Mood Changes After Stroke: Recognizing and Supporting Emotional Recovery Across the Continuum

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Objectives

By the end of this session, participants will be able to:

- ✓ **Recognize** common post-stroke mood changes and their impact
- ✓ **Apply** appropriate screening approaches across the continuum of care
- ✓ **Integrate** practical strategies to support emotional recovery

Why This Matters

Mood changes are one of the most common and impactful consequences of stroke

~ 30% OF PEOPLE WILL EXPERIENCE CHANGES IN MOOD FOLLOWING A STROKE

Impact of Mood Changes After Stroke

- Rehabilitation engagement
- Functional recovery
- Cognitive and physical symptoms
- Quality of life
- Return to roles
- Health outcomes
- Care partner wellbeing

Common Mood Changes After Stroke

Depression
Low mood, loss of interest in activities, withdrawal from engagement.

Anxiety
Worry, fear, restlessness, and difficulty relaxing or feeling safe.

Apathy
Reduced motivation, flat affect, and disengagement from rehabilitation goals.

Pseudobulbar Affect
Sudden, uncontrollable episodes of crying or laughing, often without clear cause.

Risk Factors for Post-Stroke Mood Changes

Higher risk in individuals with:

- Pre-existing mental health conditions
- Family history
- Stroke severity
- Functional dependence
- Cognitive impairment
- Social isolation
- Communication challenges

Protective Factors

- Social support & connection
- Coping Skills & Resilience
- Sense of purpose & meaningful roles
- Confidence & self-efficacy
- Emotional awareness & expression
- Access to care & supports

Screening for Post-Stroke Mood Changes

Early identification improves outcomes

Routine mood screening is recommended across the continuum of care

Screen at key transition points

Acute care
↓
Transition to inpatient rehabilitation
↓
Discharge to community
↓
Outpatient / community follow-up

Validated Screening Tools

PHQ-2

A brief two-item screen for low mood and loss of interest used to quickly identify possible depression.

PHQ-9

A nine-item tool used to assess depression severity and support diagnosis and ongoing monitoring.

HADS

A 14-item scale with separate anxiety (7 items) and depression (7 items) subscales for use in medical populations.

SADQ

An observational tool used to identify depression in individuals with aphasia, completed by providers or care partners.

BOA

An observational measure that identifies anxiety in individuals with aphasia through behavioural and non-verbal cues.

Comprehensive Mood Screening

Current symptoms

Mental health history

Risk factors

Protective factors

Functional impact

Care partner observations

Practical Screening Approach

A Simple, Stepwise Process

1

Observe

Affect, behaviour, engagement

2

Ask

Brief, direct questions about mood

3

Screen

Use validated tools (e.g., PHQ-2/9)

4

Consider Context

Risk factors + mental health history

5

Act

Document, Monitor, Refer

Interventions

Psychoeducation

Helping individuals understand their condition, symptoms, and treatment options to empower self-management.

Behavioral Activation

Encouraging engagement in meaningful activities to counteract withdrawal and improve mood.

Goal Setting

Establishing realistic, achievable objectives to build motivation and a sense of accomplishment.

Psychotherapy (e.g., CBT)

Structured therapeutic approaches to address negative thought patterns and develop coping strategies.

Medication (When Appropriate)

Pharmacological support when clinically indicated, often combined with therapy for optimal outcomes.

Supporting Care Partners

Stress & Burnout

High caregiving demands can lead to physical and emotional exhaustion.

Anxiety & Depression

Ongoing worry and sadness are common among care partners.

Education & Resources

Providing knowledge and connecting to community support services.

Care Plan Involvement

Involving care partners in decisions improves outcomes for everyone.

