



CO-DEVELOPING A PSYCHOLOGICAL SUPPORT PACKAGE FOR PEOPLE WITH VESTIBULAR CONDITIONS

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Introduction & Aims

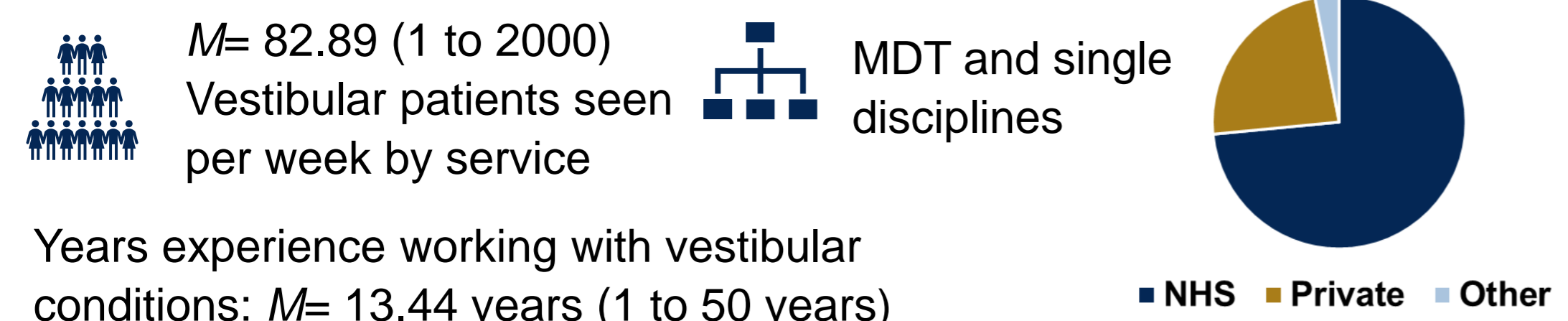
Up to 60% of people with vestibular conditions experience psychological distress encompassing cognitive, mental health, and somatic problems. These can compound patients' suffering and impede clinical recovery. This has prompted interest in psychological aspects, and NICE recommend incorporating psychological support into vestibular care as best practice.

Currently there are no clinical guidelines to show how to assess and manage psychological aspects, leading to variation in care received. Through stakeholder consultations, adopting a person-centred approach, this project will iteratively develop a support package for the psychological aspects of vestibular disorders.

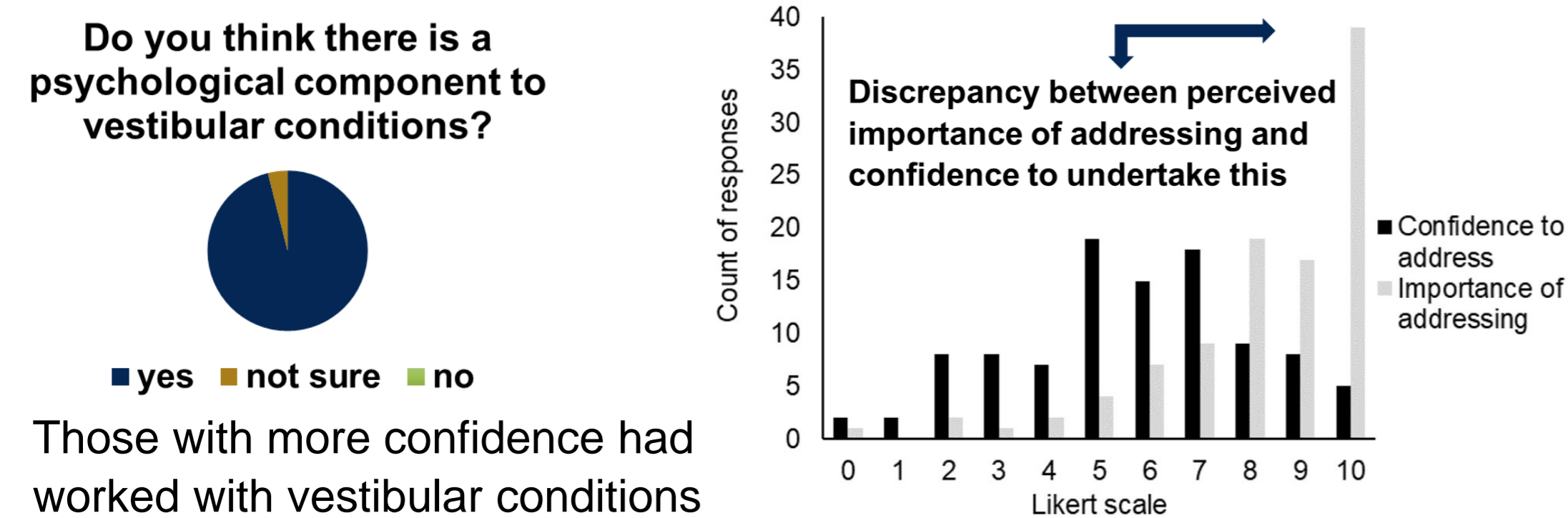
Phase 1: National Survey of Clinical Practice

