

15 January 2019



Ms Sanchia Nigli  
Coroner's Registrar  
Coroners Court of Victoria  
65 Kavanagh Street  
Southbank VIC 3006  
Email sent to: [cpuresponses@coronerscourt.vic.gov.au](mailto:cpuresponses@coronerscourt.vic.gov.au)

Registered Charity  
ABN 42 006 173 379  
Level 7, 461 Bourke Street  
Melbourne VIC 3000  
Telephone 03 9670 1000  
StrokeLine 1800 STROKE (1800 787 653)  
[strokefoundation.org.au](http://strokefoundation.org.au)

Dear Ms Nigli

**Re: Coroner's finding into the death with inquest of Yvonne Vizard - COR 2015 004178**

The Stroke Foundation was pleased to assist the Coroners Court of Victoria with regard to the inquest into the death of Yvonne Vizard, through the participation of Professor Ian Kneebone (a member of Stroke Foundation's Research Advisory Committee) as an expert witness.

The Stroke Foundation has reviewed Coroner Caitlin English's finding into the death with inquest of Yvonne Vizard, and **the Coroner's recommendations are under consideration**. The process by which the recommended interventions will be considered, and the timeframes for a decision about the recommended interventions, are outlined in Attachment 1.

The Stroke Foundation is a national charity that relies largely on philanthropic support from the community to carry out its mission, and support stroke survivors on their journey to live the best possible life after stroke.

The Stroke Foundation acknowledges the Coroner's recommendations in relation to the inquest into the death of Yvonne Vizard. We continue to advocate strongly for initiatives to prevent, treat and beat stroke; however, ultimately it is the role of governments and healthcare providers to improve the quality of care provided, address system-wide issues, and ensure all stroke survivors receive the world-class care they deserve. As such, the Stroke Foundation suggests that the Coroner add a further recommendation for Government to implement initiatives aimed at improving the translation of clinical guidelines into practice.

I provide this response as Chair of the Stroke Foundation Clinical Council; however, the contact person responsible for consideration of the recommendations is **Stroke Foundation Chief Executive Officer Ms Sharon McGowan**, who can be contacted at [smcgowan@strokefoundation.org.au](mailto:smcgowan@strokefoundation.org.au) or 03 9670 1000.

Yours sincerely,

A handwritten signature in blue ink that reads "Bruce C.V. Campbell".

Professor Bruce Campbell  
**Chair, Stroke Foundation Clinical Council**

## ATTACHMENT 1

### ***Mood disturbance following stroke***

The impact of stroke extends well beyond the physical. Mood changes such as depression frequently occur following a stroke. Anxiety, and emotional, personality and behavioural changes are also common, and can cause problems with community participation as well as in relationships with family members and carers.

In 2007, Stroke Foundation began the National Stroke Audit, designed to measure adherence to best practice recommendations outlined in the *Clinical Guidelines for Stroke Management* and *National Stroke Services Frameworks*, and drive quality improvement in stroke treatment and care.

For a number of years, Stroke Foundation has been utilising Audit results as a tool to advocate for improved assessment for mood disorders following a stroke. Between 2012 and 2018, the proportion of patients undergoing assessment for mood disorders rose from 34 to 56 percent. In addition, the stroke clinical networks in three states (Victoria, New South Wales and Queensland) now have specific quality improvement projects focused on optimising mood screening, assessment, and intervention for stroke patients.

Despite these advances, more work needs to be done to address the psychological needs of stroke survivors. The 2018 National Stroke Audit Rehabilitation Services Report showed that while approximately 50 percent of patients had some degree of mood impairment, one third of services reported no access to clinical psychologists or neuropsychologists in rehabilitation units. One of the key recommendations of the Report was for governments and healthcare providers participating in the Audit to *'Ensure the psychological wellbeing of all patients is assessed and appropriate support is provided, recognising stroke recovery extends beyond the physical'*.

### ***Coroner's recommendation 1***

*That the clinical guidelines include specific and timely education for family and caregivers of stroke survivors which recognises their risk for the development of depression, particularly in the year post recovery and the increased risk of self-harm following stroke. It should note that one in three stroke survivors is at risk of developing depression and stroke may double the risk of suicide even in the absence of a diagnosed depressive disorder.*

### ***Stroke Foundation response***

The *Clinical Guidelines for Stroke Management* provide a series of best-practice recommendations to assist decision-making in the management of stroke and transient ischaemic attack (TIA) in adults, using the best available evidence. The Guidelines cover the most critical topics for effective management of stroke, which are relevant to the Australian context, and include aspects of stroke management across the continuum of care.

