Mind the gap: counselling psychology & the patient living with facial palsy within the surgical MDT setting – an NHS practitioner viewpoint

Dr Helen Molden (CPsycho)

Wessex Facial Nerve Centre, University Hospital Southampton NHS Foundation Trust

INTEGRATING PSYCHOLOGY WITHIN A SURGICAL MDT

The Wessex Facial Nerve Centre (WFNC) at University Hospital Southampton comprises of six surgical and rehabilitation specialist teams as a multi disciplinary team (MDT), to offer patients with a facial palsy treatment in one place. These include: ophthalmology, ENT/skull base, maxillo-facial, neurophysiology, facial rehabilitation, physiotherapy at The Face Place, and since 2013, psychology.

Approximately 60% of facial palsy cases are caused by Bell’s Palsy (BP), (15% of these are chronic cases, causing the patient life long issues around their facial/eye/hearing function).

The remaining instances of facial palsy come from over 200 different causes including Lyme’s disease, acoustic neuroma, trauma from RTA, Ramsay Hunt, Guillain-Baré syndrome or idiopathic.

The decision to have a psychologist on the MDT was made to address the issue in some patients of a disparity between an excellent or good surgical and facial rehabilitation outcome as measured on the House-Brackmann facial grading scale, and the reported much reduced quality of life in follow up. These patients often reported major life changes e.g. job loss, relationship break ups, or changes in friendships or social patterns as a result of their facial palsy, with significant psychosocial impact.

The resulting service has integrated a psychosocial model alongside the medical model within the MDT: the team works within a patient-centred holistic perspective, with the psychologist offering staff support, pre and post operation therapeutic assessment, (using PHQ-9, GAD-7, and within the relational framework, the DAS 24), signposting and where appropriate, ongoing therapy from an integrative framework.

Natalie Bendall Verney, Channel 5 newreader talks about her experience of facial palsy in pregnancy on Mail Online.

We live in an increasingly visual culture, and appearance based society - appearance is a “social currency” (Rumsey & Harcourt 2005). This cultural context has a significant impact on our daily life influencing how people feel about their body and face.

As humans we are relational beings from the moment that we are born (Fairburn 1994), programmed at the sensori-motor level to seek out faces and make sense of them within this relational framework.

Against this background the emotional distress and difficulties in adjusting to life with a facial palsy, without facial expression and the accompanying eye issues have been well documented (e.g. Fu et al 2011). We are now also beginning to see the emotional and social issues connected with living with a facial palsy discussed in the mainstream media (see OK Magazine opposite and patient example above in Mail Online)

AIMS & METHODOLOGY

The aim of this project was to run a service evaluation of the patient’s journey through the WFNC MDT (often 2 years +) looking in depth at the patient’s subjective experience, treatment and outcome. For a detailed view of the issues involved and to focus on the patient experience, the research/practitioners from the psychology department interviewed four patients using Interpretative Phenomenological Analysis IPA (Smith et al 2009). This poster presents a brief look at some of the highlight results with two of the patients:

1) A brief intervention - Beryl, 71 with a unilateral facial palsy after acoustic neuroma surgery 6 years previously, had one session to help her decide whether or not to go ahead with the proposed surgical intervention.

2) A long term ongoing therapy piece (8 sessions over 18 months) with John, 64, who has bilateral facial palsy following an RTA, and subsequent surgical repair over 20 years ago. His therapeutic goal was to explore the loss of his range of emotional expression and intense dislike of social media/photos.

RESULTS & DISCUSSION

One of the benefits of using IPA is it allows proximity to the material with in vivo quotes, and key themes, as below:

LOSS & CREATING MEANING

“I worry that I will lose the only thing in my week where I feel normal again (swimming session) and can forget what works and what doesn’t – if I lose that through this operation, I won’t forgive myself for agreeing …”

BEING THE GOOD PATIENT

“...I didn’t like to raise my worries in with Mr X, I trust him, I know he’s a good surgeon, but it’s a very busy clinic, always busy it is, so I don’t like to bother them.”

STRIVING TO GET BACK TO “NORMAL”

“But in photos I’m still … or mirror, I just think, What a mess!”

“In group situations, especially happy group photos, I feel I am the outsider, a fake”

“I know I’ll never be 100% and I can cope with adapting round everything else, but not being able to smile … I try hard to be a good citizen, and put a smile on others’ faces that way …”

Points for discussion in an applied clinical setting

• Loss remains the central issue for this patient group,
  with physical sensations as constant reminder of chronic condition and loss of previous self

• Use of psychology as place to relieve consultant clinic time and best context for patients to explore issues around living with a facial palsy

• Understanding importance of taking time out to explore meaning for patient, especially when exploring in a recommended adherence/compliance point

• Face plays a unique part in our evolving self identity, situating us in relation to others in the world

REFERENCES


ACKNOWLEDGEMENTS & CONTACT

I would like to thank the patients for kindly giving their permission to discuss the work, plus the Wessex Facial Nerve Centre team, in particular Lorraine Clapham, specialist facial rehabilitation physiotherapist and the adult health psychology team at UHS for all their support.

Any questions, please contact helen@psychological.me.uk