

Brain Injury and Mental Health

Children and adults can experience Mental Health challenges following brain injuries. These challenges range from anxiety and depression to personality changes and psychotic disorders.

One Third

6 months to 1 year following an injury: one third will experience a mental health problem – that number will grow over time.

2 - 4 Times

People with BI have a 2-4 times increased risk of attempting or having death by suicide.

75%

As high as 75% of people seeking mental health and substance use treatment also have a brain injury.

Best Practices

The Mental Health System should:

- SCREEN for prior history of Brain Injury
- ASSESS Cognitive & Functional Impairment
- EDUCATE staff on Brain Injury
- EDUCATE the person about their Brain Injury
- PROVIDE and TEACH Accommodations
- CONNECT person served with Community Resources

COMMON PROBLEMS

After Brain Injury, we often see problems with:

- Attention, memory and new learning
- Slowed speed of processing
- Organization, problem solving & impulsivity
- Irritability, frustration & agitation

Balance, dizziness & headaches
Poor awareness of deficits & difficulties
Difficulty being flexible, poor self-monitoring

Mental Health personnel may see:

Looking uninterested because they cannot pay attention
Appearance of defiance because they cannot remember the rules
Slow to follow directions because they cannot process quickly
Getting into fights because of irritability, anger and impulsivity
Falling into things, often getting hurt
Difficulty engaging in the community because of cognitive changes
Gets stuck on an idea or a way of doing something, does not recognize mistakes

“Mental illness is no one’s fault. For many people, recovery - including meaningful roles in social life, school and work - is possible, especially when treatment begins early and the person plays a role in their own recovery process.” - NAMI

Common Accommodations for Brain Injury Challenges

Here are some common and simple accommodations:

Working for shorter periods of time
Getting rid of distractions around you, like noise or movement
Taking notes (on paper, in a notebook, on a phone or computer)
Using a phone to set timers to remember appointments
Repeating information to the person
Slowing down when talking; giving them more time to respond
Giving the person a list of house rules, written directions, or pictures to help them understand and remember
Coaching the person with the injury to “Stop, think and plan” then act
Coaching the person to take deep breaths when feeling angry or anxious

Tools for Best Practice

Brain Links’ Strategies & Accommodations Tool: <https://www.tndisability.org/rehabilitation>

Symptom Questionnaire: <https://mindsourcencolorado.org/adult-symptom-questionnaire/>

Cognitive Strategies Guidebook: <https://mindsourcicolorado.org/wp-content/uploads/2019/05/Strategies-and-Accommodations-Guidebook-CJ-Professionals-5.6.19.pdf>

Brain Injury Screening Resources:

OSU TBI Identification Method: <https://wexnermedical.osu.edu/neurological-institute/neuroscience-research-institute/research-centers/ohio-valley-center-for-brain-injury-prevention-and-rehabilitation/osu-tbi-id>

NASHIA's OBISSS: <https://www.nashia.org/obissssprogram>

Tennessee Resources

Brain Links' Website with many resources: tndisability.org/brain

Brain Links' Toolkits (for Service Professionals and Survivors):
<https://www.tndisability.org/brain-toolkits>

TN Department of Health TBI Program:
<https://tinyurl.com/3v5jrdt3>

Tennessee Brighter Futures' Resource Pages & Training for Brain Injury:
<https://www.tndisability.org/tbf-brain-injury>

Resource Pages & Training for Mental Health
<https://www.tndisability.org/tbf-mental-health>

Tennessee Brighter Futures is organized and facilitated by Brain Links through a contract from the Tennessee Department of Health TBI Program

References:

National Alliance on Mental Health (NAMI), [nami.org](https://www.nami.org)

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