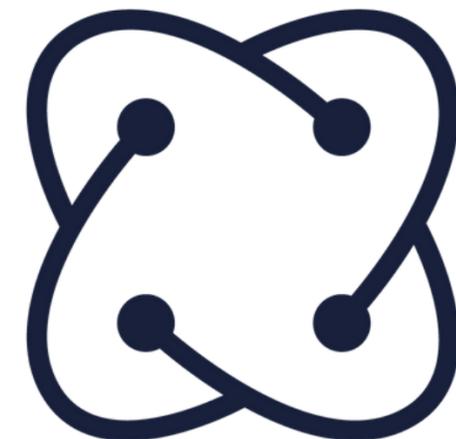


WEBINAR

WEBINAR: NAVIGATING MENTAL HEALTH SERVICES FOLLOWING A BRAIN INJURY

*NRC Medical Experts in conversation
Wednesday 5 October 2022*



NRC

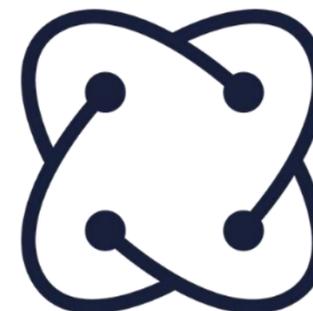
MEDICAL EXPERTS



WEBINAR CHAIR

Dr Edmund Bonikowski

Founder of NRC Medical Experts and Consultant in
Rehabilitation Medicine



NRC
MEDICAL EXPERTS

PANEL



Jemma Morland

**Director Solicitor,
EMG Solicitors Limited**



Dr Koko Naing

**Consultant in Brain Injury
& Neurological
Rehabilitation**



Dr Rebecca Brady

**GP & Medical Director,
HCML Rehabilitation
Solutions**



TAKE PART

Use the Q&A functionality to write a question or comment for the panel.

Please have your say!



MENTAL HEALTH AND BRAIN INJURY

Mental health changes are very common following a brain injury - let's explore the evidence and some common themes

WHAT THE RESEARCH TELLS US

The risk of developing post-traumatic stress disorder (PTSD) & major depressive disorder was higher for people who had sustained TBI

STUDY: PTSD & DEPRESSION. 2019

1 in 5

individuals may experience the onset of mental health symptoms up to six months after mild TBI

STUDY: PTSD & HEAD INJURY. 2019

People who had been hospitalised for brain injury faced a 65% higher risk for schizophrenia and a 59% higher risk for depression

STUDY: HEAD INJURY & PSYCH. 2014

Following a TBI, rates for depression (13.9%) and panic disorder (9%) were significantly higher than in general population

STUDY: PSYCH DISORDERS & TBI, 2008

THE OVERLAP IN SYMPTOMS

All cognitive, psychological, emotional and behavioural skills come from the brain.

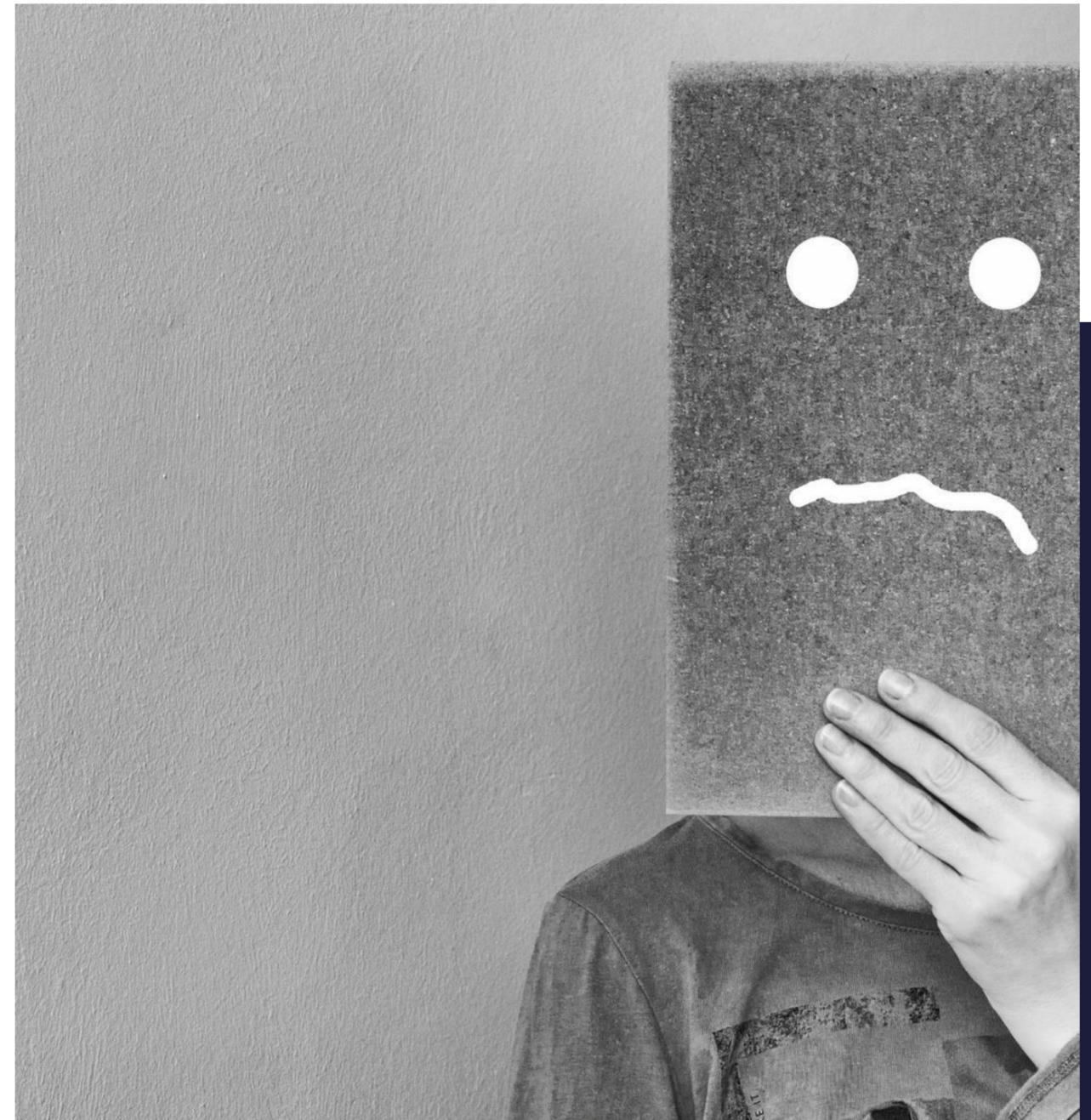
- Existing mental health conditions can be made worse due to post-injury dysfunction in the way the brain communicates
- Psychological symptoms may be caused by direct damage to the brain
- The impact of the trauma of the overall injury and the process of recovery can take a psychological toll



