

## Psychosocial Strategy for People with Spinal Cord Injury

### UPDATE – May 2010

The Steering Group for the NSW SSCIS Psychosocial Strategy met on the 27<sup>th</sup> April 2010 to review progress and felt that it was timely to provide an update for related units and organisations on what we have been doing.

#### The Psychosocial Strategy includes a number of activities:

1. Development of the ***Guide for Health Professionals on the Psychosocial Care of People with Spinal Cord Injury*** and the ***Directory of Information and Support***
2. Training on psychosocial issues in spinal cord injury
3. Research project '***Psychosocial aspects of spinal cord injury (SCI) rehabilitation: Best practice assessment and intervention***'

#### UPDATE – Progress on Psychosocial Strategy activities

##### 1. ***Guide and Directory***

The ***Guide*** and ***Directory*** were launched by Her Excellency Professor Marie Bashir AC CVO, The Governor of NSW on the 8<sup>th</sup> October 2009. Both these resources are available on the SSCIS website:

[www.health.nsw.gov.au/gmct/spinal/resources.asp](http://www.health.nsw.gov.au/gmct/spinal/resources.asp)

Feedback on the ***Guide*** and updates on the services listed in the ***Directory*** can be sent to Frances Monypenny (Manager, SSCIS) on [fmonypenny@nscchhs.health.nsw.gov.au](mailto:fmonypenny@nscchhs.health.nsw.gov.au)

##### 2. ***Training on psychosocial issues in spinal cord injury***

The Learning and Development Working Party, led by Komal Adarkar and with representatives from the spinal cord injury units, Spinal Cord Injuries Australia and ParaQuad NSW, have been working on resources to support the developments of the psychosocial strategy.

**Orientation to the psychosocial strategy:** The first of these is an orientation package on the psychosocial strategy which will be disseminated to all relevant units and organisations to be delivered as part of internal training activities. We have had two trial runs of the package, and have recently completed modifications and hope to start the roll out shortly.

**Using brief clinical assessment tools:** The second is a package to support the use of the brief clinical assessment tools being introduced as part of the research project outlined below. They will include measures of mood, drug and alcohol use and other relevant psychosocial issues. This will include an easy to use package of the assessment tools, and information about how to use the tools and what to do with the results of the assessment. It will be accompanied by a training package to help staff familiarise themselves with the tools.

##### 3. ***Psychosocial aspects of spinal cord injury (SCI) rehabilitation: Best practice assessment and intervention – Research project update***

Three years of funding was granted by the Lifetime Care and Support Authority for this project in late 2008. The aims of this project are, firstly, to develop and pilot a standardised psychosocial assessment schedule that can be used to monitor progress, set goals and detect psychosocial risks in people with SCI; and secondly, to assess the

efficacy of a multilayered psychosocial cognitive behavioural therapy self-management rehabilitation package to be run as a service program during inpatient rehabilitation in the SCI units in Sydney.

Progress to date includes development completion of the psychosocial assessment regimen for determining outcomes for people with SCI who are in the rehabilitation phase. The research team has now commenced conducting the comprehensive assessment in the SCI Units at the Royal Rehabilitation Centre Sydney, Royal North Shore Hospital and the Prince of Wales Hospital. The best practice assessment research will be conducted over the next 12 months with completion scheduled for March 2011. Specific information about recruitment in each unit is being circulated after discussion with the unit management team.

### **What does the study involve?**

a) **Assessment component:** The aim is to develop a psychosocial assessment suite to complement the existing physical measures that are used in the NSW SCI dataset. The study will use a comprehensive assessment package at different time points over the 18 months following injury, and we will then identify which measures were most useful in monitoring progress and identifying those at risk of poor outcomes. These measures will then be adopted as part of the NSW SCI dataset.

In addition, we know that clinical staff is often faced with situations where there are psychosocial issues that require immediate assessment in order to develop an effective management plan. We will, therefore, also be testing a number of brief screening measures for use by clinical staff whenever they detect a psychosocial issue about which they wish to gather more information before deciding whether referral to specialist practitioners or services is required. All of these will be evaluated to see which are most effective in helping detect problems that require specialist assessment or intervention. You can read more about this in the section about our training developments below.

b) **Intervention component:** This will be conducted over a one year period (beginning March 2011). Participants will be matched to more or less intensive intervention depending on their profile on the assessment measures – for example, those with previous mental health problems are likely to be more vulnerable following a SCI and so will be offered more intensive interventions. The aim is to assess whether this matching process aids rehabilitation.

### **How will the outcomes of this study benefit staff?**

- A more efficient method of monitoring and detecting SCI patients' adjustment.
- Assistance in treatment planning for patients.
- More efficient risk assessment of patient's mental health.
- Improved mental and behavioural adjustment of SCI patients.
- Improved relationships with patients, particularly those suffering from mental disorders.
- Clearer process of managing patient behavior that may be of concern.
- Ensuring that the required services are directed to the patients in need.

### **What will be the benefits to patients?**

- Overall better outcomes to patients and their families.
- Early detection and subsequent treatment of psychosocial issues.
- Greater understanding and improved relationships with staff.
- More efficient support for psychosocial issues.

### **How do I find out more about the research project or the Psychosocial Strategy?**

The study is being run by Associate Professor James Middleton, Professor Ashley Craig, Dr Kathryn Nicholson Perry and Belinda Nixon. The team can be contacted via Belinda Nixon on 9809 9040 and

[bnixon@med.usyd.edu.au](mailto:bnixon@med.usyd.edu.au)

If you have any queries or feedback about the work of the Psychosocial Strategy Steering Group please contact Kathryn Nicholson Perry, Project Officer ([k.nicholsonperry@uws.edu.au](mailto:k.nicholsonperry@uws.edu.au)) or Frances Monypenny, Manager ([fmonypenny@nscchahs.health.nsw.gov.au](mailto:fmonypenny@nscchahs.health.nsw.gov.au)).