

# Do you see me?

Exploring the relationship between **brain injury and mental health**

BRAIN INJURY REHAB by  
**voyage**care 

# A warm welcome from us!



## **Vicki Bennett | Operations Director**

Vicki is knowledgeable and experienced, having been involved in the brain injury rehabilitation sector since 2009. With both a personal and professional link, Vicki is passionate about the development of services for people with brain injuries.



## **Alan Marshall | Director of New Developments**

Alan is a qualified nurse who has worked in the health and social care sector for over 30 years. He has significant experience in service redesign and innovation, delivering new provision models and services to clients across the UK.



## Who are Voyage Care?



Voyage Care is the **sector-leading provider** of high-quality care and support for young people and adults with learning disabilities, **brain injuries**, autism and other complex care needs.

- ✓ **19 services** providing dedicated brain injury support.
- ✓ Over **220 people** with brain injuries supported.
- ✓ **18,000+ care hours** delivered each week!
- ✓ Rehab **at home**, in the **community** or in a **residential** setting.
- ✓ **All brain injury services** rated Good or Outstanding by CQC.
- ✓ 16 of our 19 services are **Headway accredited!**



Voyage Care is the sector-leading provider of high-quality care and support for young people and adults with learning disabilities, brain injuries, autism and other complex care needs. We support over 3,500 people across the UK.

We have an expert brain injury team that operate across the UK to deliver tailored rehabilitation at home, in the community or in one of our purpose-built properties. We have a holistic, person-centred approach to brain injury care and support, and utilise slow stream rehab and therapy support to help people with brain injuries regain their independence and enhance their quality of life.

As well as this, we are dedicated to high-quality care, evidenced by all of brain injury locations being rated either Good or Outstanding by the CQC\*. 16 of our 19 services are also accredited by Headway, the brain injury association, demonstrating our commitment to brain injury best practice and focus on delivering best outcomes.

Brain injury is our thing, and we do it extremely well, so we know what we're talking about!

# What we'll cover

There's an **undeniable link** with mental health and brain injuries in the UK and beyond. In this session, we will:



Uncover **clinical theory**, insight and stats.



Discuss the **three main ways** they're linked.



Showcase **three, real-world stories**.



How can we **work collectively** to help?



Share **what we're doing** to support this.



Thank you for your interest in our highly anticipated talk, which surrounds a topic we are extremely passionate about. In this presentation, we will explore the undeniable link between brain injuries and the ever-growing topic of mental health.

This will include clinical insights from expert clinicians and professionals we work with such as Andrew Worthington and Tony Gowlett, as well as discussion on the three main ways we have experienced this link, each of which are showcased in the real-life stories from three people we are currently supporting on their brain injury journey.

We'll also include some commentary around the challenges we face in the sector and how we can all work a little more collaboratively to overcome them. We'll also be sharing what we are doing as a provider to promote positive outcomes for those with dual diagnosis.



## Mental health is on the rise

Mental health problems are rising and there's not enough resource across the sector to effectively support people.

**1 in 4 people**

in England experiences a **mental health problem**.

**75%**

of people with mental health problems in England **may not get access** to the treatment they need.

**4 million+**

people in the UK are living with a mental health condition **alongside another long-term physical condition**.

There's been an overwhelming rise in mental health problems across the UK in recent years, but the sector hasn't been able to keep up. This has resulted in a mental health crisis showcased by these truly shocking statistics.

But why should we care? Well, we've seen a substantial increase in the number of brain injury referrals for people with a dual diagnosis of mental health needs or suspected mental health concerns, and it's becoming harder to find suitable care and support placements across the country.

45%

of the brain injury clients we support, display a  
**mental health concern / dual diagnosis.**

We did some analysis of our client caseload to understand the scale of this in our own services. Shockingly, **a huge 45% of the brain injury clients we support are presenting with both brain injury AND mental health needs.**



## Link to brain injury



There's lots of **overlap** with brain injury and mental health as their effects can **present almost identically**.

