

#### **Information Sheet PW32**

Information for participants in Lifetime Care and and workers in Workers Care

# **Depression after brain injury**

Depression after brain injury is common. Almost half of all people with a traumatic brain injury (TBI) experience symptoms of depression within the first year after injury. Following a brain injury you (and your family) may experience a wide range of emotional reactions and major life changes. The most common reaction is a depressed mood. The good news is that these feelings usually get better over time as you adjust to the injury and the changes that come with it.

#### Symptoms of depression include:

- feeling sad, empty or hopeless, crying more than normal
- losing interest in things that usually give you pleasure or a sense of purpose
- rapid changes to your weight when you are not trying to change it
- · sleeping too much or too little
- feeling tired or without energy nearly every day
- · feeling worthless
- · moving more slowly
- trouble concentrating or making decisions
- thoughts of death and suicide.

### Depression following a TBI can be caused due to:

- physical changes in the brain because of the injury. The balance of chemicals in your brain that are important for maintaining normal mood can be affected if the part of the brain that controls emotions was injured during the accident
- an emotional response to the TBI or the way things have changed because of the TBI
- causes unrelated to the TBI such as family or genetic history, you or someone in your family having depression or anxiety before the TBI

Sometimes, brain injury can lead to a loss of energy, and problems with thinking and initiative. These symptoms are like depression, and it may be hard to tell the difference between depression and the brain injury symptoms.

# What steps you take if you think you are depressed?

Step 1. Acknowledge how you feel.

Step 2. Seek help as early as you can, the quicker you can get help the better.

### How can you get help?

Talk to your icare Care contact or case manager about how you (and your family) are feeling. They may ask you to fill in some forms to learn more about your symptoms. They'll speak with you about a referral to a brain injury professional who can talk to you about the best way to help you with the depression.

# What can you do to help manage your depression?

You can help manage your depression by:

- avoiding drugs and alcohol
- eating healthy food and exercising
- · getting good quality sleep at night
- talking to your doctor if pain is affecting your sleep
- spending time with friends
- doing at least one thing a day you enjoy.

## What can friends and family do to help?

Family members and friends may recognise depression before the person with the brain injury does. Criticism or telling the person to 'stop feeling depressed' doesn't work and is likely to make them feel worse. Know that depression is not something that you can just 'snap out of'. It's important to encourage and support the person experiencing depression, as soon as possible and assist them to access treatment if its needed.

## What are the treatment options for depression?

There are treatment options for depression and people do get better. It is commonly treated in one of two ways, or often a combination of both. The options are discussed below.

#### Talking therapy

The person to see for this type of treatment is a psychologist. If, after talking to your icare contact or case manager you decide this is the best treatment option for you, they can help arrange for you to see someone who knows about depression after brain injury.

#### **Medication - antidepressants**

Doctors can prescribe antidepressants for depression. Your brain injury specialist or a specialist psychiatrist can help you decide which medication will work best for you. Modern antidepressants work by adjusting the mood chemicals in your brain.

There are many different types of antidepressants and there is usually a medication that will be right for you. Antidepressants are taken on a daily basis. Some antidepressants can decrease pain and help with sleep.

Antidepressants are not addictive, and most people only need to take them for a short time. Medication will not stop you being able engage in your rehabilitation, drive a car or go to work or school. No one can tell if you take the medication, so you won't need to tell people unless you want to.

# Where can I get more information?

General information about mental health problems can be found at:

- your GP or psychologist
- your brain injury unit
- · your local community health centre
- beyondblue at www.beyondblue.org.au
- SANE Australia at www.sane.org
- Lifeline Australia, call 13 11 14 or https://toolkit.lifeline.org.au/
- Brain Injury Australia <a href="http://www.braininjuryaustralia.org.au">http://www.braininjuryaustralia.org.au</a>

#### References

American Psychiatric Association. (2013). Depressive disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.)

Fann, J.R., Hart, T., Schomer, K.G.. Treatment for Depression after Traumatic Brain Injury: A Systematic Review. *Journal of Neurotrauma* 26:2383-2402, 2009

https://msktc.org/tbi/factsheets/depression-after-traumatic-brain-injury

Zwilling, A., Sander, A., & Hanks, R. (2022). *Changes in emotion after traumatic brain injury*. Model Systems Knowledge Translation Center (MSKTC). <a href="https://msktc.org/tbi/factsheets/emotional-problems-after-traumatic-brain-injury">https://msktc.org/tbi/factsheets/emotional-problems-after-traumatic-brain-injury</a>

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