Read the full transcript from Dr Vishelle Kamath's interview here:

Your experience in mental health: I work as a Consultant Neuropsychiatrist on the brain injury admissions ward. I have worked both in the NHS and at St Andrew's within the independent sector. I have been fortunate to have the opportunity to have worked both as a clinician and as a manager of clinical services in the Clinical Director role.

Aside from my day-to-day job at St Andrew's, I am an honorary Neuropsychiatrist at UCL, at Queen's square, which is the national neurology centre. It helps me to keep my skills updated, understand services across the country, which then allows me to use that knowledge to support the team at St Andrew's and the patients who I care for.

Challenges in your role: I love working in brain injury. As a Neuropsychiatrist, I love the interface between organic illness, mental disorder, the layered complexity it has with physical health and various individual elements based on how that person acquired their BI and subsequent physical and psychological sequelae of their brain injury.

Everybody has a different story and some of the challenges involve how we support patients with high needs, including how we help them to step down into community settings because provision across the country is very limited.

Other difficulties include when people come into our services with very high needs from trauma centres etc… Whether that be traumatic BI or acquired through another illness, like encephalitis, there is very limited understanding in the wider healthcare sector about the neuropsychiatric sequelae. Brain injury is seen as a physical disorder and people need physical rehabilitation. **There is limited understanding of neurocognitive and neurobehavioural rehabilitation.** Most services are focused on physical rehabilitation.

What you most enjoy about your role: Complexities of individuals, the interface between physical and mental health. Working in a diverse team is extremely rewarding. The outcomes for individuals are pervasive so not only related to getting better mental health, but also education and social needs.

I am very fortunate to work in a very skilled team and the elements of a multi-disciplinary team with different perspectives is something I love. Understanding patients in the context of who they are (mother, father, education, interest etc.) is integral to any neurobehavioural programme and these are the elements I really love.

Describe the service you work in: A Neuropsychiatry Brain Injury Service supports people who have had a recent or long-standing injury. These can be acquired either by trauma, like a road traffic accident (RTA) where there is structural damaged to the brain, or through different illnesses, such as encephalitis or meningitis where the illness itself causes a

change in the way the brain functions and leaves people with both physical sequelae as well as psychological and behavioural elements.

Physical illness you can see (difficulties with speech, swallowing, walking, and mobility). People may then have difficulties perceiving the environment and some may have sensory difficulties. **There are huge psychological and behavioural sequelae of brain injury**, which may include the way someone thinks, how they process information, use judgement, plan, and make choices for themselves.

A brain injury may affect parts of the brain that control appetite (a person may eat excessively as they do not know when they are full) or alternatively they don't have any feelings of hunger or thirst so do not eat or drink. A brain injury may also affect way a person sees other individuals. They may not see them as helpful, and instead see people as persecuting or harming them, which results in huge amounts of agitation, or acting out in this way. Many people come with significant trauma. People have had enriched and fulfilling lives with rewarding occupations and then when they suffer significant trauma the loss associated with the inability to walk, speak and make judgements can be significant.

What are the main interventions used: Much of the work we do supports individuals to understand their needs and what has happened to them. Many people come from acute trauma centres/ITUs and have been sedated for long periods or intubated. Patients usually come to us at the point when they start to realise what has happened to them and are coming to terms with not being able to care for themselves how they had done before.

Some individuals come to us with significant memory loss and their ability to learn new things is impaired. We help them to process their environment, situation and the trauma they may have had so they can develop coping strategies. Some people have evident mental disorder as a sequelae of their brain damage, they may become psychotic,or depressed. Assessing the impact of that brain injury for that individual is key, understanding what the impact is on their body, how they are thinking, how they regulate emotions and how they are interacting with their family.

The assessment process consists of lots of tools; clinical observation assessments to understand what difficulties they have, their ability to function, what they can do for themselves, including simple things such as daily living activities, feeding, changing, recognising the need to go to the bathroom, which can all be affected by a brain injury.

Once we understand this, we can think about interventions that may support an individual to achieve a level of functioning similar to what they had before. We develop neurobehavioural and neurocognitive programmes, which are very holistic and dependent on the individual.

A huge part of the service is also supporting loved ones, who they themselves are struggling to understand what has happened, helping them to understand the process; the pace of recovery. Setting realistic expectations to what an individual's journey may be is part of what we do.

What is the difference between the service your work in and a General Neuro rehabilitation ward: At St Andrew's we are able to meet the needs of patients who present with significant challenging behaviour. We are able to support them when they have layered complexities, in terms of complex physical health needs that are overlaid on significant and complex mental disorder and mental health needs. **We have the environment, procedures and a wide breath of knowledge to support patients whose risk profiles cannot be met in other brain injury environments.**

Tallis assessment ward – on this ward were able to get patients to a point where they are able to access neurorehabilitation wards in a way which will benefit them at the earliest opportunity. Until a patient's behaviour is managed in a way that they can engage and access rehab services at its earliest opportunity it is unlikely they will achieve the outcomes they want to.

What measures are in place for Covid-19 in our brain injury services: The pandemic has been a huge learning curve for us all. We needed to ensure that patients were risk assessed appropriately in terms of their potential risk of Covid and their likelihood of developing a more serious illness.

Early on in the pandemic, I devised a Covid risk assessment tool and care plan which helped clinicians to systematically think about and understand the risks to other patients and what the strategies were to support all patients and staff safely. This risk assessment is co-produced with the patient and families, understanding what protocols they want around escalation of care and any elements of advanced care planning.

One of the key things in our brain injury service is that we are true advocates, that the patient voice is as strong as it can be and in terms of Covid understanding what the patient wants for themselves, whether we agree or disagree, care plans allow us to do that.

We all wear masks, we are bare below the elbow, and we maintain 2-meter distance where possible. Staff use appropriate techniques when applying care during a pandemic. We have hand hygiene audits and are regularly reminding staff of good Infection Protection Control (IPC) measures. We implement periods of isolation, wear scrubs that are discarded/washed appropriately centrally.

We have been helping patients and families to understand why restrictions have been put in place. We have had to think more creatively and allow our patients safe ways to access community leave and contact with families where guidelines apply. We use regular monitoring tools, including monitoring vital obs. All patients are high risk; we now apply four hourly assessments to detect any change in physical health, especially for patients who cannot express it so clearly.

Interesting/fun fact about yourself: I love the time I spend with my family. Love to travel, exploring different places, enjoying the food and culture, I have lots of stories about how travel that has enriched my life. I love cooking, hate cleaning. Exploring and cooking something new with my children is something I really enjoy.

I was brought up in South Africa, but have explored lots in South East Asia, Thailand, Vietnam, Bali, Indonesia, Australia and New Zealand. My parents used to love travelling so was very fortunate to travel when I was young and when at University. I lived in India for a while, which was very enriching.

Click here for further information about our brain injury services.