

7.6 Brain Injury

Brain Injury is a common condition which can lead to long-term illness and disability. Often the most difficult problems for patients and their families to address are the neuropsychological and neuropsychiatric sequelae, including cognitive impairment, organic personality change and challenging behaviour. The incidence of serious mental illness is also high in this population. Those who have suffered a brain haemorrhage, brain tumour, or hypoxic brain injury and those affected by some neurological conditions including Huntington's disease may experience similar problems. There are also a significant number of people whose difficulties are compounded by having sustained damage to their brain as a result of the effects of alcohol.

The difficulties which many face following a brain injury are complex. Often, the brain injury leads to major changes in life, perhaps moving from independence, and from being a partner, provider or carer, to being dependant and greatly in need of support. The difficulty in adjustment to disability is compounded by the fact that the very part of the body which is central to the understanding and adaptation to change is affected by the injury. It is often the neuropsychological and neuropsychiatric effects of the brain injury that give rise to the greatest difficulty for those who have been injured and those around them.

The needs of those who have suffered significant brain injury can be complex and long term and can emerge at various points in the course of recovery. They cross traditional service boundaries. There are often social, medical and psychological needs to be met. An important principle is that the provision of services should be tailored to meet the needs of the individuals affected by brain injury rather than expecting that they will fit into structures and systems. The standards which follow reflect this.

Standard 52: Brain Injury Assessment, Early Intervention, Treatment and Ongoing Care

A person with a neurological or brain injury with mental health needs should have access to a full range of age appropriate mental health services for assessment, early intervention and a full range of age appropriate specialist treatment, care and support that include residential options and specialist inpatient mental health services staffed by a team of professionals with a range of skills and competencies offering rehabilitation in order to meet their continuing and changing needs.

Rationale

The needs of those who have sustained a brain injury can be complex. There may be co-existing developmental physical, emotional and social problems. The incidence of psychiatric problems, particularly mood disorder, is high. Situations can arise where there is lack of clarity regarding responsibility for service provision. This can occur where there is co-morbidity or where the individual needs cut across programmes of care.

People are very different in terms of need and therefore no single service solution will meet their needs.

For a number of people these needs will be life long.

Management in an appropriate setting optimises function and reduces the need of sedative medication which can have adverse effects.

Specialist neurobehavioral rehabilitation is effective and can improve long term outcomes and reduce the cost of long term care. It is essential for safe management of people whose behaviour is significantly challenging. Currently there is no dedicated in-patient unit for females, children and adolescents.

Evidence

British Society Rehabilitation Medicine/Royal College of Physicians (2003) Rehabilitation following acquired brain injury: National Clinical Guidelines.

<http://www.rcplondon.ac.uk/pubs/contents/43986815-4109-4d28-8ce5-ad647dbdbd38.pdf>

Bamford Review: The Reform and Modernisation of Mental Health and Learning Disability Services (May 2007) <http://www.rmhdni.gov.uk/>

DOH (2005) National Service Framework for Long-term Conditions http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4105361

Responsibility for delivery/implementation

Trusts

Quality Dimensions

Person Centred – People, what is important to them, their family and friends are central to the assessment and early intervention/treatment process. Options should be explored in regard to what would work best for them given their unique context and lifestyle.

Timely, Effective, Efficient - Reduce demand across services, people will be seen by the appropriate services. Treatment of mental health needs has a significant impact on rehabilitation and long term outcomes

Variability in practice currently

Safe – appropriate assessment and treatment will minimise vulnerability, risk of suicide and risk to self and others arising from behaviours that challenge

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Agree and implement local protocols and referral criteria for mental health services that demonstrates inclusion for people with Mental Health needs post brain injury	Regional review of referral criteria – adult and CAMHS HSC Trust report	Establish baseline Performance level to be determined once baseline established	March 2013
Percentage of people with brain injury who have been assessed and are in receipt of appropriate specialist treatment, care and support	HSC Trust report	Establish baseline Performance level to be determined once baseline established	March 2014