

Reducing Brain Damage: Faster access to better stroke care DOH/National Audit Office, (Nov. 2005)

Approximately 110,000 strokes occur in England each year.

At least 300,000 people in England living with moderate to severe disabilities as a result of stroke. (p.4)

¼ strokes occur in people under 65. (p.6)

Conclusions of the report identified that “for most patients and carers the impact of stroke starts following discharge from hospital” (p.6)

Key Findings:

“Most people who survive a stroke will live for the rest of their lives with minor to major disabilities as a result, and will be dependent to varying degrees on health and social care”. (p.6)

“Stroke patients required services and therapies from many disciplines in health and social care” (p.8)

“...it is in the months and years after discharge that patients, their families and carers will experience the full impact of stroke” (p.8& 26)

“Living with stroke starts after discharge, but the transition from hospital to home can be extremely traumatic” (p.27)

“Voluntary and community organisations can provide effective long term support for people who have suffered stroke” (p.11)...but demand outweighs supply.

“...although around 300,000 people across England are living with disability after stroke, only around 5% of families (15,000) are receiving Family Support Services from the Stroke Association, which seek to provide emotional support and information on a range of issues...”. (p.32)

Healthcare Commission’s follow-up survey of stroke patients (2006)

“Having a stroke can have a detrimental impact on the psychological and emotional well-being of a person. Depression and anxiety are common after stroke and patients can feel abandoned when they lose the emotional and practical support they receive in hospital. NSF for Older people states that support over a longer period for patients who have had a stroke should include the provision of social and emotional support to minimise any loss of independence and to help manage the consequences of stroke” (p.16).

The survey identified that “patients need rehabilitation, combined with a variety of practical and emotional support”. However the results of the survey indicated that “experiences of care after they left hospital tend to be less positive – in terms of rehabilitation and emotional support” (p.5), with “almost half the respondents” to the survey feeling that “they had not had enough help with emotional problems since they left hospital” (p.6 & 26). This was identified as a particular area for improvement.

“Evidence suggests that the demand for care and support from the voluntary and community sector exceeds supply”(p.22)

“Evidence as well that carers have high levels of morbidity, low self-esteem, emotional distress and poor mental health” (p.23)

NSF for Older People

Standard 3: Intermediate Care

“... access to a new range of intermediate care services at home or in designated care settings, to promote their independence by providing enhanced services from the NHS and councils to prevent unnecessary hospital admission and effecting rehabilitation services to enable early discharge from hospital and to prevent premature or unnecessary admission to long-term residential care.”

Standard 5: Stroke

Sets out 4 main components for the development of integrated stroke services:

- Prevention
- Intermediate care: including care from a specialist stroke team
- Early and continuing rehabilitation
- Long term support, for the stroke patient and their carers

NSF for long term (neurological) conditions (2005) in Improving Stroke Services: A guide for Commissioners

Quality requirement 5: Community rehabilitation and support

“people with long-term neurological conditions living at home are to have ongoing access to a comprehensive range of rehabilitation, advice and support to meet their continuing and changing needs, increase their independence and autonomy and help them to live as they wish”

Stroke Association

The Stroke Association is a national charity covering England and Wales. Focused solely on stroke, they aim to limit its impact by providing a wide range of community based services including:

- Stroke Clubs which provide a regular monthly meeting place for people with stroke and their carers to come together and share experiences.
- Family support services to give practical information and emotional support to the families and carers of people who have had a stroke
- Dysphasia Support Service and Stroke Prevention Service.

Art Therapy – Service Provision

What can we offer ?

Flexible psychological/emotional support for stroke sufferers and carers with a focus on making sense of the traumatic event and finding creative meaning to life after stroke.

Early Intervention after stroke

In a multidisciplinary hospital setting/specialist team

Potentially appropriate when the traumatised individual is left with a raw sensorial memory of the event, but the subjective experience of stroke cannot be put into words.

Potential role of art therapy: to facilitate the creation of a “narrative of subjective experiences of the event as a bridge to becoming aware of the incomprehensible emotions triggered by it” (Reconstructing Early Intervention after Trauma, Eds. Orner, R & Schnyder, U; 2003, Oxford University Press; p.96)

Intervention after discharge into community/continuing long-term support

Intervention is likely to be most appropriate after discharge back into the community or at the point of transition from hospital to home, when both stroke sufferer and carer are faced with the tasks of everyday life. Art therapy operates at the interface of physical and mental health and is ideally placed within community-based NHS intermediate care services and/or day center care within voluntary/community services, as it offers opportunities to bridge to the gap between dependent and independent living.

Service provision may include:

- Individual one-to one art psychotherapy for stroke sufferers with severe/complex cognitive/communication difficulties, or entrenched emotional /psychosocial problems who may be resistant to conventional rehabilitation interventions and unable to access or make use of verbal forms of psychological/emotional support.

(there may be conflict in NHS settings between meeting individual needs for medium-long-term therapy and organisational targets for short-term treatments).

- Group art therapy for stroke sufferers with less severe difficulties to help with emotional issues related to 'living with stroke'. Eg: loss, depression, anger, anxiety, helplessness, powerlessness; shame as well as adjustment/coping, socialisation, relationships, communication.
- Group art therapy for carers to help with emotional issues related to 'living with stroke' (as above)
- Group work held within a therapeutic frame offering an opportunity for stroke sufferers and carers to explore their physical and emotional relationship together through the use of different art media. This can facilitate greater understanding and communication about the emotional and sensory experience of stroke and impact on self and other.
- Home-based therapy where it is not possible for the stroke sufferer to access community services outside of the home environment.