

PSYCHO SOCIAL SERVICES FOR STROKE PATIENTS AND THEIR FAMILIES: SOME OBSERVATIONS

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Abstract

Stroke is the most common cause of Neurological Disability in the adult patients. Once a stroke has occurred, the patient and his/ her family are usually confronted with drastic changes in their life style. Stroke brings many adjustment problems and warrants many sacrifices from the family and patients. In addition to medical treatment, the patients and the family members are found to be in need of a wide variety of psychosocial services. The present article brings out the observations and insights of the author, based on her clinical and research experience in neurological setting.

Stroke: Nature and Types

The word 'stroke', as defined in the dictionary means many things: 'the act or movement of striking', 'one of a series of recurring movements', 'any ill effect', etc. But when used in its medical sense, it suggests an attack usually in an elderly person, which occurs suddenly and is inevitably accompanied by life threatening paralysis of one half of the body.

Stroke is the most common cause of neurological disability in the adult population. Of the patients who suffer stroke, one-third would survive but with

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severe disability, another one-third would make a good recovery with functional independence and the remaining would succumb to it. The onset is usually sudden with maximum deficit at the onset.

Strokes are divided into two main types: Cerebral infarction and cerebral haemorrhage.

Cerebral infarction means that a part of the brain is damaged due to lack of blood supply because the vessel feeding the area is blocked. If the blood supply is not restored quickly, the affected area of the brain tissue dies (becomes "infarcted").

Cerebral haemorrhage means a bleeding into the brain and is due to the rupture of either a blood vessel or an aneurysm, which is a localised dilation of the blood vessel. At least half the patients have elevated blood pressure too. (Pierson and Toole 1987).

Risk Factors in Stroke

Certain factors increase the risk of having a stroke. Some can be avoided while others cannot be. Awareness of these risk factors, particularly the avoidable ones, is important not only to the patient but to the family as well. It is essential that the patient and the family attempt to avoid high-risk situations in order to prevent the first or the subsequent strokes. These factors are: hypertension, diabetes-mellitus, high cholesterol and blood fats, heart disease, oral contraceptives without medical consultation, smoking and obesity (Dennis & Warlow 1987).

Stroke has no boundaries as to age, sex or race. Any one can be affected. Men appear to have a higher incidence of stroke in the earlier years than women. Some experts believe that it may be due to the added protection given to women by female hormones. This hypothesis is further substantiated by the observation of the incidence of stroke in women after menopause being equal to that in men of the same age.

The extent to which inherited factors contribute to stroke is not known. However, a correlation does appear to exist. It is possible, however, that increased stress and poor dietary patterns contribute to making a person more susceptible to stroke. The epidemiological studies conducted in India have indicated that 45 to 57 are affected by different types of stroke in a population of one lakh. (Gourie-Devi et al 1987 & Gururaj 1987).

Common Problems of Stroke Patients

Once a stroke has occurred, the patient and his/her family are usually confronted with drastic changes in their life style. The patient may be unable to speak, move or see as he once did. His bladder and bowel functions are sometimes affected. Memory dysfunction in the patient and emotional changes in both patient and family are also familiar problems. In addition to these physical, mental and behavioural changes, alterations in work assignments and finances are frequently seen. Thus, stroke brings many adjustment problems and warrants many sacrifices from the family and patients. (Prakashi & Parthasarathy 1997).

Many misconceptions prevail among the public regarding this illness. Many people believe that stroke is caused by evil spirits or by the sins of previous birth, *karma* or due to God's curse. It is not uncommon to see special preparation like pigeon blood and other related items being used to cure the illness. Patients are taken to different types of healers. Unless the family members are educated about the scientific facts of illness, the patients and the family members continue to suffer in silence. Depending on the conditions, regular medical treatment for underlying diseases is given to the patients. In addition, appropriate nursing care, physiotherapy, occupational therapy, and speech therapy are also extended to patients affected with stroke. In some of the sophisticated hospitals, the services of clinical social worker and psychologist are made available to the patients to handle psychological, vocational and interpersonal difficulties.

