

Mood assessment and management practices in Australian rehabilitation services: have these improved over time?

National Stroke Audit - Rehabilitation Services

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Background

- ~1 in 3 people with stroke experience **depression** (Hackett 2014).
- The National Guidelines recommend that all those with suspected altered mood be **assessed** (Clinical Guidelines for Stroke Management 2017).
- Mood has been a focus of the audit over many years, given the high prevalence of altered mood

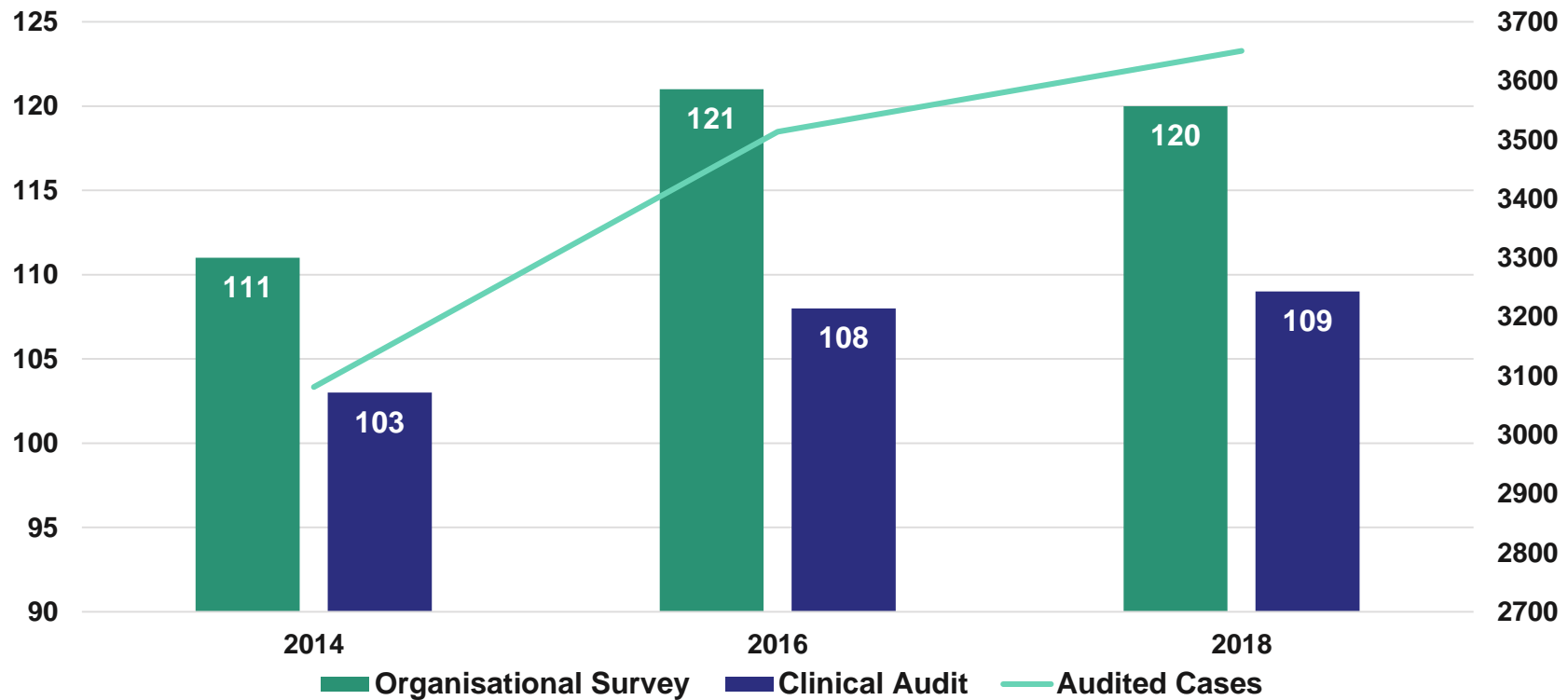
Aim

- To describe change in processes related to mood assessment and management in Australian rehabilitation hospitals from 2014 to 2018

