

The “Art of Conversation”: An MDT Service Development

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Background

Over 100,000 people experience a stroke in the UK each year. Of those, 75% will experience cognitive impairment, including difficulties with memory, attention, language, and organising movement and thoughts. (Stroke Association, 2020)

Depression is common post-stroke, and is significantly higher in people with aphasia (language difficulties), with prevalence of depression being 60% within people with aphasia at one year post-stroke (Kauhanen et al, 2000). Post-stroke depression has also been shown to have a negative impact on physical outcomes (Naess et al., 2010). Psychological mood disturbance after stroke is associated with mortality, long term disability, hospital readmission, and suicide (NICE, 2011).

Evidence has shown that using creative arts can enhance stroke rehabilitation due to benefits around psychological wellbeing, cognitive function, communication ability, and quality of life (Pieri et al., 2022; Morris et al., 2017) with providing group therapy in stroke rehabilitation also having positive effect on communication and interaction (Goodill, 2010).

The National Institute for Health and Clinical Excellence (NICE) and the Royal College of Physicians (RCP) national guidelines recommend routine assessment and management of mood and cognition after stroke. The National Sentinel Stroke Audit (2016) recommends psychological support be provided to all people who have had a stroke, regardless of specific mental health or cognitive difficulties. **These guidelines highlighted a need and a gap within our stroke rehabilitation service.**

