Brain injury Case Management and Mental Health

Ms Cathy Johnson

Rehab Without Walls

Rehab Without Walls

- Established 1995
- Has 17 case managers working across the UK
- Currently managing approximately 200 cases
- Provides brain injury case management to catastrophic and clinical negligence cases but has a number of spinal injury and other catastrophic injury cases
- Provides expert care/case management reports and neuropsychological reports
- Became CARF accredited in October 2009 and has just been surveyed for the 4th time

Cathy Johnson

- Qualified as a social worker in 1975
- Has worked in Brain Injury since 1984
- Has worked in acute neurosurgical units, rehabilitation and mental health
- Set up Rehab Without Walls with Neil Brooks
- Founder member of BABICM and CMSUK
- Chair of BABICM 2007-2010
- Currently managing RWW and still part of BABICM managing council.

My Experience

- We’re now dealing with more complex problems than ever before
- We not only see dual diagnosis of brain injury and mental health, but often triple – learning disability , and quadruple diagnosis – substance abuse.
- Women are catching up to men in the numbers who have a head injury and in triple and quadruple diagnosis

Some questions?
Which I may not be able to answer!

- Can mental health problems lead to brain injury?
- Does brain injury predispose people to mental health problems?
- How do we assess and manage clients who have a double diagnosis?
- Is there a need for specialist case management in these cases?
- Is this a wider issue?

Wider Issues?

- ABI affects not only the injured person but their network of family, friends and work colleagues
- Every professional involved in brain injury should be mindful of potential mental health problems,
- Know how to recognise them
- And know how to find support

My Experience

Some personality traits such as impulsivity or violence can lead to a higher risk of Brain injury

- Risk taking or impulsive behaviour can increase the risk of falls or RTAs – running across rooftops or driving at speed to avoid the police
- using violence to resolve conflict increases the risk of brain injury - people get injured in fights

My experience

Brain injury can result from attempted suicide related to depression or psychosis

- Even when in hospital for treatment – jumping out of a 4th floor window
- Taking an overdose
- Getting out of a bus in the fast lane of the motorway!

Substance Abuse

- Unintentional overdose
- Effects of substances on brain eg alcohol abuse (Korsakoff's syndrome)
- Possibility of stroke
- Risk taking behaviour under influence of substances eg drunk driving

Post Brain Injury

Depression

- Most frequently reported with rates of 40 -60% experiencing depression post injury (I suspect that it's higher than this)
- Can be related to lifestyle changes such as loss of job, relationships, family
- Can happen at any time following an injury (related to increasing insight?)
- Grieving for loss of self and loss of future
- Leads to poorer health outcomes and reported problems of increased psychological distress, cognitive problems, especially memory problems

Post Brain Injury

Anxiety

- Commonly seen where people have PTSD, OCD, panic attacks, agoraphobia
- Usually seen where there is another disorder eg depression
- Can have a significant impact on the success of rehabilitation because it limits participation in activities

Signs to look out for:

1. Decline in ability to:
   - Perform everyday tasks
   - Cope with day to day life
2. Increase in behavioural issues eg anger, irritability
3. Exaggeration of the effects of brain injury
4. Reduced confidence
5. Social isolation or withdrawal
6. Poor sleep

Other disorders – my experience

Bipolar and Psychosis

- I see more people who have a pre existing illness than those who have developed such an illness after a brain injury

Personality disorders

- Sometimes it feels as if all of my clients have personality disorders at some level

Similarly a high proportion of RWW clients are involved in substance abuse at some level

Assessment and Management – for case managers

- Get a neuropsychological assessment which should include pre injury mental health and any post injury problems
- Be aware that there is a risk of mental health problems post injury
- Be aware of the common symptoms of ABI and mental health problems eg memory, attention and concentration, fatigue, lack of initiation and drive, problems multitasking

Assessment and management – for case managers

- Involve a neuropsychiatrist to provide a definitive diagnosis and to guide treatment – and if necessary prescribe medication
- Use the neuropsychiatrist to work out the pre injury, injury and post injury factors which are causing symptomatology and use that to decide:
  - What you can treat?
  - What you need to manage?
  - And what can go on the back burner/ that you can't influence

Assessment and management – for case managers

- Identify risks and prepare a risk assessment plan
- Refer to statutory services when necessary eg CAHMS for children and young people
- Identify the overarching problem and refer to appropriate services – brain injury and mental health are rarely treated together
- Provide education and support for those services if necessary
- Keep monitoring and assessing to ensure that your intervention remains appropriate

Assessment and management - general

- If no case manager is involved get a referral to the local IAPT (Improving Access to Psychological treatment)
- Get involved in activities on a regular basis – I try to encourage my clients to do something regularly at least once a week
- To set small steps but build up activities
- Set goals which are achievable and rewards for achieving goals
- Have a weekly diary of activities so that there is something to look forward to every day.

Families and carers

- Mental health problems aren't limited to the injured person - family members also struggle to cope with changes following brain injury
- Psychological support and education may help
- Important for all professionals to be able to recognise signs of stress, low mood, depression, anxiety in family carers
- Consider respite care

Specialist Case Managers?

- There are case managers who have dual training
- More training and supervision is needed to develop expertise in case management
- Some are managing dual/triple diagnosis without the necessary training and support
- But with support/supervision from a more experienced case manager they should be able to provide appropriate input.

Some Final Thoughts!

We need:

- Training on dual diagnosis in the statutory and independent sectors
- More neuropsychiatrists
- Crisis teams trained in dual diagnosis
- More training for case managers both in brain injury and in mental health
- Increased awareness of brain injury in the criminal justice system

For more information

Headway

- fact sheet on mental health and brain injury
- Psychological effects of brain injury
- helpline@headway.org.uk

Mind

- Tips for everyday living
- Helpline – call 0300 123 3393