Group therapy

1 Read the quotation by Sir Nigel Crisp, Permanent Secretary and NHS Chief Executive (2005) and think about the question below:

'To create a health service that is truly patient-led and genuinely responds to patients [...] organisations need to have a better understanding of what matters to patients.'

To what extend do you think group therapy might contribute to responding to patient needs?

2 As you read the article, answer the following questions.

1 What are the aims of the therapy?

2 How was the project organised?

3 What is the impact of the therapy on the patient?

East Sussex Hospitals NHS Trust

The pain-management team on the Eastbourne site already run pain-management programmes and pain support groups. However, for various reasons, these groups are difficult for some people to go to. Difficulties around literacy, social confidence and spoken English were stopping patients having the kind of group experience that may prove beneficial to their long-term pain management.

To give as many people as possible the benefits of being part of a therapeutic group setting, the team decided to run a pilot group and have art as the focus for the programme. Art encourages people to express their feelings and talk to each other about their lives. It is a pleasurable activity that has been found to distract people from their pain.

Everyone who went to the pain clinic held at Eastbourne District General Hospital was given flyers and posters. Twelve patients agreed to join the group. There were three men and nine women and their ages ranged from 30 to 79.

The plan was that using art in a therapeutic way may help people to move forwards positively, towards a long-term approach where they manage their own treatment.

Funding for the programme came from the League of Friends and the Pain Management Trust Fund. A print maker and collage artist was employed as artist in residence. The artist is an experienced teacher who has worked in the health service and has some understanding of the complex nature of long-standing pain. The team that supported the artist in residence and ran the pain-management programmes and support groups, included a clinical psychologist, a senior physiotherapist and a clinical nurse specialist.

Art was regularly put into patients' diaries and the team encouraged them to make friends with other members of the group.

The environment was chosen deliberately to be uplifting and non-threatening. There was a flexible approach and the team was open to suggestions and contributions from group members, who, for example, suggested having music in the sessions. An important factor in the success of the sessions was that the staff took part in the activity and produced pieces of work themselves. The overall emphasis was on respecting the patients' different abilities.

The work was monitored and evaluated through questionnaire packs that patients were asked to fill in. The team was particularly interested to see if there were any:

- improvements in the quality of people's lives;
- improvements in their moods; and
- decrease in anxiety and levels of pain.

Outcome measures showed no significant change, which was not surprising given that no physical or psychotherapeutic treatment was given. However, feedback suggested signs of improved moods (patients looked forward to future sessions).

The artwork produced by the group has been framed and displayed in the outpatient pain clinic area, and inspires other patients who go to the clinic.

Patients said the following

"It is very difficult to put into words the benefits it has had for me. I get very little sleep at the moment and never get a pain-free night hence getting up in the morning and being somewhere by 10am is very hard. Each week I have done it and each two-hour session feels like 30 minutes."

"I find that this work has been such a help to me not only mentally but I have made new good friends and the people who run the course have been so helpful towards me. They helped me to express myself through art and it's really good to meet new people who have similar problems as myself."

"Without realising, I have been spending a lot of time at home not knowing what to do or not having any enthusiasm to do anything. Along with this, I have forgotten how to socialise with people. This course has made a great deal of difference to me. It has been very interesting to do. It has given me something else to think about and most of all it has given me something to look forward to each week. You do feel at times that you are the only one going through it and that nobody else understands. This makes you realise that this is not the case. I have seen how other people are and got inspiration from doing so."

Adapted from *Now I Feel Tall, What a Patient-led NHS Feels Like*, Department of Health, Crown © 2005

Out & About

Aside from group therapy, patients might also be encouraged to take part in alternative therapies as part of their treatment. Take some time to investigate some examples of alternative therapy such as the ones below:

- Cranial sacral therapy
- Head art therapy (using hats and scarves to disguise hair loss)
- Indian head massage
- Keeping a diary
- Neurolinguistic Programming (NLP)
- Reflexology
- Reiki healing

As you read, use the questions in (2) to help you.

Discuss your finding with the rest of the group next time you meet.