Method

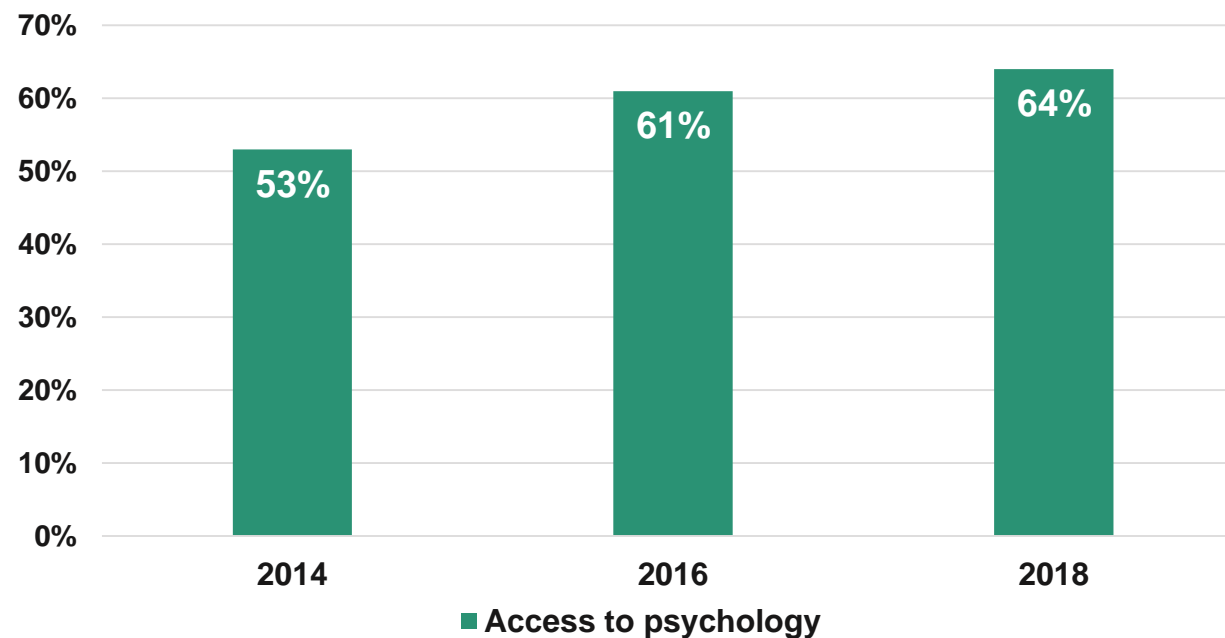
- National Stroke Audit Rehabilitation Services 2014, 2016, 2018:
 - Organisational survey
 - Clinical audit data
- Descriptive statistics and mixed-effects logistic regression including patient factors, hospital location and admission numbers were used to assess changes in assessment and management practices over time

Results – rehabilitation service participation



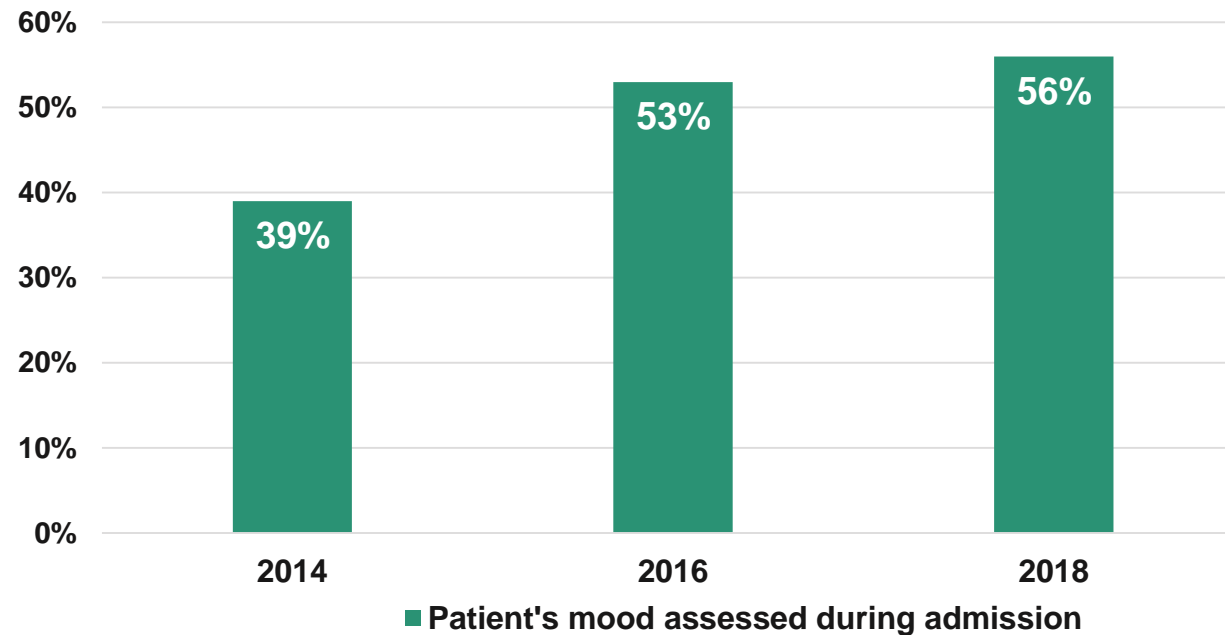
Results - Organisational Survey: hospital access to psychological services