Establish how psychological distress is currently addressed within usual care. An online survey was completed by 101 healthcare professionals who treat vestibular conditions.

Service Configurations



Attitudes and Perceptions

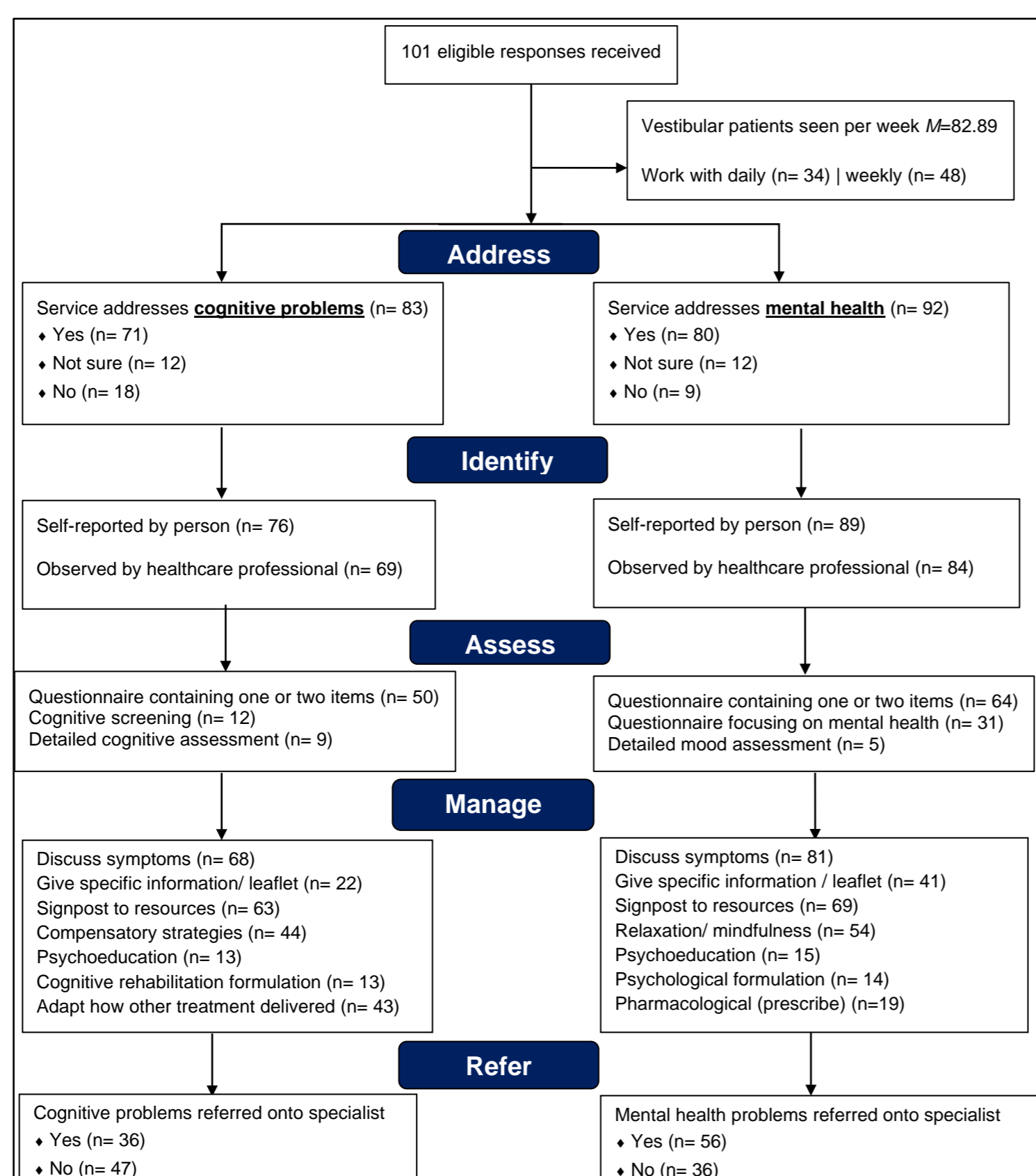


Current Practice

I feel I can recognise disorders and distress, acknowledge their presence and relevance but then am limited in the support I can give with these issues (Physiotherapist, R_69)

Important that patients' understand impact of anxiety/fight and flight thought processes that can lead to increased symptoms (Physiotherapist, R_89)

Although recognised and sought routinely I have no clear pathway/service to refer into for these patients. (Neuro-Otologist, R_03)



I am often reliant on use of CMHT and IAPTS services, which can be counterproductive at times due to their unfamiliarity with more complex variations/influence of bi-directional impact. (Audio-Vestibular Physician, R_58)

Phase 2: Qualitative Investigation

Qualitative interviews explored what stakeholders thought a psychological support package should comprise and how it could be delivered.

1-1 semi-structured interviews were conducted with people with vestibular conditions (n=20), their family members (n=10), and charity (n=1) and healthcare (n=17) professionals.

Key Intervention Features

Stakeholders provided insights into the key features that a support package should contain to address the psychological aspects of vestibular disorders.

Key Feature	Supporting Quote
Normalisation and Validation	"Somebody acknowledging that what I'm feeling is not because I'm lazy or not because I'm milking it or can't be bothered, it is an actual thing and ... it is a genuine feeling that I'm actually having" <i>Patient</i>
Education	"I always explain it to my patients as kind of the heightened autonomic nervous system – they're in fight/flight mode or freeze – and so we've got to get them to be able to self-regulate" <i>Audiologist</i>
Positive Values	"She helps me see that I'm doing good things that are consistent with my values I have in life" <i>Patient</i>
Adjustment	"There can be grief and loss around the person who you were before this condition emerged" <i>Counsellor</i>
