Health and Social Care Committee
Inquiry into Stroke Risk Reduction

SRR 14 – College of Occupational Therapists

Health and Social Care Committee Inquiry: Stroke Risk Reduction

Evidence from the College of Occupational Therapists

Introduction
The College of Occupational Therapists is the professional body for occupational therapists and represents over 28,000 occupational therapists, support workers and students from across the United Kingdom including 1,500 in Wales. Occupational therapists work in the NHS, Local Authority social care and housing services, housing associations, schools, prisons, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupation is essential to human existence and good health and wellbeing. It includes all the things that people do or participate in, such as caring for themselves and others, working, learning, relaxing, playing and interacting with others. Being deprived of or having limited access to occupation can affect physical and psychological health.

Occupational therapy offers a unique professional intervention which facilitates the individual to return to maximum activity and meaningful participation within the community. Therapy is based on an holistic assessment of the individual's physical, social, cognitive, perceptual, emotional, work and environmental situation and the specific knowledge of the impact of that individuals own stroke on their abilities and skills. Therapy intervention maximises the person's ability to undertake the whole range of activities that make life purposeful: personal independence, driving, vocational rehabilitation (return to work), leisure and family activities (for example parenting). Investment is needed in all multi professional services for stroke across the whole pathway in Wales to ensure consistent and safe services which will reduce the incidence and effects of stroke.

COT fully supports the Stroke Risk Reduction Plan, and to be effective it is essential that the key messages really reach the public and enable the more sedentary members of the population to change their behaviours. This will need investment as the most effective routes, such as the TV FAST campaigns, are expensive.

Previously the cardiac networks have undertaken similar work: Active Living Projects and Obesity programmes among others were set up, particularly in the areas of high incidence of heart disease (and stroke). They were not able to sustain funding in the long term and these have ended. Long term commitment and funding will be needed if this stroke reduction work is to succeed.

It will be essential to measure and demonstrate success. Yet demonstrating effectiveness in preventing ill-health is difficult, particularly in terms of establishing a cause and effect relationship. This difficulty has resulted in withdrawal of resource in many other situations; for example, the expected outcome of 20% reduction in fatal strokes by 2012 (p14). It will be important to measure whether it is this work that is impacting on any reduction or whether this is due to other actions such as improved ambulance response times or access to thrombolysis.

Many areas have alcohol and smoking cessation programmes and people are directed toward support groups in the community. However uptake is variable and at a local level often reliant on an individual driving these schemes and constantly reminding health professionals to refer to these schemes.

An integral aspect of occupational therapy intervention is goal orientated meaningful occupations. Through these meaningful occupations, therapists can influence the prevention of further strokes by advocating and supporting change in general health and lifestyle behaviours. Occupational therapists are actively involved in referring to, or participating in, the exercise referral schemes and in securing continued exercise or active behaviour. Whilst widespread, these schemes appear to have variable publicity and awareness of referral mechanisms and uptake can be patchy. Exercise professionals at the leisure centres need to be trained to a level 4 and availability of these can vary across Wales

The Stroke Risk Reduction Action Plan does not mention risk reduction for a person who has already experienced a Transient Ischaemic Attack (TIA) or stroke. Yet TIAs and previous stroke raises risk for a future stroke. Even those who have experienced only a TIA or 'mini stroke' may have 'hidden' disabilities, such as difficulties with concentration and memory, irritability and impaired stress tolerance, as well as increased dependency and decreased quality of life (Green and King, 2007). Daffertshofer *et al* (2004) observed that after six months 17 per cent of TIA patients studied were dependant on others in their daily living activities. Access to occupational therapy even for those with 'hidden' or minimal disability can result in increased personal independence, increased potential for return to work, a balanced lifestyle including a range of occupations which give meaning and purpose and reduce stress and depression or isolation. These important factors must not be overlooked in the prevention of further stroke incidents for people. Including this in the plan would ensure preventative services were prioritised by Health Boards.

On a general note, all health promotion activity, health education and improved diet and activity levels across the whole population will have an impact in reducing risks of stroke, obesity, heart disease and diabetes for the whole population. These programmes are of vital importance to public health but are difficult to prioritise when in competition with services for those who are ill or incapacitated today.

Conclusion

The College of Occupational Therapists welcomes this review into this important area. Occupational therapists have a significant role to play in reducing the occurrence and impact of stroke for the people of Wales and our members welcome the opportunity to make a difference in this area.

Please do not hesitate to contact the policy officer for further information.

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References

Daffertshofer M, Mielke O, Pullwitt A, Felsenstein M, Hennerici M (2004) *Transient ischemic attacks are more than 'ministrokes'*. Stroke, 35(11): 2453-8. (Cited in Turner, G. O'Donnell, J. Sackley, C. (2011). The long-term impact of mini stroke. *Occupational Therapy News*. 19(9)2011 September pp38-39)

Green TL and King KM (2007). The trajectory of minor stroke recovery for men and their female spousal caregivers: literature review. *Journal of Advanced Nursing 58* (6): 517351(cited in Turner, G. O'Donnell, J. Sackley, C. (2011). The long-term impact of mini stroke. *Occupational Therapy News*. 19(9)2011 September pp38-39)