POST-CONCUSSION MENTAL HEALTH

PSYCHOTHERAPY AS PART OF AN INTEGRATED APPROACH TO CONCUSSION TREATMENT

BY ASHLIN TIPPER, RCC

According to a University of British Columbia study, 10 out of every 100,000 Canadians are affected by concussions and related symptoms. The study suggests the number of concussion sufferers may be much higher than reported, as concussions are often misdiagnosed and under reported. Concussion is defined as brain injury caused by impact to the head or force on the brain resulting in neurological damage. A concussion may not involve a loss of consciousness and is classified as a mild traumatic brain injury (TBI). The damage is considered functional and not structural, which distinguishes concussions from other types of brain injuries. For many people suffering from a concussion, symptoms resolve quickly, while others experience persistent, long-term adverse consequences, such as personal and physical impairment, social and relational difficulties, and cognitive dysfunction.

Recent literature suggests concussions can result in a wide variety of negative personal, social, and societal repercussions, including an increase in negative mental health outcomes and an increased risk of suicide. Evidence suggests difficulties after a concussion may include depression, anxiety, low self-esteem, and adverse psychosocial consequences.

PREVALENCE

Currently, the diagnosis of concussion relies on the sufferer’s ability to report their symptoms to a medical practitioner and relate the relationship to their head injury. The diagnosis and treatment recommendations are then dependent on the level of knowledge of the medical practitioner, who may not have consistent, standardized diagnostic criteria or current concussion assessments. This creates a large inconsistency in the formulation and treatment recommendations for concussion sufferers.

Confusion regarding the diagnosis of concussion can be complicated as the injury may not necessarily result from a direct blow to the head but could also be related to an injury which then transmits a force on the brain, such as a jolt to the neck or elsewhere on the body.

The Sea to Sky region is famous for an active outdoor lifestyle offering many extreme activities. It is for this reason that my social support experience involved helping many people who had experienced a head injury. My experience of providing support began with my position as an outreach worker providing low-barrier social support, and it has continued in my career as a therapist working in both group and individual settings. Whether they have a sport-related injury or a work injury or have been in a motor-vehicle accident, these clients are...
often suffering with a variety of new challenges, including energy problems, unpredictable emotions, depression symptoms, interpersonal difficulties, and financial problems.

In my experience, clients have benefited from learning current information about concussion symptoms, creating an integrated care team, and seeking both peer and professional emotional support. Benefits to delivering this support in a group format include increasing capacity to provide support, normalizing group member experiences, creating a peer support network, increasing client feelings of belonging, and fostering capacity for therapeutic peer cohesion.5

RELATIONSHIP TO MENTAL HEALTH
Some research findings point to a direct relationship between concussions and poorer mental health status.6 Concussion has been linked to major depressive disorder, generalized anxiety disorder, and increased risk of suicide.7 Psychiatric outcomes related to concussions are becoming more recognized as a growing area of interest for investigation.8

Concussion sufferers are at risk of having the psychological aspects of their injury impede their recovery. Sleep disturbance, fear, worry, rumination, and hyper-vigilance of symptoms may be associated with longer term mental health problems after a concussion; consequently, it is important to include

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the client’s previous mental health history, psychological factors, and risk of post-traumatic stress disorder in the conceptualization of the concussion injury, especially if symptoms worsen over time or have a later onset.9

A longitudinal Canadian study found post-concussion sufferers were at three times the risk of suicide in comparison to the population norm.10 Additionally, several studies suggest a correlation between concussions sustained during childhood and increased risk of subsequent psychiatric diagnoses.11

**INTEGRATED APPROACH TO TREATMENT**

Recovery from concussion often happens in a sequential way, with some sufferer’s experiencing severe or multiple concussions at risk of more prolonged or permanent problems.12 Individualizing therapeutic treatment to the client’s specific presentation is important, as symptomology and recovery are individual. Similarly, an individual treatment plan or community-based support group must allow for flexibility in the support offered to each client.

A program can be adjusted to include physiotherapy and occupational therapy. For example, physiotherapy may assist a patient in regaining balance, improving coordination, and addressing vestibular problems. A physiotherapist may also assist with a plan to return to work and play that addresses issues of brain rest and incrementally increases cognitive and physical activity for gradual recovery.13 An occupational therapist may be helpful for clients who need support with career changes, are experiencing difficulty with motivation, or are having vocational challenges post-concussion. In addition to a physician, other options for an integrated approach to concussion treatment may include a nutritionist, massage therapist, chiropractor, or naturopath.

**ATHLETES AND CONCUSSION**

For athletes, concussion can cause both clinical and non-clinical problems impacting several aspects of a person’s well-being. For many athletes, sport provides social inclusion, physical activity, mental stimulation, and a sense of belonging. For professional athletes, sport can provide income, self-esteem, and a sense of identity. Implications for athletes experiencing debilitating concussion injuries can include career changes/losses, financial difficulties, loss of culture, a decreased sense of self and a loss of their preconceived life narrative.14 These changes experienced
After a TBI can induce severe stress and anxiety. An athlete’s mental health status can be further impacted by experiencing increased isolation, stigmatization from peers, and an experience of grief and loss. Evidence suggests self-perceived identity can play a role in the mental health of athletes who have suffered concussions.

Therapy can provide an outlet for feelings of frustration, guilt, anger, loss, and confusion associated with concussion recovery. Studies have found patients have benefited from a psychotherapeutic approach that provides validation, empathy, and a sense of being “believed.” Further studies suggest post-concussion support in the community can lower the risk of suicide and acute mental health outcomes by providing support to those at risk. One study of hockey players affected by concussion states that therapeutic support can, “emphasize connectedness, hope and optimism, identity, meaning, and empowerment in the recovery journey.”

While there is a need for more research on the diagnosis and treatment of concussion, evidence suggests addressing mental health is an important component in an integrative approach to recovery from sport-related and other concussion-based injuries.

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**REFERENCES**

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**HERE ARE SOME HELPFUL TIPS FOR SUPPORTING CLIENTS WITH CONCUSSION SYMPTOMS:**

- Validate the client’s struggles to help clients who may feel dismissed or misunderstood due to the invisibility and interpersonal challenges associated with the injury.
- Promote an integrated support team for symptom relief by liaising with other health care providers such as their physician, physiotherapist, massage therapist, optometrist, and occupational therapist.
- Provide information on concussion symptomology and the emotional and cognitive energy deficit they may be experiencing.
- Introduce psychoeducation on the cycle of anxiety and anxiety-management strategies.
- Investigate underlying mental health vulnerabilities.
- Address difficulties which may arise in the client’s relationships and help create a way to communicate effectively to manage frustration, guilt, and irritation.
- Assist the client in creating a new narrative promoting recovery without shame, blame, or guilt.
- Support the client in solidifying their self-worth and redefining their identity, especially if the injury has resulted in a shift in roles e.g. parenting, career, income, etc.
- Provide or refer to current treatment information on a graduated return to work/play.
- Approach each injury with compassion and optimism for recovery.

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Ashlin Tipper, RCC, provides psychotherapy services to promote optimal mental health in Whistler and the Sea to Sky area. www.ashlintippercounselling.com