>
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<tbody>
<tr>
<td><strong>Depression</strong></td>
<td>PHQ-9</td>
<td>SADQ-10</td>
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<tr>
<td><strong>Anxiety</strong></td>
<td>HADS-D</td>
<td>BOA*</td>
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<td></td>
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<td>*unvalidated</td>
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References


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Questions?

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