



## Mental health and brain injury

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Please help us to continue to provide free information to people affected by brain injury by making a donation at [www.headway.org.uk/donate](http://www.headway.org.uk/donate). Thank you.

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### Introduction

Brain injury and mental health are often seen and treated as two entirely separate diagnoses, or sometimes confused as being the same thing. However, both can be true; brain injury is sometimes an entirely separate issue to mental health, whereas other times brain injury can lead to mental health issues developing. It may also be that you had mental health issues prior to the injury, and that the brain injury exacerbates your pre-existing mental health symptoms. There are therefore different ways in which mental health and brain injury can overlap.

This overlap can occur because all cognitive, psychological, emotional and behavioural skills come from the brain, and both brain injury and mental health issues occur because of some dysfunction of the brain.

This factsheet has been written to help you to understand the differences and overlap between brain injury and mental health, and what to do if you suspect that you have a mental health condition after your brain injury. Other useful services are listed at the end of the factsheet for further information on this topic.

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Website: [www.headway.org.uk](http://www.headway.org.uk)



## How are brain injury and mental health different?

Brain injury can result in a vast array of psychological effects. Common issues include depression, anxiety, anger, cognitive (thinking) issues and problems with regulating behaviour. These issues can either develop because of damage to the areas of the brain that are responsible for managing emotions, or as a result of struggling to do the things that you once did. Psychological changes are therefore a very common effect of brain injury, and they can sometimes improve over time.

Mental health is a broad term used to describe a wide range of psychological conditions, such as schizophrenia, clinical depression and anxiety disorder. Each condition has characteristic psychological, emotional and behavioural effects and is serious enough to have an impact on everyday functioning. In extreme cases, a person with a mental health condition may have psychosis, in which they experience things that do not actually exist, such as hallucinations and delusions.

For instance, schizophrenia is a condition that has distinct symptoms such as hallucinations, and these symptoms can have a major impact on day-to-day functioning. Another widely known mental health condition is bipolar disorder, in which people have rapid fluctuations of high and low moods that are not necessarily triggered by external events.

It may be that you experience the kind of symptoms that people with a mental health condition experience. However, to be diagnosed with a mental health condition, a person needs to demonstrate some degree of each of the characteristic traits of a specific condition, as defined by manuals such as the Diagnostic and Statistical Manual of Mental Health Disorders (the DSM-5). For example, although you may show psychological traits of emotional lability (rapidly changing or exaggerated emotions), you will not be diagnosed as having bipolar disorder unless you display other traits required for the diagnosis.

Another example is that you may demonstrate behaviour that seems to be obsessive, but this does not mean that you should be diagnosed with obsessive-compulsive disorder (OCD) unless you display the other required traits of OCD, such as engaging in the behaviour on most days for at least two weeks.

An appropriate professional, such as a clinical psychologist, neuropsychologist or neuropsychiatrist will be able to decide whether or not the behaviour that you display can be understood as being a direct consequence of the brain injury, or in fact warrants a diagnosis of a mental health condition. For more information on this, see section *Professionals involved in mental health and brain injury*.



## Overlaps between brain injury and mental health

Sometimes brain injury can result in the development of a mental health condition. Research indicates that people who have experienced a head injury are more likely to develop a mental health condition than the general population, particularly the conditions of schizophrenia, bipolar disorder and clinical depression. The exact reason for this is unclear, although some suggested causes are damage to the brain itself, changes in neurotransmitters (chemicals) in the brain and the psychological trauma of brain injury.

If you are diagnosed as having a mental health condition after your brain injury, this is called a 'dual diagnosis'. A dual diagnosis can sometimes result in one condition having an impact on the other. For instance, someone diagnosed with clinical depression may not want to engage with rehabilitation following brain injury because they do not feel motivated to do so. Or someone with schizophrenia may not trust his or her team of rehabilitation therapists if they have delusions of persecution (a fixed belief that people are intending to harm and persecute someone in the absence of evidence). Similarly, a brain injury can exacerbate pre-existing mental health issues; for example, someone who may already have been diagnosed with bipolar disorder finds that after brain injury, the mood fluctuations take place more rapidly.

## Diagnosing mental health after brain injury

A brain injury can sometimes be apparent if an external injury has occurred (such as an open head wound from a road traffic accident) or if a scan shows an abnormality (such as a tumour). However, often there are no obvious signs of a brain injury and it remains a 'hidden' disability. Similarly, there are often no visible signs of mental health conditions, and they are often indeed also 'invisible'. They can be particularly difficult to distinguish from the already changed behaviour that can be typical of brain injury.

Families, friends and carers can help by keeping a close eye on your behaviour and monitoring whether it markedly differs over time or if moods become extreme. Again, remember that this can be normal after brain injury, so it can help to familiarise yourself and educate family and friends with information on the common effects of brain injury. Headway has a large range of booklets and factsheets on the effects of brain injury that can be downloaded for free from the Headway website at [www.headway.org.uk/information-library](http://www.headway.org.uk/information-library).

If you, or your family or friends suspect a mental health condition, speak with your GP. It may help to take this factsheet with you to explain your concerns. GPs can then provide referrals to appropriate professionals if further assessments or services are required. They may also prescribe medication to help with issues such as depression, or make referrals to talking therapies.



## Treating mental health and brain injury separately

As mentioned above, changes in emotion, psychological states, behaviour and cognition are all very common issues following brain injury and do not necessarily indicate a mental health condition, so it is important to ensure that you are receiving support from services that are appropriate for you. Therefore if you have not been diagnosed as having a mental health condition, you should not be referred to mental health services, but to services that are specifically for brain injury.