Self-Management Strategies	"I suggested things like meditation to help her ground herself in her body and be present in a day and grateful for the days that she's well" <i>Family</i>
Breaking Negative Cycles	"The maladaptive cycles people get stuck in and how we can recognise that in ourselves and how we can help to recover from that" <i>Clinical Scientist</i>
Shared Experience	"I think some people would find that very helpful to know that it's not just them, that there's other people feeling similar kind of feelings to what they do ... places where you can pick up on ideas what's worked for others" <i>Clinical Scientist</i>
Psychological Formulation	"If you felt that there was aspects of patient symptoms that were there because of psychological aspects or things that have happened to them in the past in their childhood..., then they might need a deeper aspect of counselling rather than Talking Therapies" <i>Audiologist</i>

Mechanisms for Implementing the Intervention

Stakeholders provided insights into mediating factors for implementation.

Barrier or Challenge	Facilitator or Enabler
Setbacks to diagnosis and treatment	<ul style="list-style-type: none"> • Timely intervention • Broader vestibular awareness
Experience and expertise	<ul style="list-style-type: none"> • Training and education • MDT working and joint clinics • Tailored information
Time constraints and pressured workloads	<ul style="list-style-type: none"> • Flexible delivery formats • Triage framework • Empowerment, self-management
Complex interactions between psychological & vestibular systems	<ul style="list-style-type: none"> • Holistic approach • Therapeutic alliance

Conclusions and Future Directions

Psychological distress is frequently identified, but suitable psychological treatment is not routinely offered. Training opportunities, effective referral pathways, and appropriate services could help address this gap. Treatment should validate patients' experiences, unpick interactions between the vestibular and psychological systems, and promote self-management. Our therapeutic model now needs to be refined and tested.