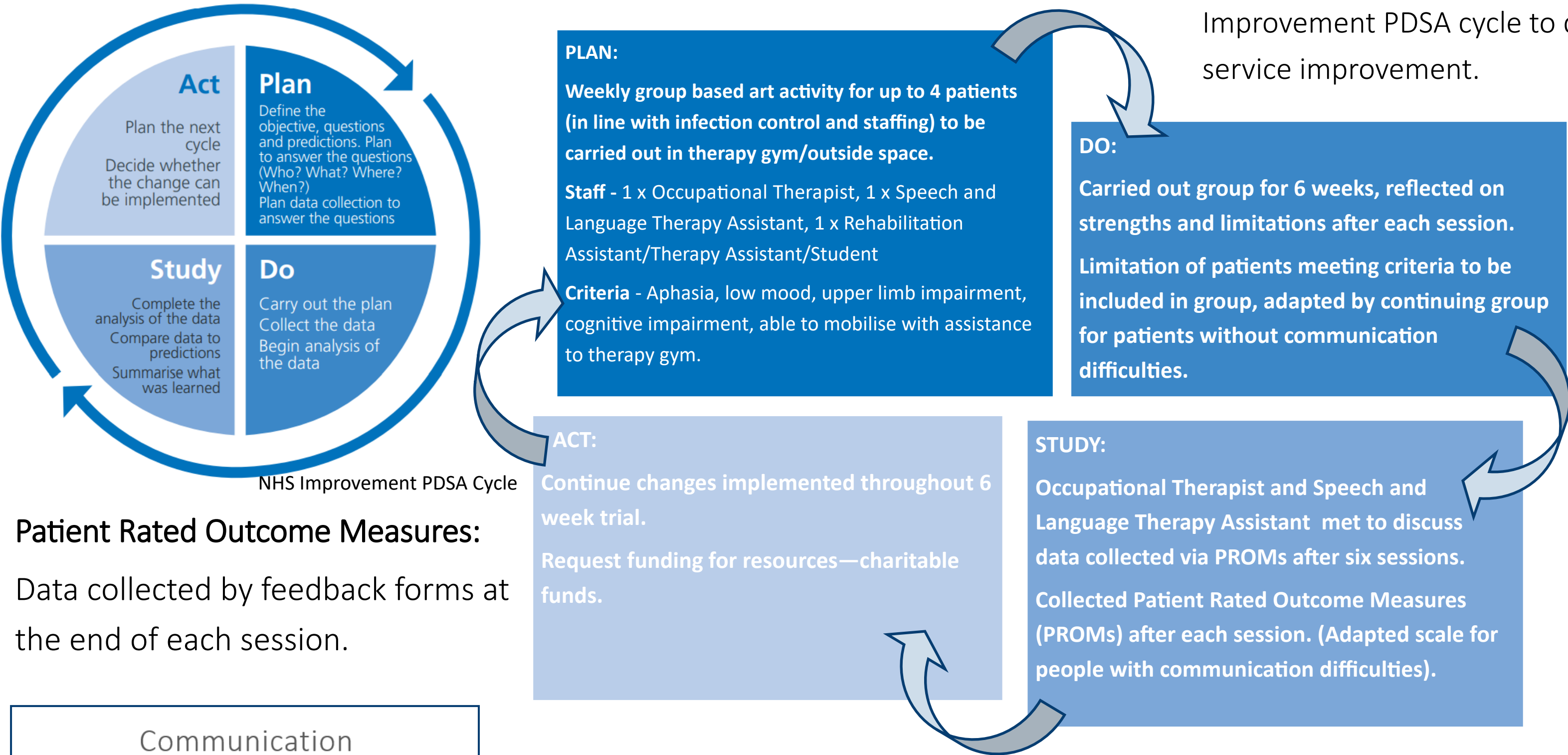


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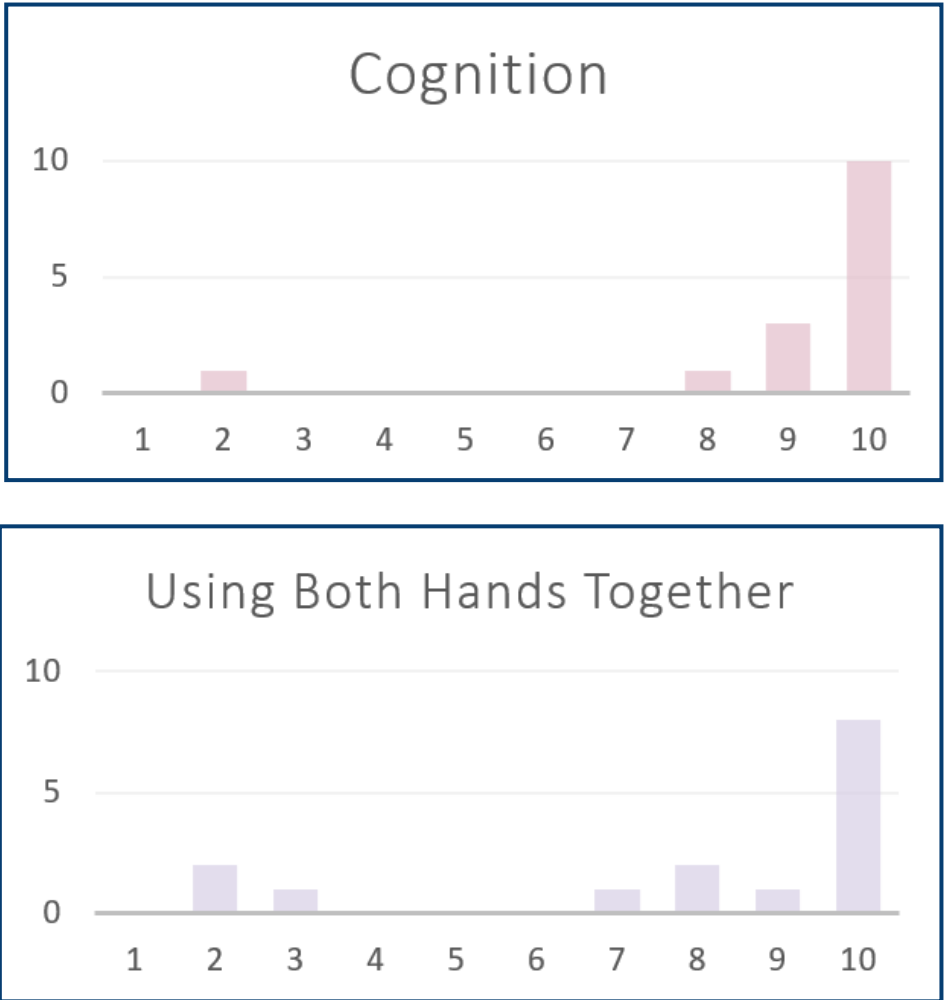
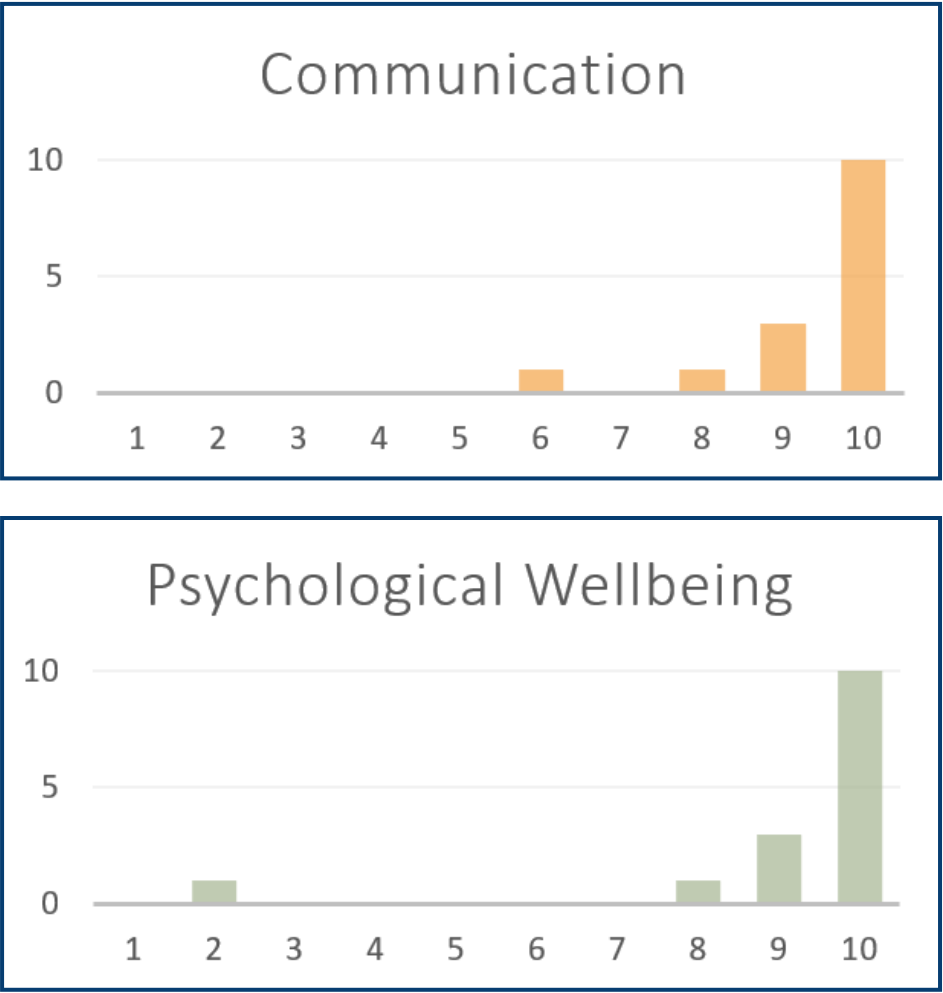
Objective:

To provide a group-based creative art intervention to support patients who have had a stroke with their psychological wellbeing, communication difficulties, upper limb rehabilitation and cognitive function, through functional and social participation. This is to be done using NHS Improvement PDSA cycle to develop, test, and implement changes for service improvement.



Patient Rated Outcome Measures:

Data collected by feedback forms at the end of each session.



Qualitative feedback from PROMs:

“Good idea”
“Nice chance to have a messy after-”
“Encouraging words from helpers”
“I liked seeing what other people were doing”
“I liked it, thank you!”
“Very worthwhile exercise”
“Good to be trying!”



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