- Access to clinical or neuropsychology **improved** from 2014 to 2018 (OR 1.53, 95%CI 1.29, 1.80)



Results - Clinical Audit: mood assessed during admission

- Mood assessment **improved** from 2014 to 2018 (OR 1.25, 95%CI 1.21, 1.28)

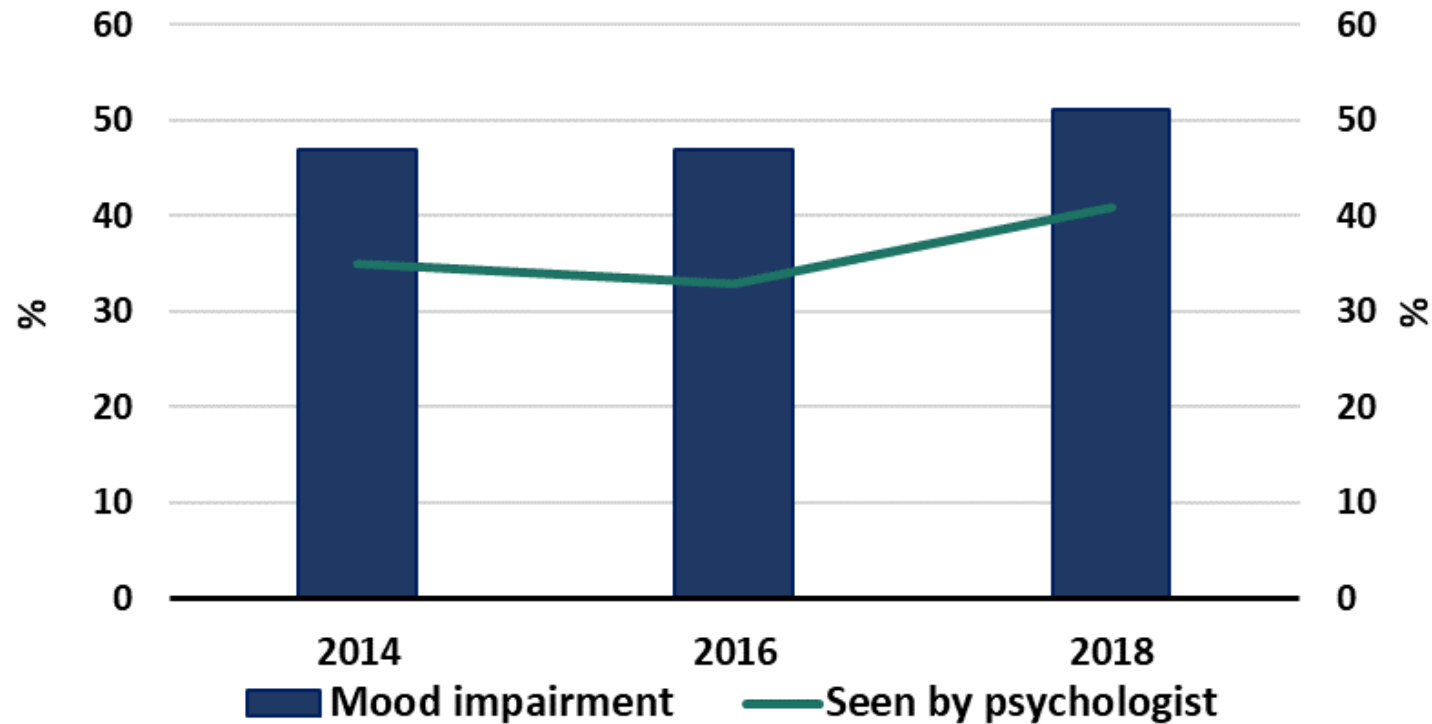


Results – association between staff and mood assessment

- Access to psychology staff **improved** the odds of **receiving a mood assessment** overall (OR 1.36, 95%CI 1.14, 1.62)*

