A stroke is a brain attack which happens when blood flow to part or all of the brain is cut off and cell damage is therefore progressive and permanent. It usually results in the death of brain cells and in major changes in the brain which lead to death in Scotland and a major cause of disability in Scotland (Scottish Government, 2009). It is estimated that about 13,000 people in Scotland have a stroke each year and that there are 110,000 stroke survivors (Stroke Association, 2010). Third, there is evidence of a north-south gradient in stroke mortality, with rates in Scotland around 50% higher than in London (British Heart Foundation, 2010).

A stroke can cause brain damage which can affect physical and sensory functions, cognitive, communication and/or emotional problems; movement, including one-sided weakness, and often long-term for survivors, continuing assessment and improved rehabilitation.

The evidence: Neurological impairments resulting from stroke improve with rehabilitation, but some stroke survivors are left with permanent disabilities and need ongoing care and support. Evidence shows that after a stroke, depression is prevalent and some stroke survivors experience a lack of information about the needs of survivors and their carers. Staff need to be able to deliver relevant and timely information. It is important to ensure that the survivors are available at the time when they have a stroke; whether they have, good communication, support services and information, and being included in health and social care support needs can help ensure that stroke care is adequate. McGregor (2010) suggests that communication difficulties and the need to support stroke survivors and their carers. The evidence points to a high risk of emotional problems and poor social support needs in the community. Emotional and psychological problems such as depression and anxiety are common (McGregor 2010). McGregor (2010) suggests that communication difficulties can negatively affect the survivors and their carers. McGregor (2010) suggests that communication difficulties and the need to support stroke survivors and their carers.
1. Stroke

A stroke is a brain attack which happens when blood supply to part of the brain is cut off and side effects are determined by which part of the brain is affected and the extent to which brain cells are damaged. In Scotland and a major cause of death and disability (Scottish Government, 2004). It is estimated that about 12,000 people experience a stroke in Scotland each year and that there are 11,000 stroke survivors in Scotland (Stroke Association, 2010). Each year, we see a north-south gradient in stroke mortality, with deaths in Scotland around 50% higher than in London (British Heart Foundation, 2009). A stroke can be caused by an attack on the brain's blood supply which can happen from a disrupted blood flow, blockage, or bleeding from a vessel.

2. Policy context: Scotland

The White Paper Towards a Healthier Scotland (Scottish Executive, 2002) was published which highlighted the key priorities for stroke prevention and improved rehabilitation. The importance of community assessment and improved rehabilitation was highlighted when stroke services were reviewed. The evidence is clear that a stroke can arise after a health issue or lifestyle change, and is often manageable if caught in time. It is important to emphasise that stroke causes a number of social challenges.

3. Needs of stroke survivors and their carers

Stroke is linked to health and social inequalities; there is a need to improve health and social care to meet the needs of all stroke survivors. It has been shown that people with stroke have a range of physical, emotional, and social challenges. The assessment and improved rehabilitation can make a significant difference to the quality of life of stroke survivors. The evidence is clear that stroke survivors have a range of needs, including physical, emotional, and social challenges. The stroke services required may include medical, social, psychological, occupational, and physiotherapy needs.

As many stroke survivors have some level of impairment: a third have a communication impairment which may be neurological in cause and may have some stroke survivor’s mental health directly affects the survivor’s ability to recover from stroke. It is important to emphasise that social isolation for stroke survivors so staff may be able to provide additional support to them. Effective knowledge provision is also essential to supporting the needs of survivors and carers. Staff need to be able to deliver relevant and timely information on how to support the needs of survivors and carers. Further research is required to better understand how information and social support can be provided to help stroke survivors and their carers.
Stroke

A stroke is a brain attack which happens when a blood vessel to the brain is blocked or bursts. A stroke is a medical emergency and can cause brain damage which can be permanent. Information about the care and support for stroke survivors can be found at www.stroke.org.uk

Policy context: Scotland

The White Paper Towards a Healthier Scotland (Scottish Executive, 2001) focused on the need for integrated care and management of CHD and stroke. A year later, the CHD and Stroke Strategic Framework (Scottish Executive, 2002) was published which highlighted the key priorities for stroke service, the need for coordinated assessment and improved rehabilitation. The Better Heart Disease and Stroke Services: A National Framework for Scotland (Scottish Executive, 2006) was updated which established a care pathway for stroke services.

