Published October 2023

Greater Manchester
Neurorehabilitation & Integrated
Stroke Delivery Network

Scoping of Clinical Psychology provision in Greater Manchester community stroke and neurorehabilitation services

1. Context

All 15 Greater Manchester community services that support stroke and/or neurorehabilitation patients completed a scoping questionnaire during September 2023.

2. Service provision

Questions were filtered so that where 15 teams have responded all teams were asked, whereas questions with responses for only 12 teams were only asked of those with a Psychologist.

- 12/15 (80%) teams have a Clinical Psychologist
- Only 1/12 (8%) teams had a Trainee Clinical Psychologist attached to the core team in the past six months, and they were a 2 year trainee
- 9/15 (60%) teams are able to access an Assistant Psychologist as part of the core team
- 12/12 (100%) teams are providing stepped or matched care approach for both psychological and cognitive assessment and interventions
- 8/15 (53%) teams have a pathway to refer to outpatient Clinical Neuropsychology if required
- Limitations in accessing outpatient clinical neuropsychology services including:
    - There would need to be a very clear rationale for why the referral was made there as opposed to completing work in the CSNRT or patient being referred to other relevant psychology/mental health services elsewhere.
    - Stroke excluded. Everyone else has to be under specialist at Salford. Referrals tend not to be accepted if CNRT MDT involvement.
    - Stockport does not have outpatient neuropsychology so we refer to NCA if needed. We can only refer patients to the NEAD clinic or to neuropsychology if the patient does not have any other MDT needs (which is not typical).
    - Limited capacity, operating a waiting list for input
- 6/15 (40%) teams provide group interventions for cognitive rehabilitation and psychological care
- Delivery of group interventions for cognitive rehabilitation and psychological care by professionals varied, with teams citing: Clinical Psychologists, Assistant Clinical Psychologists, OTs and Technical Instructors
- 12/12 (100%) teams provide psychological information and/or interventions to family and carers
- Delivery of psychological information and/or interventions to family and carers also varied: Clinical Psychologists, Assistant Clinical Psychologists or the whole MDT (qualified staff)
- 13/15 (87%) teams are able to access the NHS Talking Therapies (IAPT) or equivalent pathway in the area
- The names of these services included: IAPT, Talking Therapies, Thinking Ahead, Thinking Well, Bolton Primary Care Psychological Therapy Service, Manchester Psychological Therapies and Manchester Self Help
- 7/12 (58%) team's Clinical Psychologist can refer in to Step 3 or 3+ in NHS Talking Therapies for a matched care approach
- 4/15 (27%) teams have an integrated pathway for the team to access Community Mental Health Teams in the area
- 12/12 (100%) team's Clinical Psychologist provide psychological training to the MDT
- 12/12 (100%) team's Clinical Psychologist uses the consultation model

3. Interventions

- 14/15 teams were using in-depth cognitive assessments, the one team that was not did not have a Psychologist
- In the 12 teams with Psychologists, these cognitive assessments were delivered by the wider MDT and also Psychologists.
- In the 3 teams without a Psychologist, only one team provided information on who delivered cognitive assessments and this was OT and SLT

The 12 teams with Psychologists reported delivery of the following interventions:

With a Psychologist	Psychoeducation to service users	Therapy for anxiety (adapted for cognitive problems and aphasia as required)?	Therapy for low mood (adapted for cognitive problems and aphasia as required)	Motivational Interviewing (adapted for cognitive problems and aphasia as required)	Problem-solving therapy (adapted for cognitive problems and aphasia as required)	Psychosocial education groups	Behavioural therapy	Fatigue management	Internal cognitive rehab strategies for memory	External cognitive rehab strategies for memory	Environmental strategies for memory	Errorless learning in rehab	Internal cognitive rehab strategies for attention	External cognitive rehab strategies for attention	Environmental strategies for attention	Time pressure management training	Attention process training	Internal cognitive rehab strategies for executive functioning	External cognitive rehab strategies for executive functioning	Environmental strategies for executive functioning	Self-awareness/insight training	Goal setting training	External cognitive rehab strategies for visual inattention	Environmental strategies for visual inattention	Visual scanning training, sensory stimulation and/or mirror therapy for visual inattention	Vocational rehabilitation	CBT	ACT
% Yes	92	92	92	92	83	33	92	100	100	100	100	92	100	100	100	42	83	100	100	100	92	92	100	100	100	92	83	92
% No	8	8	8	8	17	67	8	0	0	0	0	8	0	0	0	58	17	0	0	0	8	8	0	0	0	8	17	8

