

NAMAARA MACMORAGH
“Mental Health Following Brain Injury”
Mental Health Symposium May 27th 2017

[04:32 PM] Carolyn Carillon: Hello everyone.
Today's presentation is being transcribed so those without audio or who require text only can participate in real time.

A little explanation about this service.

Voice-to-text transcriptionists provide a translation of the key ideas discussed, NOT a word for word transcription.

Voice-to-text services provide an in-the-moment snapshot of ideas and concepts, so that those who are unable to hear or to understand the audio program are able to participate in real-time.

You will see the transcription in local chat.
Transcription is provided by Virtual Ability, Inc.

The transcriptionist is
Carolyn Carillon

The following initials in the transcription record will identify the speakers
NM: Namaara MacMoragh

[04:35PM] Carolyn Carillon: <<transcription begins>>

[04:35PM] Leandra Kohnke: Good afternoon and welcome to The Sojourner Auditorium and the sixth annual Virtual Ability Mental Health Symposium. My name is Leandra Kohnke, Natalie Björklund-Gordon in real life. I am a Canadian PhD human geneticist (retired) and now a writer. My first book, Embryogenesis Explained, came out last fall. I have an information processing type learning disability which means I flip things like arrows. I have never been able to learn left and right. I needed some special accommodation to get through my undergraduate years. I have been in Second Life for nine years and I have been providing occasional consultation to Virtual Ability almost I first got here. Since retiring, I have become more active with Virtual Ability and I have been directly involved in two projects. I have been in Second Life for nine years and I have been providing occasional consultation to Virtual Ability almost I first got here.

It is a great pleasure to be here today.

Before I introduce our next presentation, I'd just like to remind you that you can IM a VAI Greeters, in the back of our auditorium, if you need assistance. Let's leave the chat stream open for the presentation.

You can find out more about Virtual Ability by clicking the poster up front and getting a notecard.

You are also invited to visit our blog <http://blog.virtualability.org> where you can find information about this Symposium as well as many other articles.

Our corporate website, at <http://www.virtualability.org> will tell you more about the full range of our services and projects.

We encourage you to comment on the blog, and to use your Twitter or Facebook accounts to share information during today's presentations.

Virtual Ability tweets @virtualability Please feel free to "follow" us!

Today, we are using the following hashtags: #virtualability, #mentalhealth, #disability, #secondlife

As you probably know, Virtual Ability always offers its presentations in both text and voice simultaneously, for maximum accessibility.

When a presenter uses voice, we transcribe an interpretation or meaning-for-meaning summary of what the presenter says.

This will be in chat stream, preceded by the transcriber's name and the presenter's initials.

So, please understand that it is the presenter's thoughts, not the transcriber's, which we are seeing.

I would now like to introduce Namaara MacMoragh whose talk is titled "Mental Health Following Brain Injury"

Namaara MacMoragh is the avatar of Gloria Kraegel.

Ms. Kraegel has been a nonprofit consultant for 30 years and is currently the Executive Director of the Brain Energy Support Team, an organization created by, and for, those with brain injury and their families. She is also the owner of Etopia EcoCommunity Sims in Second Life and blends the virtual and physical worlds to provide education and social opportunities.

This builds community and showcase the potential of cooperative and interdependent living.

Ms. Kraegel's presentation is titled "Mental Health After Brain Injury."

Brain injury is not a mental illness even when behavioral issues and mood changes are manifest.

All too often the medications used to treat chemical imbalances in the brain do not work to treat physical changes due to an injury.

This presentation will share information about brain injury and how to create good mental health for yourself and with your health care team.

Namaara, we are honored and excited to have you join us today!

Please start whenever you are ready.

[04:41 PM] Namaara MacMoragh: Thank you :-)

SLIDE 0 - BEST Waiting Slide

Hello and thank you all for being here today.

Many of you know me from Etopia EcoCommunities. Some of you know I also have another identity. In my first life I'm the Executive Director of the Brain Energy Support Team, also referred to as BEST.

I'm going to use text today so that I stay on track and don't try to stuff too much into my presentation. Is that okay with everyone?

Gentle will share my presentation in voice.

SLIDE 1 - Human Brain

Today we're going to discuss mental health following a brain injury.

I'd like to start with a few factoids about the human brain.

The human brain is as fascinating as it is important to our existence. It's our control center.

The brain weighs in at 3 pounds and has the consistency of tofu.

There are billions of neurons that make trillions of connections every second, of every minute, of every day.

That's one very busy organ!

Did you know that when you're awake your brain produces enough electricity to power a light bulb?

Did you know that the smell of chocolate increases theta brain waves and triggers feelings of relaxation?