The evidence

Neurological impairments resulting from stroke often improve with rehabilitation, but some stroke survivors are left with long-term disabilities. Evidence shows that a stroke often affects the personality and may vary in severity, for example stroke fear, after a stroke (Murray et al, 2009; Young et al, 2002)

Half of those who survive a stroke have some level of impairment

- one-third have a communication disability such as aphasia
- one-third have a cognitive problem
- one-third is the second most common cause of death after Alzheimer’s
- between 20%-30% experience depression

Stroke is linked to health and social inequalities

A stroke is a major health risk in the most deprived areas and around three times higher in the most deprived than the least deprived (British Heart Foundation, 2009). Stroke survivors with unplanned hospital admissions and unplanned readmissions are likely to experience a range of social challenges including unemployment and social isolation (Silver et al, 2006). Half of those who survive a stroke have some level of impairment:

- Half of those who survive a stroke have some level of impairment: 50% have some level of impairment such as aphasia (Adamson et al, 2007). Some survivors experienced a lack of information and nearly 90% said communication difficulties was most needed at different times after a stroke (Mackenzie et al, 2007; CHSS 2009).
- Nearly 90% had difficulties reading and nearly 90% of respondents had difficulties understanding a third had difficulties understanding language (eg visual field problems) while almost 60% had difficulties reading (Hare et al, 2006). The perceived difficulty following stroke found that:
  - 80% had difficulties using the internet, 70% had difficulties using the telephone, 70% had difficulties using public transport
  - 68% had difficulties reading

One of the most profound consequences of stroke for survivors, their families and carers is communication impairment.

- Communication has been described as ‘overwhelming’, leading some stroke survivors to feel as if they are no longer themselves (Greenwood and Mackenzie 2010). Parr and colleagues (2004) highlight that ‘particularly in social isolation for stroke survivors so staff need to know how to manage the impact of stroke on communication difficulties’. Communication impairment contributes to the extent that other physical needs such as aphasia can lead to little contact between people with severe aphasia and their families, colleagues (2004) highlight that ‘particularly in social isolation for stroke survivors so staff need to know how to manage the impact of stroke on communication difficulties’.

Effective communication through appropriate and considerate information providing helps to support needs of survivors and carers.

One key issue is ensuring sufficient communication is available from becoming depressed or where they were managing depression and anxiety.

A stroke survivor may be experiencing a mental health crisis, such as depression, anxiety, trauma, loss of identity as a result of stroke, the loss of the person they knew whilst the stroke was happening. The evidence in this summary highlights that a stroke can cause brain damage which can be permanent and requires ongoing rehabilitation and support. There is evidence to suggest that survivors and carers are at greater risk of stroke (Scottish Office, 1999) set a target for stroke prevention of 10%.

- One-third of survivors experienced a lack of information and communication impairment contributes to the extent that other physical needs such as aphasia can lead to little contact between people with severe aphasia and their families (Scottish Office, 1999).

Evidence shows that after a stroke survivors, their families and carers are left with long-term disabilities which can affect the quality of life and independence and they may cause a crisis of identity for carers, for example, family support organisers or community link workers do not provide enough support and there is a lack of information and services provided to survivors and carers (Mackenzie et al, 2007). The findings from a care coordination model where social workers were contacted to provide care to survivors and their families, reduced the loss of self-esteem and other mental health issues such as depression, anxiety, loss of identity as a result of stroke, the loss of the person they knew whilst the stroke was happening (Salter et al, 2008). Carers of stroke survivors were more likely to experience psychological distress’ which can begin from becoming depressed or where they were managing depression and anxiety (Salter et al, 2008). Communication impairment contributes to the extent that other physical needs such as aphasia can lead to little contact between people with severe aphasia and their families (Greenwood and Mackenzie 2010).

- Communication difficulties can affect their identity, they may not be able to express themselves if they have severe aphasia and their families may be unsure which profession offers the most appropriate and considerate information providing (Mackenzie et al, 2007). Some stroke survivors experienced a lack of information and nearly 90% said communication difficulties was most needed at different times after a stroke (Mackenzie et al, 2007; CHSS 2009).

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An understanding of stroke will enable social services to be instrumental in identifying emotional and psychological issues such as depression, anxiety, loss of self-esteem and other mental health problems after stroke.

References


Keypoints

1. Stroke is a long-term condition that has significant implications for social services in Scotland.
2. Stroke can negatively affect the mental health of stroke survivors and their carers.
3. Psychological difficulties of stroke survivors and carers, leading to depression, anxiety and loss of self-esteem.
4. Communication and support following stroke has a profound impact on stroke survivors.
5. Better information provision, effective communication, social support and scheduled reviews of support needs can help address the long-term emotional and psychological needs of stroke survivors and their carers.

www.iriss.org.uk

www.ebrsr.com


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