With a Psychologist	Mindfulness	Narrative Therapy	Therapy for adjustment/ grief/changes to identity	Therapy for PTSD	Therapy for anger/frustration	Therapy for low self-esteem/self-efficacy/self-compassion	Self-management skills training for functional presentations	Social skills training and help with social engagement/participation	Help with sexual relationships	Help with substance abuse	Help with neuropsychiatric symptoms	Cognitive rehab strategies and speed training for information processing	Assessments and interventions for behaviour that challenges	Capacity assessments and contributing to best interests discussions/meetings	Risk assessments and risk management	Assisting with pain management	Assisting with sleep hygiene
% Yes	100	42	92	42	92	92	83	92	92	17	50	83	75	100	92	92	100
% No	0	58	8	58	8	8	17	8	8	83	50	17	25	0	8	8	0

- 38/45 (84%) of interventions were undertaken by at least 80% of the 12 teams
- Assessments not being undertaken at least 80% of the 12 teams include: Psychosocial education groups, time pressure management training, Narrative Therapy, therapy for PTSD, Help with substance abuse, help with neuropsychiatric symptoms and assessments and interventions for behaviour that challenge

The 3 teams without a Psychologist reported delivery of the following interventions:

Without a Psychologist	Psychoeducation to service users	Therapy for anxiety (adapted for cognitive problems and aphasia as required)	Therapy for low mood (adapted for cognitive problems and aphasia as required)	Motivational Interviewing (adapted for cognitive problems and aphasia as required)	Problem-solving therapy (adapted for [illegible])	Psychosocial education groups	Behavioural therapy	Fatigue management	Internal cognitive rehab strategies for memory	External cognitive rehab strategies for memory	Environmental strategies for memory	Errorless learning in rehab	Internal cognitive rehab strategies for attention	External cognitive rehab strategies for attention	Environmental strategies for attention	Time pressure management training	Attention process training	Internal cognitive rehab strategies for executive functioning	External cognitive rehab strategies for executive functioning	Environmental strategies for executive functioning	Self-awareness/insight training	Goal setting training	External cognitive rehab strategies for visual inattention	Environmental strategies for visual inattention	Vocational rehabilitation
% Yes	33	67	67	100	67	0	33	100	100	100	100	67	100	100	100	0	100	100	100	67	100	100	100	100	67
% No	67	33	33	0	33	100	67	0	0	0	0	33	0	0	0	100	0	0	0	33	0	0	0	0	33

Without a Psychologist	CBT	ACT	CFT	Visual scanning training, sensory stimulation and/or mirror therapy for visual inattention	Mindfulness	Narrative Therapy	Therapy for adjustment/ grief/changes to identity	Therapy for PTSD	Therapy for anger/frustration	Therapy for low self-esteem/self-efficacy/self-compassion	Self-management skills training for functional presentations	Social skills training and help with social engagement/participation	Help with sexual relationships	Help with substance abuse	Help with neuropsychiatric [illegible]	Cognitive rehab strategies and speed training for information	Assessments and interventions for behaviour that challenges	Capacity assessments and contributing to best interests	Risk assessments and risk [illegible]	Assisting with pain management	Assisting with sleep hygiene
% Yes	33	33	0	100	67	0	33	0	33	33	67	67	33	0	33	33	0	67	33	67	100
% No	67	67	100	0	33	100	67	100	67	67	33	33	67	100	67	67	100	33	67	33	0

- Significantly fewer interventions were provided than in teams with a Psychologist
- 16/45 (35%) of interventions were undertaken by 2 out of the 3 teams

The 12 teams with a Psychologist reported the following cognitive assessments in use:

ACE-III	MoCA
BADS	Mount Wilga High Level Language Test
Behaviour Rating Scales (Self and Other)	Nottingham Rehab Stroke Driving Battery
BIT	OCS
BMIPB II	RBANS
Brixton	RBMT-II
Butt Non-verbal Reasoning Test	Rivermead Perceptual Assessment Battery
CAM	Rookwood Driving Assessment
Coin in hand	TEA
D-KEFS	ToMM
Doors and People	ToPF-UK
ECAS	Trail-making Test
FAST	VOSP
FRSBe	WAIS-IV
Hayling	WMS-IV
KBNA	WMT

- The 12 teams with a Psychologist provided other psychologies therapies not listed as: EMDR, Gestalt practices, Psycho-dynamic and Attachment Theory for Formulations to share with patients, family and the team, interventions informed by other therapeutic modalities such as CAT and Schema therapy, work with systems/families
- The team without a Psychologist that provided data on cognitive assessments stated they used: RBANS, Rivermead, Behavioural inattention test and Cognitive assessment of minnnesota
- The 12 teams with a Psychologist provided other cognitive interventions including: Patient education around the hierarchy of cognition using the Braintree model, working at impairment level and on cognitive strategies within function, process training and putting this into practise, visual scanning and road safety work, environmental strategies for neglect, visual workbooks which patients can use for self-management, electronic resources on Constant Therapy, Brainwave R package, Brain Injury workbook, Patient education around the hierarchy of cognition using the Braintree and Working at impairments level and on cognitive strategies within function. Patient-specific Brain injury education. Programs for: Cognitive remediation/Process training (BrainTree/ Brain Injury work book), Teaching/coaching cognitive strategies in function e.g. Visual neglect/hemianopia/insight