**This can lead to:**

- Misdiagnosis
- Inappropriate care placements
- Lack of appropriate support

As a result, there are complications in people's care journeys, leading **to poor outcomes and progress**.



**Why?** Well, we know the effects of both brain injury and mental health can present in similar ways.

This often leads to misdiagnosis and sometimes miscalculation, inappropriate placements where people are sectioned or placed in elderly care facilities, and lack of appropriate support, whereby the right experts aren't engaged or utilised.

Each of these erroneous approaches have devastating effects on people's outcomes, often complicating people's journeys and, ultimately, letting down vulnerable people.

## Three main links...

From experience, we have identified there are **three main links** between brain injuries and mental health:



**Pre-existing concerns**



**Post brain injury concerns**



**Pre and post concerns**

We have seen **each instance** while supporting people with brain injuries at Voyage Care.



Throughout our careers at Voyage Care, and certainly from the cases we are seeing, we've noticed a trend that suggests there are three main links between brain injury and mental health.

- **Pre-existing mental health concerns**, which can often lead to the brain injury occurring, for example schizophrenia leading to suicide and a hypoxic brain injury.
- **Post brain injury mental health concerns**, arising because of a brain injury, such as a traumatic, unprovoked attack causing a TBI and resulting in overwhelming anxiety post brain injury.
- **Both pre-existing and post brain injury mental health concerns**, where someone has had depression, maybe leading them to drink which has caused a Korsakoff brain injury, which has then further exacerbated depression.

While there is **limited research** into the full extent of the connections, we have seen each of these instances when supporting people with brain injuries at Voyage Care and while the post injury is more commonly considered and the others brushed under the carpet, each is just as important to consider as the other.





## Pre-existing concerns: Ollie

Unresolved mental health issues can lead to or cause brain injuries. This was the case for Ollie, a person we support.

### Ollie's mental health battles included:

- Unstable homelife
- Being bullied at school
- Crisis around sexuality
- Eating disorders and self harm
- Adolescent psychiatric admittance
- Grief, anxiety and depression
- Borderline personality disorder



As a cry for help, Ollie attempted suicide in response to ongoing mental health needs. This resulted in a hypoxic brain injury.

We know that early childhood trauma can cause poor mental health and may eventually lead to brain injuries. This is something we have seen with a lot of the people we support, but one story we would like to share is Ollie's.

Ollie has struggled with mental health throughout her life, and it seems to be rooted in early childhood experiences. She had an unstable homelife, whereby her mum and dad had a tricky relationship, she was exposed to substance abuse from a young age, and this caused her to become introverted. She struggled to make friends at school and was bullied severely, which made her further internalise, all the while battling her feelings around her sexuality and identity.

Not knowing how to cope, she turned to self-harm and developed an eating disorder as a way of finding some relief from her mental health problems. This led to admittance to an adolescent psychiatric unit, where she still wasn't given appropriate support to deal with her internal battles.

A death to someone close to her led to her mental health needs spiralling. And, while she sought help privately, she was misdiagnosed, misunderstood and inappropriately medicated to relieve her symptoms. Ollie returned to work and tried to plough on with life. But one day, when out rock climbing, she fell down a mountain and hit her head. Ollie began hearing destructive voices in her head. They became so intense; she couldn't help but give in to them.

Eventually, she couldn't cope. After two attempts to stab herself, which led to hospital admittance, she took a small window of opportunity to do something drastic. She hung herself. This resulted in a hypoxic brain injury (lack of oxygen to the brain) and, after a failed placement to support her, she arrived at our specialist brain injury care home John Cabot House in Bristol just over a year ago.

Let's hear more of Ollie's story...



**Watch Ollie's story on Vimeo:** <https://vimeo.com/924950784/cf7e3db379>

You can see how closely linked Ollie's mental health and brain injury are and how they've impacted her outcomes and experiences. But now Ollie's flying through her rehabilitation and on the road to independence. Ollie feels blessed that she was given a second chance at life, with the support of our team at John Cabot House. And she knows happy endings don't happen for everyone...