*taking into account other aspects such as stroke severity, location and admission numbers

Results - seen by psychologist if mood impairment



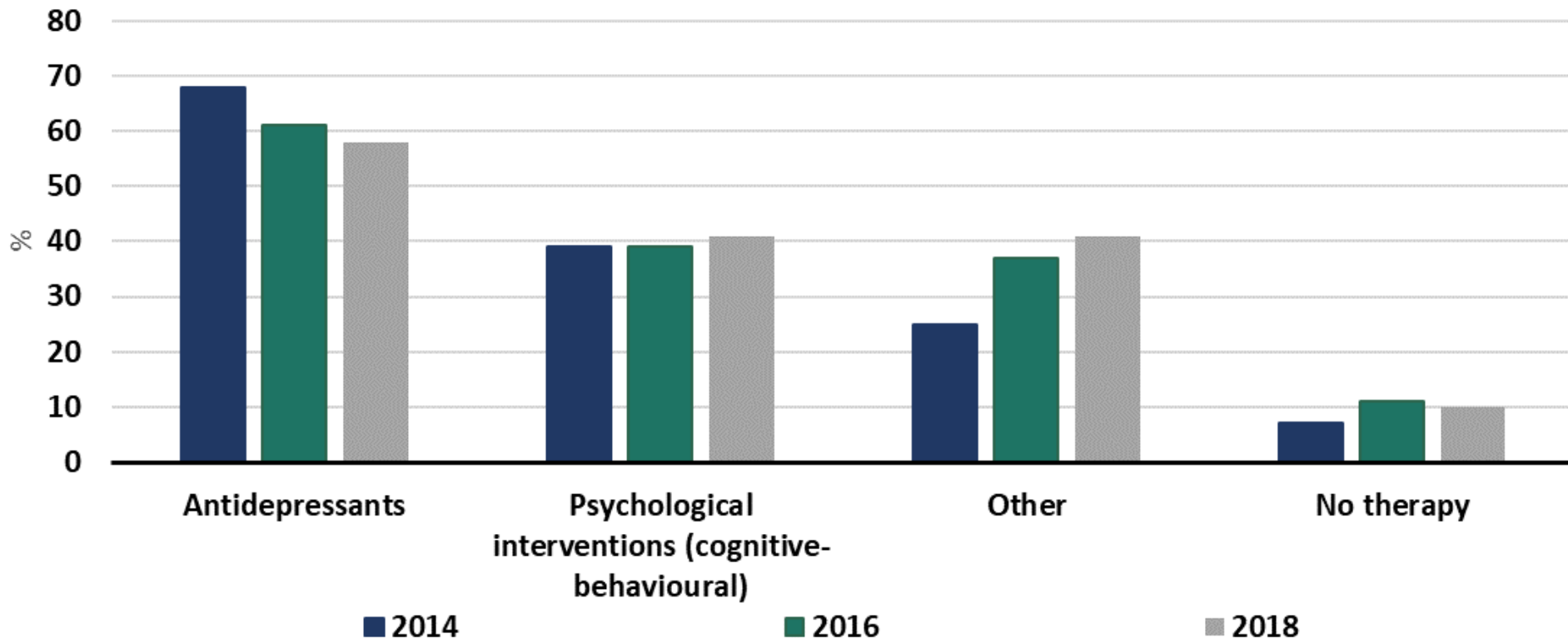
Results – access to psychologist

- The previous slide also highlights that **approx 60% of patients** are **not** seeing a **psychologist** even though they had a documented mood impairment

BUT...

- The **odds of being seen by a psychologist** were better for patient's with an impairment that had received a mood assessment and this **increased** over the audits (OR 1.66, 95% CI 1.38, 2.00)

Results - other management options if mood impairment*



*more than 1 option could be chosen

Strengths and limitations

Strengths

- Large sample with representation from metropolitan and rural hospitals in all states of Australia
- Standardised data collection tool and data definitions

Limitations

- Audit cohort may not be representative of all cases
- Potential for reporting bias

Conclusion

- Mood assessment and access to psychology staff **increased** over time
- **Gap in care: almost 3 in 5 patients** with a mood impairment (60%) were **not** seen by a psychologist
- Need **continued focus** on processes and initiatives to improve psychological management

Acknowledgements

Hospitals participating in the National Stroke Audit and
clinicians who contributed to data collection

National Stroke Audit

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Download the report from: informme.org.au/stroke-data