4. Groups

All 15 teams were asked about use of groups to deliver interventions

- Only 1 team without a Psychologist offered intervention via a group and only for relaxation
- Teams with Psychologists did offer group therapy but not commonly

With a psychologist	Relaxation	Mindfulness	Cog-comm	Cognitive rehab education and strategies	Adjustment to stroke/neurological condition
% Yes	8	33	25	17	33
% No	92	67	75	83	67

Without a psychologist	Relaxation	Mindfulness	Cog-comm	Cognitive rehab education and strategies	Adjustment to stroke/neurological condition
% Yes	33	0	0	0	0
% No	67	100	100	100	100

5. Training

Only the 12 teams with a Psychologist were asked about training

- The majority provided training across all areas with psychological issues such as mood and anxiety and risks issues provided in 85% of teams
- Other training provided included: Working with high levels of expressed emotion (self and others), the psychology of addiction (one-off), motivational interviewing, end of life conversations and care and values based goal setting and contextual/practical issues of driving issues, emotion (Self and others). Systemic/environmental approaches for depression, conducting Mental Capacity Assessments: A Practical Guide with Patient case studies

	Psychological issues such as mood and anxiety	Cognition	Behaviour that challenges	Mental capacity	Risk issues
% Yes	85	69	69	69	92
% No	15	31	31	31	8

6. Screening tools

In the 12 teams with a Psychologist:

- GAD-7 was commonest tool for anxiety
- PHQ-9 was the commonest for depression
- MoCA was the commonest for cognition and used by all teams

A summary of this data for all teams is:

Screening tools for anxiety	Who administers?
GAD EQ5DL GAD7 PHQ9	All MDT

	Screening tools for depression	Who administers?	Screening tools for cognition	Who administers?
Team 1	PHQ 9	All MDT	RBANS MoCA ACE III	OTs
Team 2	PHQ 9	All MDT	MOCA, Addenbrookes, CAM, Oxford cognitive screen, Comprehensive Aphasia test (CAT), LOTCA and ECAS	Psychologist, OT, SLT
Team 3	PHQ 9	All MDT	MOCA, Addenbrookes, CAM, Oxford Cog Screen, CAT, LOCTA, ECAS	OT
Team 4	HADS	Nurse PT OT	AMT CDT MOCA OCS	OT Nurse Clinical Psychologist
Team 5	PHQ-9 BDI-FS	PHQ-9 - All MDT members at initial assessment BDI-FS - Mainly Asst. Psych and Clinical Neuropsychologist	MoCA RBANS with self report questionnaire	MoCA - PD specialist Nurse Clinic/ Physios RBans - MS pathway with self report questionnaire - mTBI Pathway with self report questionnaire Administered by OTs, asst Psych. and trained therapy Assistants
Team 6	PHQ-4 PHQ-9 EQD-5L	All MDT	MOCA OCS RBANS	OT Assistant Psychologist
Team 7	PHQ		MOCA, OX	

Team 8	PHQ-2 PHQ-9 CORE-10 HADS	All MDT	OCS MoCA ACE-III ECAS	assistant psychologist trainee psychologist OT (mostly) clinical psychologist/neuropsychologist
Team 9	PHQ-9	All MDT	MOCA, Addenbrookes, CAM, Oxford cognitive screen, Comprehensive Aphasia test (CAT), LOTCA and ECAS	OTs and clinical psychologists and SLT (CAT)
Team 10	PHQ-9	All of the qualified team	MOCA ACE OCS Trail making	Generally OT and Psychology, but therapy assistants have been trained in administering the MoCA.
Team 11	PHQ 9 DISCs	Psychologist/ TI's / OT's	MOCA ACE III	Psychologist/ OT's /TI's
Team 12	PHQ 9	All MDT	MOCA, ACE III,	OT, Nursing, Psychology

In the 3 teams without a Psychologist:

- GAD was commonest tool for anxiety
- PHQ tools were the commonest for depression
- MoCA was the commonest for cognition and used by all teams

A summary of this data for all 3 teams is:

Screening tools for anxiety	**Who administers?**	**Screening tools for depression**	**Who administers?**	**Screening tools for cognition**	**Who administers?**
GAD EQ5DL GAD7 PHQ9	All MDT	EQ5D PHQ PHQ4 PHQ9	All MDT	ACE MoCA RBANS Rookwood OX ACE Doors and People	MoCA - all MDT RBANS, Rookwood, doors and people – OT