

ARTS THERAPIES in the STROKE Pathway

Suggestions for service planning based on comparison with provision in Neuro Rehabilitation

Summary

This paper looks at the National picture in Neuro- rehabilitation, then at a case study based on one Region, drawing on other regions where there are gaps. It looks at the current picture in stroke services nationally and makes recommendations for staffing. The sorts of psychological issues following acquired moderate/severe brain injury which can be addressed using the art therapies are outlined. Finally the experience of a pilot art therapy service set up in a stroke rehabilitation service is included

Arts Therapies in Neurology- The National picture

Although by no means consistent all over the country, there is Arts Therapy provision in the Neuro rehab service in the NHS, private and voluntary sector

There are a growing number of art and music therapists working in neuro rehabilitation.

Sheffield was one of the first with Art Therapy established at the Cliffe Unit in 1991 and Music Therapy the following year.

Nationally, Arts Therapies are offered at sub acute level (Osborn 4 Sheffield, The Ashby Unit in Lincoln, Prudoe Hospital), in behavioural units (Robert Ferguson Unit, Edinburgh) and in residential rehabilitation units dealing with people further on in their recovery (e.g. Banstead Park, Surrey). Some private units also employ art, music and drama therapists (Unstead Park, Priory group). At Prudoe Hospital, Northumberland an integrated service is offered with art and music therapists covering brain injury, learning disability and mental health from one site. There is a large Music Therapy Department in the Royal Hospital for Neuro Disabilities. A number of Music and Art Therapists work in the Voluntary Sector for Headway.

In the USA art therapy is longer established in neuro rehabilitation treatment centres, with a move towards defining 'Neurological Art Therapy' as a speciality within the profession. A programme in New York been developed concentrating particularly on the use of art making to enhance cognitive functioning. (see appendix 1)

Examples of NHS neuro rehabilitation Arts Therapies provision

Sheffield case study

Sub-acute rehabilitation

Within the service there is both art and Music therapy. Both work 3.5 days. Total 1.4wte. This is based at the sub-acute service. There are 14 beds and 6 community day patients. This is good coverage allowing all patients to be assessed, those for whom it as appropriate to be treated and full participation in the MDT, representing patients emotional and psychological needs. Patients are assessed and offered treatment during their stay and if possible during the transition from hospital to home. This provision was established in 1990- soon after the YDU changed into specialist neuro rehab. It is recommended by the BRSM (2003) as part of the staff mix.

There is at present no specialist service in the **Community**, in Sheffield although in 2004 provision of a specialist arts therapy service for patients at time of need in the community was acknowledged and included as a long term planning goal for an integrated Care pathway by the stakeholders group. It was estimated that 2 extra Arts Therapies days would be needed.

Some people who have brain injury have accessed help after brain injury/stroke from the Art Therapists within the Mental Health Service where there is a citywide art therapy service, employing 4 Art Therapists. Here people can be taken on if they meet the service criteria of

have a pre-existing or develop a mental health problem. However although many people do become clinically depressed after acquired brain injury some people are reluctant to be seen to have a mental health diagnosis on top of their brain injury so refuse this service. Advice and Education sessions can be sought if needed from the Neuro Specialist Arts Therapists.

Some people, particularly those with significant physical difficulty, have received Art therapy in a **domiciliary setting**. This has been funded through clients care packages. In Sheffield there are no Art Therapist in the elderly service mental health service, However in other authorities, for example, Cambridge, there is provision for people with psychological needs and acquired brain injury including stroke. The full time art therapist includes this as part of her general caseload. Other services such as Lincoln sub acute rehabilitation service, also offer respite care, so people can re-access the service if they need it during their periods in the hospital.

Carers have accessed group art therapy sessions as part of an on going education/support group, and there has been discussion about offering a group for carers with Headway.

Stroke Pathway National Picture

There hasn't been the inclusion of arts therapies in the direct stroke pathways to be found in neuro. A significant numbers of people with stroke **do** receive art therapy (survey of Art Therapists 2006), but this is offered by non-stroke specialist services- i.e. elderly and adult mental health.

