

Gaps in support services for people with chronic post-stroke aphasia: Suggested solutions

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Background

In Australia over 100,000 people live with chronic aphasia, a communication disability resulting from acquired brain injury, in particular stroke. Following discharge from rehabilitation services people with aphasia face significant risks associated with social isolation, depression and ill health. Participation in community aphasia groups (CAGs) has been identified as a way to provide effective and long-term management of both communication impairment and the often devastating psychosocial consequences of chronic aphasia (Lanyon, Rose, & Worrall, 2013). However, the number of CAGs operating in Australia remains limited, with estimates of approximately 1% of people with aphasia participating in CAGs. The current barriers and facilitators to developing and maintaining excellent CAGs remain largely unexplored but require examination in order to improve long-term service delivery options for people with aphasia.

Aims

This national programme of research examined the current state of CAG services in Australia with two primary aims to: 1) identify the barriers and facilitators to CAG development and maintenance; 2) identify practical solutions to proliferate high quality, evidence-based CAGs throughout Australia.

Methods

We conducted 12 x 2-hour focus groups with 78 Australian speech pathologists (SLP) and in-depth semi-structured interviews with 22 people with aphasia from all states and territories regarding their experiences and involvement in community aphasia groups. All respondent data was audio-recorded, transcribed verbatim and analysed thematically. Themes generated from each of the focus groups and the individual interviews were both peer checked and sent to participants for member checking.

Results

Structural themes identified included staffing, funding mechanisms, training, group versus individual goals and accessibility. Environmental and participation themes included social connectedness, community engagement, self-confidence and acquisition of core skills to live well with aphasia.

Discussion

The primary barriers and facilitators to group development, access, and maintenance will be presented with emphasis on practical solutions and inter-professional practice.