## Post-existing concerns - James

Any brain injury, traumatic or mild, **can lead to or cause** mental health concerns that can become debilitating.

This was the case for James, a person we support at Theoc House. During a night out with his girlfriend in April 2022, he suffered a **life-changing traumatic brain injury (TBI)**.

### This has left James with:

- Depression and anxiety
- Challenging behaviours and aggression
- Low self-esteem
- Post traumatic stress disorder (PTSD)

People with TBIs are **twice as likely** to commit suicide.



Let's look at the post-brain injury link to mental health. Just as mental health can cause a brain injury, brain injuries can create poor mental health too. This is usually the type of mental health correlation we see and is widely documented in research across the sector.

An example of this is James, a person we support at Theoc House in Gloucestershire. He was a happy go lucky, motorbike mad, fitness guy who used to run 5km in 17 minutes. He had no documented mental health issues growing up and came from a loving, stable family.

He lived a regular life until, one day in April 2022, when he was on a night out in Cheltenham with his girlfriend, he was punched in the back of the head. At the age of 27 he suffered a traumatic brain injury that changed his life his life forever.

He was in a coma for months and on life support which was almost turned off as he hadn't shown signs of life. But the twitch of a finger saved his life, and his lengthy rehabilitation journey began - first in hospital, then at our specialist care home, Theoc House.

Since his brain injury, James has exhibited depression and low self-esteem because of physical changes that he struggles to accept. This often presents with challenging behaviour and aggression. He has also experienced personality changes and grieves for his old life and independence.

He's learnt to walk again and has started accessing the community but because of the incident that

caused his brain injury, he often experiences PTSD and has anxiety when out in busy, unfamiliar places.

Let's hear more about James...



**Watch James' story on Vimeo:** <https://vimeo.com/925491320/0e9bcfd718>

A shocking story of an average person whose world is changed in an instant.

The mental health problems James has experienced, because of his brain injury, are something that we sadly see all the time. But through holistic support and therapy interventions, we've supported James to turn things around and take control of his future. He's now on a waiting list to move out and start his new life.



## Pre and post concerns - Peter

There's also a **cyclic effect** where mental health concerns can lead to a brain injury which exacerbates mental health needs.

Peter had signs of psychosis. He turned to **drugs and alcohol** to self-medicate. Consistent abuse led to Korsakoff's dementia and inappropriate placements which **worsened his mental health**.

### This has resulted in:

- Self-harm
- Psychosis
- Anxiety and depression
- Challenging behaviours and aggression

**60%**

of those receiving alcohol support also need mental health support.



So, we've discussed pre-existing and post-occurring brain injury and mental health links, but the plot thickens...

We've noticed there can also be a cyclical effect when it comes to the brain injury-mental health correlation. So, what do we mean by that? It's when mental health concerns are present before a brain injury and may influence the brain injury event. In turn, this further impacts mental health after the incident.

**Meet Peter.** A Manchester lad through and through, he has a poor socio-economic background where opportunities and support was lacking. He developed signs of psychosis and used illegal drugs and alcohol in excess to self-medicate.

This led to an endless cycle of hospital admissions, sections, releases, relapses etc. On it went until one day he drank so much, he ended up in hospital after two heart attacks and several strokes. Instead of receiving the support he needed for his brain injury, he was placed in an elderly care home where his family lost oversight of his care during the pandemic.

His health declined rapidly and while he walked into the care home, talking and eating independently, he was wheeled out, non-verbal and now requires support for eating. His outcomes have been severely affected, resulting in self-harm, psychosis and further anxiety and depression.

There's lots to this story so let's watch a video that shares more...



Watch Peter's story on Vimeo: <https://vimeo.com/924949972/d43e7dca75>

A tragic story that is now showing chances of a happy ending with our support. But Peter's journey demonstrates the close link between mental health and brain injury and how social factors and inappropriate care can seriously impact both.



# What we're doing...

Across the sector, **lack of awareness and resource** to support this correlation is negatively impacting clients.