The prognosis, psychological and emotional needs and rehab pattern need is very similar, so a similar service level would seem to be indicated. The percentage of people suffering significant problems with communication and cognition is similar. Literature recently produced for both long-term conditions and stroke emphasis the need for psychological treatment. The MDT is regarded as the most effective approach to rehabilitation after acquired neurological damage, including stroke.

It would seem to follow that an Arts Therapies service should be embedded within the stroke rehabilitation services.

Staffing Recommendations for each Health Authority Area.

- Specialist Post(s). Ideally 2 posts, Art and Music Therapy to cover all parts of the pathway.
- These need to be integrated into the multidisciplinary approach recommended for neuro/stroke rehab
- Art and music therapy should be available across the pathway. Music Therapy especially appropriate in hospital settings. Art Therapy in community settings
- Both individual and group work should be available
- Work should also be done in liaison with any existing Arts Therapies Services in learning disability or mental health adult or elderly people. Consultation and education should be offered from the neuro/stroke specialists.

NOTES ON TREATMENT PROVISION

BRSM G131 (p.45) Patients should have access to specialist individual or group based neuropsychological interventions to facilitate long term psychological, family and social adjustments. This need may not arise for many years post injury.

Art Therapy – Service Provision

The following is detailed picture of psychological/emotional issues brought to Art and Music Therapy on a Neuro rehabilitation Unit with established Art and Music Therapy Service (16 years)

Once patients reach the Unit they will already have experienced the acute medical services. They may have been in hospital a short time or many months. They have varying degrees of consciousness and awareness of what has gone on. For most people, the period on Osborn 4 unit, as well as being the time when rehabilitation takes place and when rapid improvement may occur, this is also the time when there is growing awareness of what has happened to them. This means that significant psychological issues come to the fore: -

Issues faced that have been brought to Therapy often start with the physical effects of the brain injury- for example the distress of waking up in hospital unable to walk or move properly, fear of invasive medical procedures, feelings about being unable to do ordinary things- even eating or washing without help. There may be fear and confusion about still being hospitalised. Also strong reactions to being told they have to stay in hospital when they want to be at home. For those with no insight into their brain injury, the hospital stay can be most frustrating

Therapy can be a safe place to vent strong feeling about 'imprisonment', to express growing awareness of what has happened, to explore their Emotional and psychological issues after severe brain injury in summary might include

- Coming to terms with the physical damage of the brain injury-this can include any or all of the following- physical ability, communication, cognitive functions.
- The need to work through the effects of severe trauma.
- The need to grieve losses
- The need to adjust to changes in relationships
- Coping with hospitalisation.
- The need to adjust to a personal life that has been severely disrupted and may change radically forever.
- Adapting to changes to role in the world
- The need to find meaning to a life with brain injury

Underpinning all of the above is the issue of coping strategies Memory, learning skills, the ability to think or organize thoughts, emotional reactions, social interactions, communication, and understanding can all be affected. Because of this, the habits and skills developed over our lifetime to cope with trauma or change, to plan and live life can no longer be relied upon in the same way.

Sally Weston, Report to Brain injury Stakeholders meeting 2005

What can Art Therapy offer to people who have had a stroke?

- Art Therapy/psychotherapy **is particularly indicated for** people in psychological distress unable to access verbal forms of psychotherapy/counselling- ie: **Stroke suffers with severe communication or cognitive/ difficulties and unable to access or make use of verbal forms of psychological/emotional support.**
stroke sufferers with entrenched emotional /psychosocial problems who may be resistant to conventional rehabilitation interventions.
- 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'
- Home-based therapy where it is not possible for the stroke sufferer to access community services outside of the home environment.

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. It 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 the gap between dependent and independent living, sense of the traumatic event and finding creative meaning to life after stroke.

D Micheals 2005, summary of paper on Art Therapy provision set up in a stroke Rehabilitation Centre as a year long final trainee placement.