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

- **M= 82.89 (1 to 2000)**
- Vestibular patients seen per week by service
- MDT and single disciplines

Years experience working with vestibular conditions: M= 13.44 years (1 to 50 years)

Attitudes and Perceptions

- **Do you think there is a psychological component to vestibular conditions?**
  - yes
  - not sure
  - no

  Those with more confidence had worked with vestibular conditions for longer (r(101) = .277, p<.05)

Current Practice

I feel I can recognise disorders and distress, acknowledge their presence and relevance but then I 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 pathways/service to refer into for these patients. (Neuro-Otologist, R_03)

Mechanisms for Implementing the Intervention

Stakeholders provided insights into mediating factors for implementation.

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.