SYMPTOMS SEEN IN CONTEXT

Following a brain injury, people may experience:

- difficulties in sleeping
- depression, anxiety and PTSD
- anger, frustration and mood swings
- cognitive issues
- problems with regulating behaviour, OCD
- difficulty with family relationships





MENTAL HEALTH DIAGNOSES

Mental health describes a wide range of psychological conditions, such as:

- schizophrenia
- clinical depression
- anxiety disorder

Navigating diagnoses and services following brain injury can be made even more complex by this overlap and the symptom challenges.

MENTAL HEALTH POST TBI IS INFLUENCED BY:

- Pre-injury personality traits
- Prior history of mental illness
- History of alcohol and/or substance misuse
- Severity of the brain injury
- Post traumatic amnesia and ongoing cognitive impairments- attention, memory, language
- Damage to the frontal lobes of the brain and associated neuronal networks - executive functioning difficulties
- Communication problems
- Social factors



A COMPLEX JOURNEY



Individuals, families, legal and case management teams face a long process in both identifying and accessing the right support



Often, physical symptoms and functional impacts are the more visible 'problems' and so are addressed first



Context is crucial: understanding the individual before their injury is key to establishing a way ahead

ACCESSING AND NAVIGATING TREATMENT AND SERVICES



Trained in both Neurorehabilitation and Neuropsychiatry. Responsible Clinician and Section 12 approved.



Current Neuropsychiatry service in the UK is based in a few regional centres. NSF focused on providing comprehensive (neuro)psychiatry services.



General psychiatric service does not accept N.Psychiatric/BI patients.



Plan for the future service provision:
- Funding sources and commissioning arrangements
- Working together among Neurosciences, N/Psychiatry and Commissioners



Brain Injury
Referrers - Case Managers and Solicitors, sometimes individuals.



Dr Koko Naing
**Consultant in Brain Injury
& Neurological
Rehabilitation**

SECURING THE RIGHT FUNDING AND WORKING WITH THE CLINICAL MDT

- ✓ Property and Affairs deputy making financial decisions in 'P's' best interests, where capacity is lacking
- ✓ Deputy standards: Duty to maximise income and claim all statutory funding available (social care/health care)
- ✓ Consider the use of a 'Case manager' with combined ABI/MH experience – backgrounds in MH nursing can be helpful
- ✓ Work with the clinical MDT to establish 'P's' wishes and feelings and for any BID making (best interests decision making), where substituted decisions needed
- ✓ Consider MHA/MCA issues



Jemma Morland

**Director Solicitor,
EMG Solicitors Limited**

ACCESSING AND NAVIGATING TREATMENT AND SERVICES



Practising GP and Medical Director of HCML Rehabilitation Solutions
- (case management & rehabilitation support and services to TBI patients)



Holistic care is important



Challenges:

- services not accepting patients with TBI or having narrow criteria for services
- TBI and co-existent psychiatric disorders – where does one start and the other begin?
- How rehabilitation of physical conditions is often impacted by pre-morbid or new psychological symptoms which are either directly related to the TBI or related to the impact of the trauma of an accident – How do we successfully unpick this?



Dr Rebecca Brady

**GP & Medical Director,
HCML Rehabilitation
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TAKE PART

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THANK YOU

You can watch the webinar again, along with the other NRC webinars at www.nnrc.org.uk.