Did you know that the brain works hardest when you're asleep?

I could go on, but I think you can appreciate the unique nature of our brains.

SLIDE 2 - Brain Injury

With all the powerful things our brains can do and the importance of it to our well-being, the brain can be easily damaged.

A brain injury can be caused by events such as a tumor, Stroke, Meningitis, Anoxia, some forms of Cerebral Palsy, and blunt force trauma. These are just a few of the many causes of brain injury.

A brain injury can happen to anyone, at any age, at any time, anywhere. A brain injury is often a life-altering experience. For both the individual and for those around them; family, friends, colleagues, co-workers, neighbors, and others.

Some of the challenges include mobility challenges, chronic headaches, seizures, aphasia, sensitivity to lights or sounds, an inability to filter multiple sounds or conversations, fatigue, inappropriate behavior, depression, and anger.

Those with brain injury have increased risk for other things such as Alzheimer's and Parkinson.

SLIDE 3 - Sequelae of Brain Injury

I just mentioned a few of the many challenges individuals with brain injury deal with post injury. This slide lists some additional issues that can result from a brain injury.

There are often emotional and behavioral challenges after an injury.

It's not uncommon to experience depression or anxiety, or to become impulsive or develop OCD or find yourself missing social queues you would have easily picked up on prior to an injury.

SLIDE 4 - Identity

All of these challenges compromise our sense of identity after a brain injury. Identity is the core of how we see ourselves, present ourselves to others, and how we define our place in the world.

Our identity is also determined by our engagement with the world around us, those we love, what we do - our place in our community.

We've all experienced frustration when something doesn't go the way we expect, the joy of holding someone we love close, or the anxiety of losing our job.

That frustration is more acute when someone cannot speak what's on their mind because of Aphasia.

The demonstration of joy can be exaggerated when the natural filters in our brain are damaged.

A sense of self worth gives way to depression when someone is no longer able to work because of seizures or disinhibition.

SLIDE 5 - Tips for Talking to MH Providers

In 2014 a study conducted by Danish scientists was published in the American Journal of Psychiatry.

The study focused on the link between head traumas such as concussion and skull fracture and the subsequent risk of developing mental disorders.

They found that head injuries can increase the risk of developing certain mental disorders by up to 439 percent.

Some interesting statistics that came out of that study included 10% of those who had been diagnosed with bipolar disorder had a previous brain injury.

Eleven percent (11%) of those diagnosed with depression had a previous brain injury.

And 27% of those diagnosed with an organic mental illness had a previous brain injury.

So, how can someone help their Psychologist or Psychiatrist provide the best treatment possible?

The first thing is to share medical history, especially brain injuries, even if you think it's not important enough or you're embarrassed.

This is often the case with domestic violence situations or if head traumas happened in our youth. Remember, mental health disorders don't always manifest immediately after an injury.

It's important to be able to communicate the issues being dealt with. If memory is an issue, or if there are word-finding or aphasia challenges then writing things down with the help of a loved one.

Taking someone with you as an advocate is very helpful when you need to communicate important information.

This will help a mental health provider understand issues in context of the brain injury.

Be sure to find a provider that works with individuals with brain injury.

This may not be as easy to find as thumbing through the yellow pages, but make it a point to ask any mental health provider about their experience or knowledge of treating individuals with TBI. But finding a mental health provider that understands brain injury is invaluable.

Slide 6 - What Can You Do?

Nutrition and exercise are important ways you can take care of yourself, help your brain heal after an injury, and by extension, lessen the impact of many mental health issues.

Earlier there was a terrific presentation by Karen Davison on nutrition and mental health. I hope you had a chance to sit in on that.

I think most of us, as I look around the audience, were here. :-)

She talked about the impact of different foods and supplements on various mental health issues, like bipolar for example.

Good eating is critical to brain health and good brain health is critical to good mental health.

We recommend staying away from inner aisles at the grocery store. Stick with whole foods as much as possible, which are found around the outside; produce, meats especially fish, eggs, and dairy.

We also recommend as much local and chemical-free as possible. And definitely cut out the corn-based sweeteners, added sodium, and excess caffeine.

Something our PEER Coaches work with families quite a bit on are eating behaviors post brain injury.

Loss of appetite, forgetting to eat, no longer knowing the steps to making a meal or even how to cut veggies, loss of taste and smell, are all very real barriers to good nutrition.

And they all contribute to mental health issues.

Sleep is something people don't often give a lot of thought to. Did you know that while you sleep your brain is doing clean up?

While you sleep your brain cleans out toxins, repairs cell damage, strengthens your immune system, and processes memory.

Exercise is important, too.