Role of Allied Health

Supporting recovery through collaboration

- Routine Screening & Observation
- Reinforcing Coping Strategies
- Integrating Mood into Rehab Goals
- Supporting Engagement & Confidence
- Collaborate with Mental Health Providers

Across the Continuum Case Series: Part 1 - Acute Care

Mr. Spring is a 67-year-old male admitted with a left MCA stroke

- Moderate right-sided hemiparesis
- Expressive aphasia
- Reduced functional use of right hand
- Requires assistance for transfers and basic ADLs
- Lives alone
- History of depression (treated in the past)

During acute care:

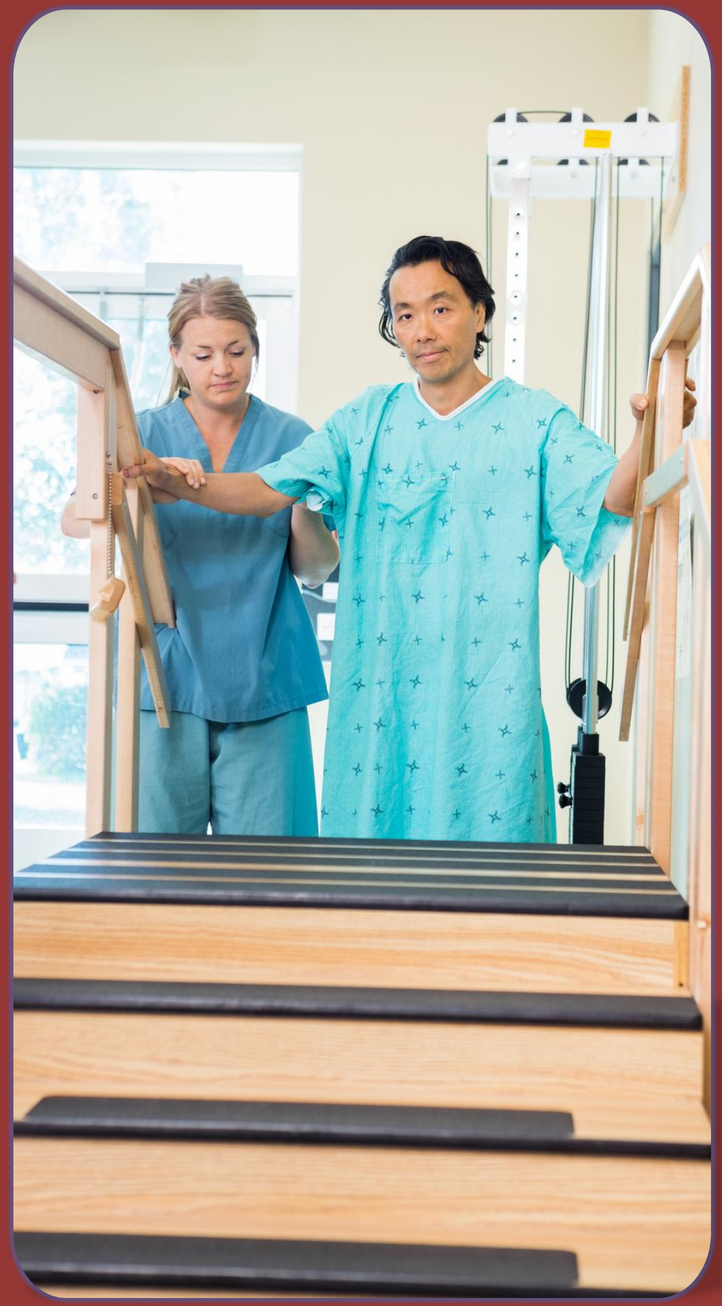
- Quiet, minimal engagement
- Fatigues easily
- When asked about mood:

  “I’m fine… just tired”

Across the Continuum Case Series: Part 1 - Acute Care

Discussion Questions

- What are the early risk factors?
- Would you screen at this stage?
- What additional information is important?



