

Viewpoint

A head injury can have a devastating effect on a person's mental health, as one grieving mother has found out

I see so many tall young men nowadays, loping about in their long, dark coats. And I think, why can't one of them be my tall young man, loping up to me, saying 'Hello Mum!' and hugging me? It would feel so normal and nice after these unreal months.

Our 31-year-old son committed suicide last August, and I'm still aghast. I can't believe I can want him so much and yet, no matter what I do, I can't have him. I feel blocked, as if my love has nowhere to go, and guilty that I was so useless at reading his feelings and helping him when he was unhappy. I should have kept him safe and I failed.

But I'm lucky because I have a task. Our son needn't have died. My task is to spread the information that would have saved him.

After his death we found early letters between him and his girlfriend. Clearly, they were having sexual difficulties. Was this connected with a bad head injury he'd had in childhood? My sister found research on the internet that pituitary damage after a brain injury was significantly under-diagnosed, affecting 25% to 40% of survivors, and that it could cause loss of libido.

I plucked up the courage and phoned our son's girlfriend, even though it was six years on now since they were together. She forgave my intrusiveness. 'Yes, there were difficulties, but what broke us up was his depression, she said. 'I was always having to "lift" him. It just got too much.' Then she told me they'd never managed full intercourse in all their four years together. 'I tried to make him see a doctor,' she said, 'But there wasn't a lot I could do. Besides, I thought it might be my fault.'

Poor young couple, faced with this catastrophe. Our poor son, hiding his secret, terribly ashamed. No wonder he'd never found another girlfriend. He must have despaired.

When I googled 'hypopituitarism after traumatic brain injury' I could hardly believe the titles scrolling down the screen: 'high risk of hypopituitarism after traumatic brain injury (TBI)'... 'hypogonadism after TBI' ... 'most cases remain undiagnosed and untreated'... '20-30% develop permanent pituitary dysfunction'... 'diagnosis not made for 20 years after the injury'.

How could so many academics know, yet so few in the medical community? The research dated from 2000, so we couldn't blame the hospital for not warning us in 1984, when his injury occurred. But in 2003, after his girlfriend had gone, he saw his GP, a psychiatrist and a counsellor about his depression, but no one referred him to an endocrinologist. Just before he died he was seeing a counsellor. Nobody knew the research, nobody realised.

I read how head injury makes you four times likelier to commit suicide, how out of 178 TBI survivors in Australia, 35% suffered 'significant levels of hopelessness', how pituitary damage can affect not only your sexuality but also your adrenal glands, reducing your ability to withstand stress. Our son had always been vulnerable at tense times, at A-levels, coming up to his finals at university.

We hadn't understood him. We'd been disappointed at his A-levels, at his failed degree, that he hadn't found a new girlfriend. We'd feared he was weak. But all along he'd been a damaged person bravely trying to meet expectations, never getting the praise he deserved. After the 2003 crisis he'd found a computer programming job at which his boss said he was 'exceptional', bought a house, made new friends, kept old ones. The funeral tributes to his patience and kindness were overwhelming.

Genetically, he was programmed for happiness. Like all those in my husband's family, he was clever, good looking, affectionate, with an unusual ability to get things done. If he could only have been treated (yes, treatment can be given), he could have been a fulfilled and much-loved husband and father.

Nothing can bring him back. But others can be rescued. Head-injured people could have their pituitary function routinely screened. The discharge note for head-injured patients could include information on the signs of hypopituitarism (impotence and depression are only two). It's hard to believe this is still not happening.

Finally, the question 'Have you ever had a head injury?', asked routinely to a depressed patient, could save lives, as could reviewing the assessments of existing patients. There's still hope for them. ■

Want to get something off your chest?

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Research mentioned here is listed at www.headinjuryhypo.org.uk