As the effects of brain injury are often not visible, especially the 'hidden' effects such as emotional changes, it may be difficult to explain to people, even medical professionals, that the effects are the result of a brain injury and not commonly known mental health issues. You can show this factsheet to anyone if you feel that it helps to clarify the difference between mental health and brain injury, and the importance of being treated appropriately.

## Treating mental health and brain injury as a dual diagnosis

It may be the case that there is a dual diagnosis and that you require support from both mental health and brain injury services. If this is the case then you will realistically likely need to find separate services for both, as they are rarely treated together. As well as this, you may find that mental health services will not support you because of a diagnosis of brain injury, or vice versa.

If you are experiencing issues with getting appropriate support from both services, you may wish to seek help from an advocate. The Headway helpline can help with finding details of local advocacy services, or you can contact your local Headway group or branch for support.

Different types of treatment are offered for different mental health conditions, and different things will work for different people. Advice on, and referrals for treatment should always be given by appropriately trained medical professionals, and treatment should always be offered on a case-by-case basis.

Below are some of the common forms of treatment that are offered for mental health and brain injury dual diagnoses, although this list is not exhaustive and does not include every form of treatment available.

Medication - there are lots of medications available to manage the symptoms of various mental health conditions, and prescriptions will depend on what is most suitable for the individual. Sometimes only a short course of medication is needed to get through a short period of difficulty, whereas other times medication may be required on an ongoing basis.



- Talking therapies - trained professionals can offer various forms of talking therapy. These allow for a person to talk openly, and through doing so explore their own emotions and thought processes. The therapist can then further help the person with identifying ways in which to manage the thought processes and emotions. There are a range of talking therapies available, such as counselling or cognitive behavioural therapy. They are available either through the National Health Service (NHS) or privately, so you can either speak with your GP about referrals, or alternatively, make contact with the Headway helpline for advice on seeking private therapy.
- Self-help websites - there are a number of self-help websites that can offer information and guidance on managing psychological issues such as anxiety and depression. The website [www.getselfhelp.co.uk](http://www.getselfhelp.co.uk) offers a list of self-help websites for various psychological issues.

## Professionals involved in mental health and brain injury

There are a number of professionals and services that can offer support with brain injury and mental health. It can be helpful to know about the different types of professionals available and what each of them specialise in so that appropriate referrals can be made according to your support needs.

- Clinical psychologists - these are professionals trained in a broad range of mental health issues. They will likely have some understanding of brain injury.
- Neuropsychologists - these are professionals trained as clinical psychologists and then go on to specialise in the psychological, cognitive, emotional and behavioural effects of brain injury.
- Neuropsychiatrists - these are psychiatrists (medically qualified doctors who have gone on to train in mental health) who have specifically trained in how disease of the nervous system, such as brain injury, can result in mental health issues. They will have particularly expertise in dealing with dual diagnoses cases.
- Mental health crisis teams - for more information, see section *Mental health crisis teams*.

Improve Access to Psychological Therapies - this is a national scheme run by the NHS which aims to make psychological therapies more accessible by enabling people to make self-referrals to mental health services in their area.

- Your local Headway group or branch - you can locate your nearest group or



branch by visiting the Headway website on [www.headway.org.uk](http://www.headway.org.uk), or by contacting the Headway helpline on 0808 800 2244.

## Mental health crisis teams

These services exist for anyone with mental health issues who requires support in the community or is experiencing a crisis such as suicidal or psychotic thoughts. The team comprises psychiatrists, mental health nurses, social workers and support workers.

Mental health crisis teams are run through local NHS services, so contact details of your local mental health crisis team will depend on whereabouts in the country you are. The Headway helpline can assist with finding local details if you are unsure of whom to contact.

You will usually need to go through a GP to initially get a referral onto the crisis team. It can help to familiarise yourself with what support the local crisis team is able to offer; most teams have details available on their website. Again, the Headway helpline can help with finding this information if you are not able to use a computer.

Crisis teams are available 24 hours a day, seven days a week. Therefore, once referred, you should be able to get support from the team regardless of when you are experiencing a crisis. The crisis team can help by arranging home visits, offering medication and referring to other local services.

**If you are experiencing a mental health crisis and you are not under the care of a mental health crisis team, call 999 or go to your nearest Accident and Emergency department.**

## Other useful services

- Samaritans - [www.samaritans.org](http://www.samaritans.org)  
116 123
- Rethink - [www.rethink.org](http://www.rethink.org)  
0300 5000 927
- Mind - [www.mind.org.uk](http://www.mind.org.uk)  
0300 123 9999
- Online help - the NHS Choices website has a list of mental health services that can offer online support to people experiencing a range of mental health issues. For more information, visit [www.nhs.uk/conditions/online-mental-health-services/pages/introduction.aspx](http://www.nhs.uk/conditions/online-mental-health-services/pages/introduction.aspx).



## Conclusion

Mental health and brain injury are separate conditions, but this does not mean that a person cannot be affected by both. It is important to make sure that you are accessing the right kind of support depending on the diagnosis given, and it is hoped that the information in this factsheet has helped to clarify where that support can be sought from.

More information on the psychological changes after brain injury can be found in the Headway booklet *Psychological effects of brain injury*. You can browse through Headway's range of other publications from the Headway website at [www.headway.org.uk/information-library](http://www.headway.org.uk/information-library).

**To discuss any issues raised in this factsheet, or to find details of our local groups and branches, please contact the Headway helpline free of charge on 0808 800 2244 (Monday - Friday, 9am-5pm) or by email at [helpline@headway.org.uk](mailto:helpline@headway.org.uk).**

You can also find more information and contact details of groups and branches on our website at [www.headway.org.uk/supporting-you](http://www.headway.org.uk/supporting-you).

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