Across the Continuum Case Series: Part 2 - Inpatient Rehabilitation

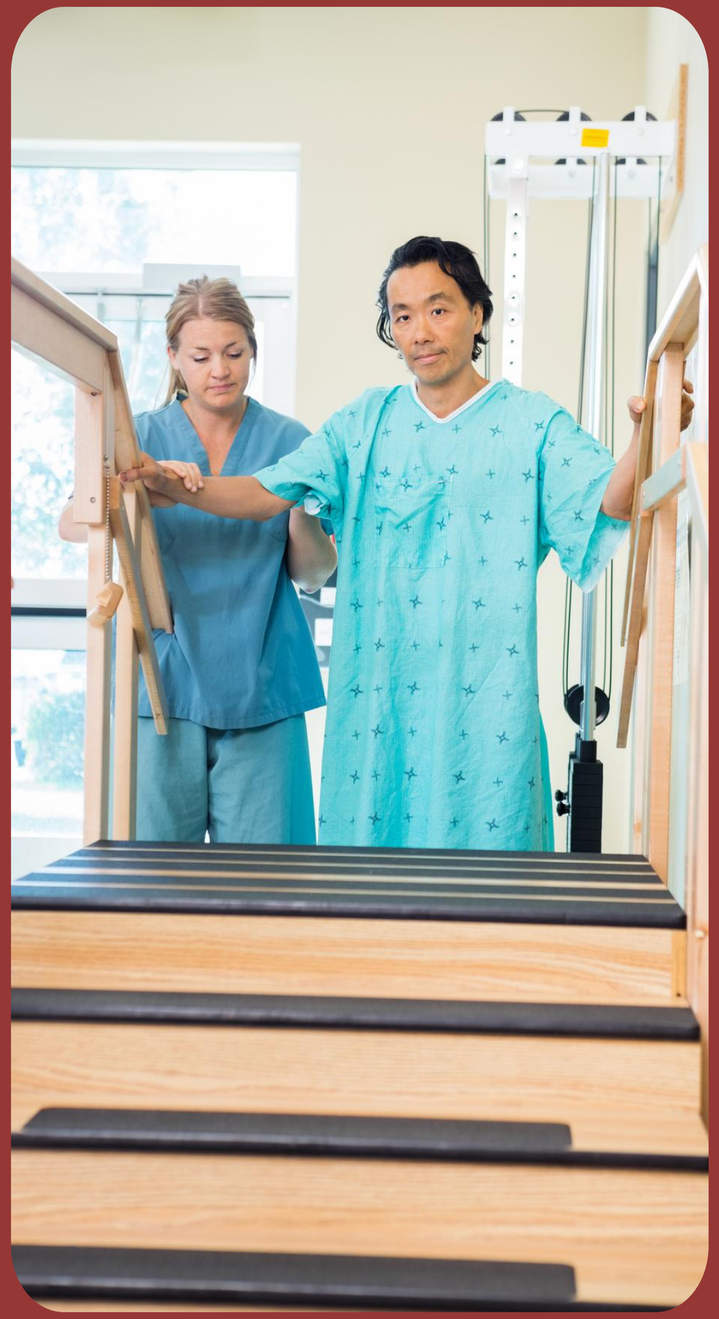
3 Weeks Later...

- Mr. Spring is now in inpatient rehabilitation.

Observations:

- Participating inconsistently in therapy
- Reports low energy and poor motivation
- Flat affect
- Decreased initiation

Screening:
PHQ-9 score: mild range



Across the Continuum Case Series: Part 2 - Inpatient Rehabilitation

Discussion Questions

- How do you interpret the screening result in context?
- What additional assessment is needed?
- What would you do next?

Across the Continuum Case Series: Part 3 - Transition to Community

6 Weeks Post-Discharge (Outpatient)

- Mr. Spring is now living at home.

New concerns:

- Reports feeling “overwhelmed” and worried about recovery
- Avoiding leaving home
- Missed therapy appointments
- Increased reliance on neighbour

Across the Continuum Case Series: Part 3 - Transition to Community

Discussion Questions

- What new mood concerns are emerging?
- Why is this a high-risk transition point?
- What screening approach would you use now?

Key Messages

1. Mood changes are common and impactful
2. Screening should be routine and ongoing
3. Include risk factors and mental health history
4. Allied health plays a critical role
5. Early recognition → better outcomes

Regional Stroke NETWORK
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Questions?