In our attempts to assess the psychosocial problems and services, a study was undertaken at National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore. In addition to medical treatment, the patients and the family members were found to be in need of the following psychosocial services (Prakashi Rajaram 1991):

Types of Services

1. Education at individual level

When the patient is conscious, able to understand and converse, information regarding illness is given to the patient and his family members. When the patient is not in a position to understand, family members are told about his condition. Later, the patient is also included.

2. Education at group level

Group consists of patients with stroke. First of all, the purpose of the meeting is explained. Brief formal introduction of all the members enables the interaction. Clinical social worker mainly focuses on the misconceptions and doubts. Scientific information given by the members is reinforced. The unhealthy behaviour is discouraged and alternative management pattern is suggested.

3. Counselling at individual level

Depending on the problem of the patient (nature, duration, expected outcome, patient's perception), problems, crisis or emergencies are viewed and appropriate interventions are incorporated into crisis counselling. Feasible and effective coping mechanisms are suggested.

4. Counselling at group level

Similar to item no. 3, the psychosocial problems are discussed in groups. This helps them to realise that there are many more individuals with similar problems and this knowledge becomes a source of relief. Sharing of their problems with the guidance of the clinical social worker bring forth many solutions to the problems associated to their illness.

5. Vocational guidance

When the stroke problems pose threats to the patient's employment, the anxieties and fears are released by clinical social worker's specific services in regard to this aspect. Realistic appraisal of the capacities and limitations of the patient and also the various possibilities of coping with reality are discussed.

6. Family intervention

Misunderstanding, quarrels and other problems in the family arising out of the stroke require clinical social worker's intervention. This may be in the form of family's acceptance of the patient's illness and limitations, reallocation of the family responsibilities and roles, and enabling in establishing effective communication and coping with illness. Rehabilitation support and potentials are explored.

7. Psychosocial rehabilitation

Rehabilitation services to stroke patients operationally coincide with those of the physically disabled. Motivation to compliance of the treatment program, utilisation of existing skills, capacities and other social support measures would be the main focus of clinical social worker's intervention in comprehensive helping process.

8. Enlisting other agencies' support

Many a time the patient, family and the hospital are not in the position to offer all the required services. In such cases the support of rehabilitation agencies, welfare agencies (Governmental & Non-governmental) and philanthropists are sought for financial assistance, physical aids, jobs, help to the family, continuing the education, follow-up, etc.

9. Sex education and counselling

By virtue of the disabilities imposed by stroke problems, patients experience anxieties and fears with regard to their sex life. Sexual performance, bearing children, possible effects on children are discussed in consultation with the neurologists.

10. Marital therapy

When the stroke problem becomes the cause of quarrels, conflicts and marital discord between the partners, different techniques like marital counselling and marital therapy need to be used.

11. Environmental manipulation

Disabilities imposed by stroke problems call for manipulation of the environment, both physical and social, at home and the work place. Certain modifications or changes are made in the physical set up to enable the movement of the patient. Sometimes changes in job facilitate better adjustment.

12. Other clinical social work services

Involvement of volunteers in systematic social work services, formation of welfare oriented associations, self-help groups, social security measures and general education to the society can be included under community & social action programme.

The above services were found to be quite effective. Due to these comprehensive services, the stroke patients/ family members improved in the following areas (Prakashi Rajaram 1991):

- With regard to the activities of daily living like sitting on chair, getting up from the chair, grooming, eating, drinking from a cup or glass, taking bath, dressing, etc., significant improvement was seen.
- The family members of stroke patients got scientific information about brain

activities, causation of stroke, treatment process, and risk factors for relapse.

- The psychosocial services reduced the social burden of the families specially, financial burden, disruptions of family routine activities, leisure time activities, interaction, etc.

- As a result of psychosocial intervention, the patients' physiological needs, security needs, need for love and belonging, self esteem needs and self actualisation needs were better fulfilled.

- The patients' personal and social functioning improved significantly.

The clinical experience as well as research findings clearly indicate the need for and effectiveness of well-planned psychosocial services on the clinical improvement and psychosocial functioning of the patient as well as family members' understanding, adjustment and support in the comprehensive care and rehabilitation. Thus inclusion of clinical social workers with postgraduate qualification like M.S.W/ M.Phil (Psychiatric Social Work) with adequate exposure and experience in working with neurological patients in general and stroke patients in particular is a cost effective way of offering quality services in the Indian context.

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