

# Let's talk about...

## Living kidney donation and psychological aspects

### Do all donors need a mental health assessment?

UK and international guidance is clear: it is recommended that all potential non-directed (altruistic) donors meet with a mental health professional at an early stage of the process. For directed donors considering donation to a relative or other close contact, you may also be asked to meet with a mental health professional, particularly for those who have a history of contact with mental health services, are on antidepressant, anti-anxiety or antipsychotic medication, or if you report significant mental health symptoms when first seen.

Donating a kidney can be a very emotional process. We want to ensure, as much as we can, that the emotional impact of donation is not likely to be harmful to you. Many donors, therefore, have a mental health assessment. This is not in any way a judgement of you or intended to be discriminatory (in a similar way, anyone who had previously experienced heart problems, or was on heart medication, might expect to see a specialist heart doctor as part of the pre-donation assessment). Most people referred for a mental health assessment go on to donate, but some may be identified as needing additional support in the period before or after donation.



### Can I be a living donor if I have experienced depression, anxiety or other mental health problems?

It depends. Potential donors are not ruled out automatically simply because they have seen a counsellor or have been prescribed antidepressants. Where mental health problems are in the past, or relatively mild, and responsive to treatment, they need not prevent donation. If, on the other hand, they have been more serious (for example requiring repeated admissions to psychiatric hospital), it may not be in the interests of your health to donate.

### Can I be a living donor if I have a history of heavy drinking or have used recreational drugs?

Continuing heavy alcohol intake and/or use of recreational drugs would probably prevent donation going ahead. Previous use, which is not continuing, may not prevent donation, depending on how long ago it was, how severe, and what problems it caused. Again, this would be considered as part of the assessment for donation.

**If there are problems after donation, such as depression if the kidney transplant is unsuccessful, will there be counselling available if I need it?**

**NOTES**

Donating a kidney can be an emotional process. Different transplant centres and units have a variety of services available post-donation. Some have counsellors, psychologists and psychiatrists directly attached: others work by guiding donors to relevant services via their GP or local mental health teams. Either way, if any psychological problems emerge during or after donation, donors should not be left alone to deal with them and we recommend you speak to your living donor coordinator about this.



Ref: 'UK Guidelines for Living Donor Kidney Transplantation, 2018' <https://bts.org.uk/guidelines-standards/>



Find out more about living kidney donation,  
visit [organdonation.nhs.uk/livingdonation](https://organdonation.nhs.uk/livingdonation)  
call **0300 123 23 23** or  
email [enquiries@nhsbt.nhs.uk](mailto:enquiries@nhsbt.nhs.uk)