Head on

What is the cost of not having an expert clinical neuropsychologist following a mild head injury, asks Linda Monaci

The cost associated with specialist assessments needs to be proportional to the value of the claim. This in principle seems a sensible and fair concept; the difficulty is that brain injuries and their effects may not be as apparent as visible injuries, such as orthopaedic injuries. Paradoxically, the same expert assessments that would be likely to increase the value of the claim, which would then allow for specialist assessments to take place, are not allowed in small and fast track claims. Experts are often instructed when a significant brain injury has been sustained, but what about those cases where any loss of consciousness is minimal and brain injury is not even mentioned to the injured party during their NHS treatment?

A road traffic accident or other traumatic event which involves a head injury may cause a brain injury, which can cause cognitive, emotional and physical symptoms. The severity of the brain injury is usually graded as mild, moderate or severe and this can help provide accurate information to the individual affected and their families, as well as implement the correct rehabilitation intervention. To complicate matters there are also cases in which a very minor blow to the head can cause persistent cognitive and emotional symptoms, although arguably any brain injury is very unlikely.

What happens on the ground?

A lay person may dismiss any cognitive problems they may experience as due to stress and not seek any formal support from the NHS or from other sources as part of their claim. Other individuals may misinterpret any normal cognitive inefficiency as evidence of them having sustained a brain injury, which then can became a vicious circle of anxiety, worry, increased self-monitoring and impairment in everyday life activities. While research indicates that the majority of those who sustain a mild brain injury recover within months, some individuals do not. It then becomes apparent that the timely provision of a neuropsychological assessment, support, and guidance on expected recovery is very important. Research has shown that this intervention is not only one of the most efficient, but also that it is most helpful soon after the injury, before a pattern of thoughts/feelings/behaviour becomes too entrenched.

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"Speedy rehabilitation"—a solution or part of the problem?

To compound the problem, often rehabilitation companies instructed by the defendant may identify general rehabilitation needs but effectively often lack the resources to correctly understand and treat persistent symptoms that may follow a mild brain injury. Individuals may not receive a neuropsychological assessment and information on their difficulties and recovery may be missed in their NHS care because of the scarcity of resources. If they continue to report cognitive problems they may be referred to Headway (a charity which supports people with acquired brain injury) through the claim process. However, arguably they need healthcare (specialised assessment and intervention) in the first instance, rather than social support. Furthermore, attending groups with people with moderate and severe brain injury usually just reinforces their views of having sustained a life-changing brain injury, with significant distress over their perceived losses and their future.

When is a mild TBI likely to have occurred?

According to the World Health Organisation, clinical identification of mild traumatic brain injury (TBI) is an acute brain injury resulting from mechanical energy to the head from external forces. Criteria include:

- One or more of the following:
  - confusion or disorientation;
  - loss of consciousness for 30 minutes or less;
  - post-traumatic amnesia for less than 24 hours;
  - other transient neurological abnormalities, such as focal signs, seizure, intra-cranial lesion not requiring surgery.
- Additionally the Glasgow Coma Scale should range between 13 and 15 out of 15 after 30 minutes post-injury or later presentation for health care.
- The symptoms cannot be caused by other reasons, such as drug, alcohol, medication, other injuries, problems or penetrating cranio-cerebral injuries.

What to make of the interpersonal variability of the persistent symptoms?

To date, there are disagreements about the conceptual framework in which persistent symptoms after mild head injury should be considered, and consequently treated. Some experts regard these symptoms as due to the pathogenic process associated with a traumatic brain injury; others regard these symptoms as merely co-occurring after a brain injury, triggered by the same event, but produced by different mechanisms. Given the secondary gains involved in a compensation claim, it is also necessary to include symptom validity testing to rule out symptom magnification and/or cognitive underperformance.

It therefore appears of paramount importance that a clinical neuropsychologist is involved in assessing someone's cognitive and emotional functioning and is given access to any hospital records as well as GP's records. In most cases this is essential to be able to correctly identify the severity of a known or suspected brain injury, which in turn informs on recovery and provision of the most effective rehabilitation treatment, as well as impacting on the potential financial value of a case. As Professor Jane Ireland's review has found, some individuals appear to offer medico-legal services but lack the required professional qualifications. According to the BPS' professional guidelines clinical psychologists should use the title of clinical neuropsychologist only after having met the competency standards examined by the BPS Qualification in Clinical Neuropsychology, which demonstrates they have the necessary expertise. NLJ

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