Studies show that those with TBI and diagnosed with depression who engage in regular exercise increase their feelings of well-being while decreasing symptoms of depression.

Exercise increases oxygen flow to the brain which aids in healing and has demonstrated advantages for cerebral integrity and cognition.

Research on anxiety, depression and exercise shows that the psychological and physical benefits of exercise can also help lessen the symptoms of depression, reduce anxiety, and improve mood.

Exercise releases brain chemicals such as endorphins that make us feel good and helps to ease the effects of depression.

Exercise also reduces immune system chemicals that can worsen depression.

I'm not suggesting a rigorous regime in the gym.

Even a walk in the garden, or swimming a couple of times a week helps improve our mental health.

Often post injury, people are unable to engage in many forms of exercise that require mobility or strength. In these cases I recommend finding an adaptive or accessible exercise program.

Chair exercises, adaptive yoga ... both are examples of these modified programs.

Please note that I am not saying that nutrition and exercise take the place of appropriate medical care. I am, however, saying, that they do help.

These considerations, along with other approaches to good mental health such as meditation, are important for those with brain injury.

Medications that successfully treat mental illness alone are often unsuccessful if the issue is manifest due to damage to the brain.

Additionally, medications for chemical imbalances may mix badly with medications prescribed for seizures, as an example.

This is again, why it is so important to have open and as detailed as possible conversations with your health care providers.

I'd like to open this up for some discussion and questions if you have any.

Do you have any questions? Thoughts?

[04:58 PM] Mook Wheeler liked the "inner aisles" term. The evil aisles of the supermarkets will now be known as inner aisles..... :)

[04:58 PM] Namaara MacMoragh: lol ... I like that Mook

Processed food is the worst for our health.

[04:58 PM] Zip Zlatkis: Exactly Mook!

[04:58 PM] Leandra Kohnke: I like exercise is not about gyms. I have gotten more injuries in gyms than anywhere else.

[04:59 PM] Namaara MacMoragh: Many folks who have sensitivities to smells, for example, can't even go to the gym. I had one in my own home because of that.

[04:58 PM] Zinnia Zauber: Do you think caregivers would benefit too from these habits?

[04:59 PM] Namaara MacMoragh: I absolutely think caregivers would benefit, Zinnia.

[04:59 PM] Zinnia Zauber: Great! :)

[05:00 PM] Zip Zlatkis: Zinnia, caregivers need to be cognizant of this

[05:00 PM] Namaara MacMoragh: I agree Zip.

[04:59 PM] Arianne (ariannejp): Could I ask how to communicate with aphasia patients to let them exercise?

[05:00 PM] Namaara MacMoragh: To answer Arianne's question ...

I have a woman on my team who uses pictures to communicate her ideas. With patience, pictures, and allowing her to process her communication as best she can at her pace helps.

[05:00 PM] Polaris Grayson: QUESTION: What sorts of exercises do you suggest when the TBI has caused mobility issues?

[05:01 PM] Zip Zlatkis: I say the exercise depends on the physical issue.

[05:03 PM] Namaara MacMoragh: Polaris ... Usually chair exercises are a good place to start. I've seen people with significant mobility issues in a low key accessible yoga class make great progress.

[05:02 PM] Petlove Petshop: sudoku, small muscle things, large... you do what you can right?

creative healing :)

yoga can be amazing

it can help speech..

[05:02 PM] Arianne (ariannejp): Do you think it is important to have cooperation of physical therapists and speech therapist?

[05:02 PM] Zip Zlatkis: the more cooperation the better

[05:03 PM] Namaara MacMoragh: Arianne, yes. Definitely. It's about teamwork. Family, providers, and the individual.

[05:03 PM] Phan (phanessa.svenska): Excellent presentation, will you please state your organization again? Is there a website or link?

[05:03 PM] Namaara MacMoragh: Phan, I am with the Brain Energy Support Team; <http://brainenergysupportteam.org>

We are also launching classes and workshops in SL at Etopia in our new PEER Center.

At BEST we stress the value of working together.

The individual often wants to heal and move forward, but is stuck either due to depression or initiation challenges or a host of other issues.

[05:07 PM] Mook Wheeler: Namaara also has an exhibit at HealthInfo Island

[05:08 PM] Gentle Heron: Brain Injury and Mental Health

<http://maps.secondlife.com/secondlife/Healthinfo%20Island/172/154/22>

May is Mental Health Awareness Month

<http://maps.secondlife.com/secondlife/Healthinfo%20Island/196/156/23>

Bipolar Disorder

<http://maps.secondlife.com/secondlife/Healthinfo%20Island/25/24/30>

[05:11 PM] Carolyn Carillon: <<transcription ends>>