The **current Guideline includes a section on 'Mood disturbance'**, which covers prevention of depression, mood assessment, and treatment for emotional distress, depression, and anxiety. While the increased risk of mood disturbances such as depression and anxiety following stroke is discussed already, **there is an opportunity to expand and strengthen this section.**

The Guidelines are developed according to rigorous processes prescribed by the National Health and Medical Research Council (NHMRC) under the direction of an interdisciplinary working group. As such, any changes to the current Guideline must be made in accordance with these processes, with input from the working group and approval by the NHMRC. **Stroke Foundation anticipates that an update to the**

**current Guideline would take approximately six months, and would be complete by July 2019.**

**This update of the Guidelines will be undertaken as part of a world-first, ‘living stroke guidelines’ pilot** in collaboration with Cochrane Australia. This pilot will draw on the latest evidence synthesis technologies to continually identify relevant new research and enable this research to be incorporated into living systematic reviews. This will trigger rapid updates of individual guideline recommendations whenever there is an important change in the evidence. **A key focus of this project will be to provide healthcare professionals with more practical guidance on treatment and care of stroke survivors, and engagement with their families and carers.**

### **Coroner’s recommendation 2**

*As half of stroke survivors are likely to experience a change in their mood or mental state, education should also include how family and caregivers can monitor how the stroke survivor is adapting to post-stroke living, what behaviours are attributable to the effects of the stroke and the type of red-flags that might indicate the need for referral, and when and where to seek help. In addition and where relevant, this should include families and caregivers of stroke survivors with dysphasia being made aware (1) the high risk survivors have (60%) of developing depression, and (2) that if the stroke survivor had a prior history of depression and dysphasia, that these are two major risk factors for depression.*

### **Stroke Foundation response**

The Stroke Foundation has developed a wide range of resources for stroke survivors, their families and carers, to help survivors better manage their health and live well after stroke. These resources include:

- *My Stroke Journey*

This resource, which Stroke Foundation provides to hospitals free of charge, delivers high quality information to stroke survivors, their family members and carers, designed to support care planning and the transition from hospital to home.

The My Stroke Journey pack is delivered by Stroke Foundation’s partner hospitals, and the aim is for all stroke patients to receive this resource before they leave hospital. Importantly, we know from National Stroke Audit data that almost 40 percent of patients and/or families do not receive resources such as My Stroke Journey, which provide critical information on topics such as secondary prevention and recovery.

- *Life after stroke or TIA*

Our newest resource is focused on raising awareness of the signs of stroke and TIA, how to reduce the risk of recurrent stroke and TIA, how to access allied health and rehabilitation services and where to go for additional information and resources. An important part of this resource is the information it provides on how stroke can impact survivors, including depression and anxiety. **This resource takes a more direct approach to dealing with this topic, urging patients, their families and carers to ‘Never ignore the signs of depression or anxiety, and speak to your doctor’. This more direct approach to dealing with mood disorders will be used in all Stroke Foundation resources moving forward.**

- *EnableMe*

This is an online resource that provides stroke survivors and carers with:

- Videos, podcasts and fact sheets on a wide range of topics impacting daily life after stroke, including ‘Depression and anxiety’.

- A community forum to ask questions and share experiences with other stroke survivors and carers.
- A tool to set and track personal goals for recovery.
- *Fact sheets*

The Stroke Foundation has developed a series of informative fact sheets on various topics in the stroke recovery journey, including one on 'Depression and anxiety after stroke'.

While these resources address the issue of mood disorders following stroke, **there is an opportunity to expand on and strengthen this information where necessary**, to ensure the following messages are clearly stated:

- People are at higher risk of depression and anxiety after a stroke.
- Impacts such as communication difficulties increase the likelihood of developing depression and anxiety.
- Depression and anxiety can be treated and recovery is common.
- The signs of depression and anxiety should never be ignored and people should speak to their doctor.

The resources detailed above are developed by the Stroke Foundation, with input from a number of internal and external stakeholders, including its Clinical Council and Consumer Council. As such, any updates to these resources must be made with input from and approval by these stakeholders. **Stroke Foundation anticipates that a stocktake of all relevant resources, and the development of specific recommendations regarding updates of these resources, would take approximately six months, and would be complete by July 2019.**