We've found internal solutions at Voyage Care to help us better **meet the needs** of the people we support.



**Holistic approach** to brain injury support.



Professionalising the **Therapy Lead** role.



**2 x BSPs** specifically for brain injury services.



So, what are we doing about this? Well, as you've seen from the videos, this is common, and you cannot treat one without the other and vice-versa. But awareness and resource across the sector on this topic is lacking severely to the detriment vulnerable people.

As a provider, we're often pushed from pillar-to-post when it comes to rallying Multi-Disciplinary Teams and getting the right support for our clients. So, we've taken things into our own hands. We've been creative with our solutions and made some small changes to better meet the needs of the people we support.

The first, which has always been something we are great at, is taking a truly holistic approach to brain injury support. We consider the whole person when they arrive with us. We don't just focus on the brain injury side, we dig into their pasts, uncover their relationships, think about their wider physical and mental health needs to ensure the best possible outcomes. It seems like a straightforward approach, but it's quite hard to achieve and, in our experience, isn't happening across the board. When we say person-centred care, we mean it. Everything we do is about improving quality of life and helping people to take control over their outcomes, big or small.

Another major shift that has helped no end in relation to this problem is professionalising the roles of our Therapy Leads. Before, we had therapy support from external professionals at certain points through the week, and it was hard to maintain that when they weren't there. Now, we have a Therapy Lead at every single service that is accountable for ensuring therapy intervention and tactics are utilising during care plans and in every interaction, working closer with the external professionals to facilitate therapy when they aren't there. We've seen incredible results from this approach and people in our services are making unbelievable progress!

Finally, something we've been working towards for some time and have sign off this week for, is the

introduction of two behaviour support practitioners specifically to cover our brain injury provision. One will be neuro specific and the other will be mental health specific and they'll work together to provide the pastoral and wrap around support our clients and services need in tandem with their brain injury care, delivered by experts that can understand and accommodate both side of their complex needs. This will be a gamechanger and will support us to take the pressure off our teams while leading the way on this topic.

But even with this internal support, there's still sector-wide issues...

# What can we do together?

Health and social care services are stretched across the sector due to **underfunding and lack of resources**.

**Doing nothing is not an option.**

Some simple things we can do:

-  Act quickly
-  Communicate
-  Collaborate
-  Be open-minded
-  Advocate



We aren't saying we have all the answers - we don't. But doing nothing isn't an option. Despite underfunding and lack of resources, we must do something to help this pool of vulnerable people who are being let down across the sector.

From our experience, there are some simple things we can do as a collective right now, from this day forward that will make a big difference, and a lot of it costs nothing.

- **Act quickly:** When you notice someone struggling, or out of character behaviour, don't delay. Both Ollie and Peter's stories could have been different with early intervention.
- **Communicate:** Too many times we've seen poor outcomes because communication has been poor between professionals. People make assumptions and fail to share vital information that can be the difference when it comes to finding suitable placements and support that deals with underlying problems.
- **Collaborate:** We need to be better at working together to find solutions. It's not always in our remit to get mental health intervention or to enlist therapists, but we do it, because it's what's right for the person.
- **Be open-minded:** The brain injury mental health correlation is tricky to navigate, and

people present in complex ways. This means as professionals we sometimes need to be more creative with solutions to get great outcomes, be open to that.

- **Advocate:** these people need our help. Often, they can't ask for the help they need or even know what help they need. We must be their advocates and be their voice in a sector that is broken and failing them.

If we don't do it together – who will?

# Summary

- A Mental health and brain injury are **linked**.
- B **Support and resource** sector-wide is lacking.
- C Vulnerable people **are suffering** as a result.
- D Early intervention and **appropriate care** is key.
- E The sector needs to work more **collaboratively**.





## Get in touch!

To discuss **placing a client** at one of our dedicated brain injury support services, or to find out more about how we can work together on **collaboration opportunities**, contact our friendly team!



0800 035 3776



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[www.voyagecare.com](http://www.voyagecare.com)

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# Links to research and references



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