



strokefoundation

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National Mental Health Commission
Review of Mental Health Services and Programmes
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Dear National Mental Health Commission

Re: Review of Mental Health Services and Programmes

Thank you for the opportunity to provide this submission to your Review of Mental Health Services and Programmes. The National Stroke Foundation provides the following comments to the Review to highlight the growing need for mental health and emotional support services in the community for those affected by stroke. The needs of this community are not being met by the current system but could be addressed with appropriate community outreach and better availability of services for this growing population.

There are 420,000 people living in Australia after a stroke. Two-thirds of these people sustained a disability that impeded their ability to carry out activities of daily living unassisted. This population is projected to grow to 709,000 people living with the affects of stroke by 2032.¹ In addition to the significant physical disability commonly experienced, mood is also frequently affected following a stroke. Depression is the most common mood disturbance with approximately one-third of patients experiencing depression after stroke.² Anxiety, emotional ability and personality and behavioural changes (e.g. irritability, aggression, apathy, emotional ability) are also common after stroke and can lead to significant impediments to community participation and reintegration.^{3 4 5 6} Such changes also pose difficulties to carer burden and stress.^{7 8}

¹ Deloitte Access Economics, The economic impact of stroke in Australia, National Stroke Foundation 2013. <http://strokefoundation.com.au/site/media/Final-Deloitte-Stroke-Report-14-Mar-13.pdf>

² Hackett ML, Yappa C, Parang V, Anderson CS. Frequency of depression after stroke; A systematic review of observational studies. *Stroke*. 2005;36(6):1330-40.

³ Kelly G, Brown S, Todd J, Kremer P. Challenging behavior profiles of people with acquired brain injury living in community settings. *Brain injury*. 2008; 22(6):457-70.

⁴ Murray J, Young J, Forster A. Review of longer-term problems after a disabling stroke. *Reviews in Clinical Gerontology*. 2007; 17 277-92.

⁵ Hochstenback J, Prigatano G, Mulder T. Patients' and relatives' reports of disturbances nine months after stroke: subjective changes in physical functioning, cognition, emotion and behaviour. *Arch Phys Med Rehabil*. 2005;86:87-93.

⁶ Stone J, Townend E, Kwan J, Dennis MS, Sharpe M. Personality change after stroke: some preliminary observations. *J Neurol Neurosurg Psychiatry* 2004;75: 1708-13.

⁷ Murray J, Young J, Forster A. Review of longer-term problems after a disabling stroke. *Reviews in Clinical Gerontology*. 2007; 17 277-92.

⁸ Stone J, Townend E, Kwan J, Dennis MS, Sharpe M. Personality change after stroke: some preliminary observations. *J Neurol Neurosurg Psychiatry* 2004;75: 1708-13.

While some stroke survivors with mood disorders may recover spontaneously over a few months, others may have problems that persist despite active interventions.⁹

Studies that have compared pharmacological agents or psychological therapy versus placebo or standard care for the prevention of depression following a stroke show small positive benefits of psychological strategies and supports the use of more structured approaches to the delivery of education and advice targeting emotional recovery and adjustment to the effects of stroke.¹⁰ Survivors report that emotional and psychological support, with or without a formal diagnosis of depression or mood disorder, is critical for their ongoing recovery and adjustment to life after stroke.

The National Stroke Foundation's 2013 survey of 1000 stroke survivors and carers across Australia, who have been living in the community for at least a year after their stroke, revealed that 59% had emotional needs that weren't being met.¹¹ Data in the National Stroke Audit (Acute and Rehabilitation reports) indicate that these issues are present in the hospital setting and are not being addressed. For example, those who have an identifiable mood disorder were not always receiving psychological assessments during their time in hospital (only 6%) and upon leaving hospital; only 31% of stroke survivors were offered formal counseling.¹²)

While stroke survivors and carers may access some services currently available in the community their specific needs provide barriers to accessing services. Potential barriers to stroke survivors accessing mental health services for the general public include cognitive and language barriers, and age appropriateness of programmes as the bulk of stroke survivors are aged 55 to 90 years of age.

Early detection of the needs of stroke survivors and carers through adequate hospital discharge planning and follow-up for all stroke survivors in the community would make significant in-roads to addressing the needs of this growing population in the community. Such support would also reduce the need for more intensive service provision for those who deteriorate after months in the community without support or the structures to seek it.

The National Stroke Foundation continues to work with survivors and carers to better understand their psychological and emotional support needs and what service changes would be required to better meet their needs. To this end we recently conducted a forum with survivors and carers as well as relevant community organisations.

We would welcome an opportunity to continue communicating the outcomes of this process with the Mental Health Commission as we build further understanding.

Yours sincerely,



Dr Erin Lalor
CEO

⁹ Hackett ML, Yappa C, Parang V, Anderson CS. Frequency of depression after stroke; A systematic review of observational studies. *Stroke*. 2005;36(6):1330-40.

¹⁰ Hackett ML, Anderson CS, House A, Halteh C. Interventions for preventing depression after stroke. *Cochrane Database Syst Rev*. 2008. Issue 3. CD003689.

¹¹ National Stroke Foundation. 2013. The needs of stroke survivors in Australia. National Stroke Foundation (unpublished)

¹² National Stroke Foundation. Acute Audit, Organisational survey, Rehab Audit 2009-2013.

