

# Addressing Spiritual Health and Wellbeing post-stroke in the context of COVID-19 using WELLHEAD

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## BACKGROUND

The COVID-19 pandemic brings well-publicised consequences for mental health, likely to be amplified post-stroke particularly in those who have communication deficits (a known feature in those who have had COVID-19). The parallel impact on spiritual health and wellbeing has been neglected, despite being amenable to scientific study (such as standardised assessments and randomised controlled trials of CBT with religious components).

Aspiring to person-centred and holistic rehabilitation requires a psycho-socio-spiritual model. In the context of COVID-19, goal-setting that takes account of spiritual needs is important for long-term recovery (building on findings by Mumby & Whitworth, 2013). A spirituality toolkit called WELLHEAD, suitable for adoption by AHPs, was designed, developed collaboratively with a PPI group (five people with aphasia who steered the project) and tested for feasibility to fill this vacuum.

## METHODS

Feasibility research in an NHS hospital setting supported by the chaplain evaluated WELLHEAD with a convenience sample, including six people with diverse aphasia post-stroke discharged from SLT. They had wide-ranging religious backgrounds. 20 hours of video interviews and feedback underwent qualitative thematic analysis in NVivo 11, combined with numerical scores from self-assessment and standardised testing (SHALOM, Fisher 2010). Systematic cross-checking of the analysis by an independent researcher improved rigour (see Mumby & Roddam, 2020). Incremental adjustments were made to WELLHEAD according to feedback from participants and the PPI group.

Additional pilot work using WELLHEAD with three older people without aphasia was carried out using comparable procedures, adding quality of life measures using EQ-5D-5L. Follow-up assessments at 6-12 months included piloting videoconferencing during lockdown due to the pandemic, with a digital version of WELLHEAD planned for publication.

## RESULTS

The acceptability, accessibility and impact of WELLHEAD was demonstrated, including good alignment with SHALOM (Mumby & Roddam 2020). WELLHEAD was suitable for people coming to terms with life post-stroke, including those with aphasia and a range of visual impairments and cognitive change. Shared reflection and practical goal-setting was feasible and considered valuable for adjustment. Patient-reported outcome measures of spiritual health offer a valuable addition to profession-specific impairment-based measures. Additional preliminary investigations with older people without aphasia confirmed WELLHEAD's wider application including adaptations for telehealth.

## CONCLUSIONS

Excellent scope for adopting WELLHEAD exists within health and care services, for use by AHPs, members of chaplaincy teams and trained volunteers as part of goal-setting and evaluation. Such spiritual support will be invaluable with people feeling fragmented by stroke and isolated by the COVID-19 restrictions.

## What is WELLHEAD?

The WELLHEAD toolkit was originated by Mumby (2017) for **supporting life review, spiritual self-assessment and goal-setting**. It has been modified for further use according to feedback from the feasibility study. It is designed to act as the scaffolding for a one-to-one interview (between a participant and a facilitator), based on **exploring 'meaning and purpose'** via four neutral dimensions of **WIDE LONG HIGH and DEEP**, avoiding religious terms unless chosen by the participant. Each dimension is self-scored and leads naturally on to setting 'Next Steps', a form of practical goal-setting.

The toolkit consists of an Instruction Manual with score forms, Word Resources (key words on word boards; starter questions) and Picture Resources (themed picture choices). The interview depends on participant choices of words and pictures (used in parallel), progressing from neutral to more specific items, accompanied by appropriate starter questions. The toolkit offers qualitative findings and patient reported outcome measures.

For further information see Mumby & Grace (2019), and the WELLHEAD website below.

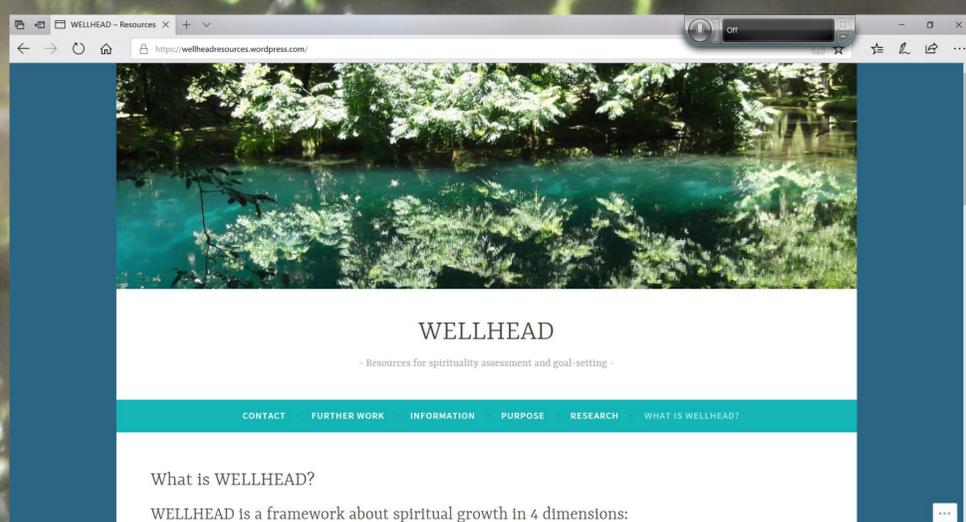
## Implementing WELLHEAD

There are exciting opportunities for embedding WELLHEAD into existing practice post-stroke.

If you would be interested in finding out more, or considering using WELLHEAD, please contact Katharyn Mumby.

WELLHEAD is undergoing publication, and in the meantime training is being piloted for early-implementers via Zoom, offering a much-needed and innovative enhancement to holistic practice.

<http://wellhead.org.uk>



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