



Debate on acquired brain injury – 2 July 2019

1. Introduction

After a brain injury people can experience difficulties with speech, language and communication and swallowing problems. People are likely to have complex needs requiring specialist intervention. People with the most severe brain injury will have the most complex communication deficits and challenges with eating and drinking safely.

Speech, language and communication difficulties are invisible and their presence can result in exclusion from decision-making, healthcare decisions being made for the person, and challenges in talking to family, loved ones and healthcare staff.

Eating, drinking and swallowing needs are common particularly in the early stages and have potentially life threatening consequences including choking, pneumonia and chest infections.

Speech and language therapists are an essential part of the specialist neurorehabilitation team. They identify problems and support people to eat and drink safely and provide an essential lifeline for people with complex communication deficits to communicate their needs and wishes.

2. Definition

An acquired brain injury is caused by an injury to the head which disrupts the function of the brain (NICE 2007). Each person's brain injury is unique to them and consequently every person will experience differing symptoms and severity.

3. Care and support

Advances in emergency and acute medicine mean that many more children, young people and adults survive after an acquired brain injury. Most people require early and continued access to neurorehabilitation to optimise their recovery.

Rehabilitation is delivered by a specialist multidisciplinary team. Speech and language therapists are a core part of this team supporting people who may have complex needs including difficulties with speech, language, communication or swallowing problems.

Rehabilitation in specialist settings for people with acquired brain injury is effective and provides value for money in terms of reducing length of stay in hospital and reducing the costs of long-term care (NHSE).

Brain injury rehabilitation should be based on the needs of the person rather than their underlying pathology (NHSE).

4. Access to care and support

Working with people with acquired brain injury, the main focus for speech and language therapists is on communication. One of our services told us that that of the 27 patients with brain injury they are currently seeing, 26 of them have complex cognitive communication problems.

Our members report that there are variations in provision and access to services across England with specific challenges at the point of discharge between inpatient and subsequent services. This is in part due to community rehabilitation services not being appropriately resourced to meet the needs of people with complex difficulties.

Our specialist in-patient rehabilitation services told us that post-discharge people receive less intervention in the community which means that they are at risk of not maximising their potential which can result in social isolation and depression.

A number of our services reported that their inpatient service also provides an out-reach rehabilitation service, however one service told us that patients had to travel an hour to access this yet almost $\frac{3}{4}$ of patients opted to do this to retain continuity of contact and input. Our members did report that this model worked better across London than more rural areas.

We are concerned the patient categorisation tool used to measure a patient's level of need for care and therapy has no guidance manual so is open to interpretation and subjectivity. This is important as there are different funding streams for the different levels of specialist services.

5. Risks for the person

A person's inability to communicate with staff and family may result in frustration and inability to participate fully in the rehabilitation process. Difficulties communicating with loved ones can cause huge distress. Families and carers report communication difficulty as one of the most frequent and hardest to cope with experiences.

In the early stages, people with unsupported communication difficulties are at risk of being unable to communicate that they are hungry or thirsty or in pain.

In the longer-term people with acquired brain injury can be excluded from leisure activities, struggle to participate in education and to maintain employment, and can be excluded from all aspects of daily living that require communication, from banking, to shopping for food, and using the telephone.

6. Role of Speech and Language Therapy

Speech and language therapists are experts in communication. They are routinely involved in supporting people to make decisions, express their wishes and feelings, participate in decision making and participate in mental capacity process.

Role of speech and language therapy for **children with acquired brain injuries:**

- Speech and language therapy intervention aims to support and maximise communication skills after brain injury and to help the child succeed in their home environment and to enable them to participate in education and their community.
- Part of the role is the ongoing and long-term monitoring of children, which is delivered through educating parents and schools to be aware of potential consequences and to minimise secondary difficulties, such as emotional or behavioural problems arising out of communication impairments.

Role of speech and language therapy for **adults with acquired brain injury:**

- Through early assessment speech and language therapists can identify speech, language, communication and swallowing difficulties. They will develop strategies to optimise the recovery of communication skills and maintain safe eating and drinking for the person.
- For younger adults a key part of therapy is to focus on maximising the ability the person has to support a return to education or work.
- They educate others of the nature of the difficulties and provide strategies to better support the person.

<p>For more information, please contact the Royal College of Speech and Language Therapists on 020 7378 3021.</p>
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