

HEADS TOGETHER

A Series of Think Tanks on Brain Injury, Mental Health, and Addictions

The **BC Heads Together Think Tanks** brought together brain injury survivors, family members, service providers, decision-makers, and other stakeholders for a series of four virtual sessions in 2020 focusing on:

- ✓ **Real People, Real Stories**
- ✓ **Rehabilitation and Community Support**
- ✓ **Research and Prevention**
- ✓ **Reinforcing Communities**



There are **165,000** new cases of brain injury annually in Canada

Canada wide, the incidence and prevalence of brain injury surpasses that of HIV/Aids, spinal cord injury, breast cancer and multiple sclerosis combined.¹



Brain injury will surpass many diseases as a **major cause of death and disability** by 2020.²

SERVICES

Siloed services do not create just gaps, but massive chasms for individuals and families living with brain injury and concurrent disorders.



SERVICES



“Brain injury can be a silent disability. I would like to have a way...to tell people the challenges I am facing. Too many times I am taken as stupid, avoiding or lying when I can't do or understand something.”

Care should be focused on needs, not on diagnosis, as diagnostic-focused care perpetuates gaps and silos.



For every one NHL player who suffers a concussion in sport, more than 5,500 Canadian women sustain the same injury from domestic violence.³

For more information visit traumaticlifelosses.com

We Learned

The Need



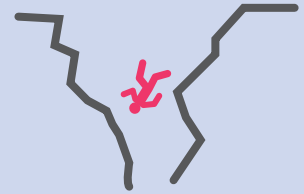
Brain injury impacts families and communities, not just survivors.



Many individuals with a brain injury experience challenges with **depression, anxiety and/or substance use.**



Brain injury is often a hidden condition with complex needs and serious social and economic consequences.



Many fall through the cracks which can lead to unemployment, homelessness, and/or criminality.

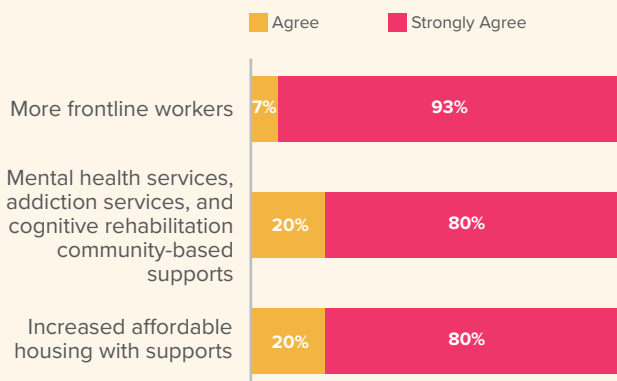
Current Situation

1990 Thirty years of research
2000 and policy reports
2010 identifying the need to address
2020 the intersections of mental
? health, addiction, and brain
 injury **have been ignored.**



Significant barriers exist to accessing mental health or substance use services for individuals with a brain injury and their families.

Think Tank participants strongly agree that communities need more frontline workers, mental health services, and increased affordable housing to reduce the number of people with brain injury who become homeless.



CHASMS Gaps in Care



Access to community-based support is often dependent on a medical diagnosis, creating a barrier for individuals who sustain a brain injury from intimate partner violence, non-fatal overdose(s), or repeated traumatic experiences.



Funding is grossly insufficient for community-based support and rehabilitation.

Community-based priorities for care include appropriate, affordable, and accessible housing with wraparound supports such as counselling, life-skills, vocational support, and family respite.

Successful community-based models such as the Community Navigator and Assertive Community Treatment (ACT) Teams need to be expanded across the province.



Health and community service providers require more education regarding the intersection of brain injury, mental health and addiction.



More research is needed to determine best practices in serving individuals with a brain injury and concurrent mental health conditions and substance use disorders in British Columbia.

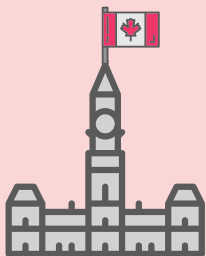
A Call to Action



Brain injury is everybody's problem. The impact of brain injury on individuals and the health and social care system in British Columbia is significant. **There is a role for everyone to play in collectively improving the lives of all individuals with brain injury.**



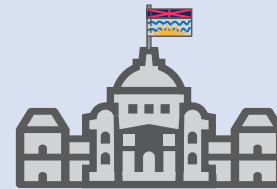
Include the lived experience of survivors and families when developing policy.



Federal Government

Develop a national brain injury strategy in collaboration with provinces, territories and other areas of federal health jurisdiction, e.g., First Nations and veterans.

Provincial Government



Expect cabinet ministers to champion the integration of services for people with brain injury across multiple portfolios including health, mental health, community services, addictions, public safety, indigenous services, and higher education.

Foster partnerships between public-ly-funded and non-governmental support services to integrate policy and care.

Mandate an integrated model for brain injury services at all health authorities. Improve funding for broad-based community multi-service agencies and brain injury associations.

Enhance provider education regarding the causes, consequences and care of individuals and families experiencing brain injury.

In Communities



Meet with local federal, provincial and municipal politicians to **raise awareness of local needs.**

Reach out to other brain injury providers in your community to discuss needs for integration and possible first steps.

Volunteer with local brain injury services.

Connect with local media to raise awareness of local brain injury needs.



Heads Together Think Tank

Establish a coalition of survivors, families, providers, funders, government champions and community leaders and others to give input to the development, expansion and integration of brain injury services.

¹ BrainTrust Canada. (n.d.). Brain injury information.

<https://braintrustcanada.com/resources/brain-injury-information/>

² Hyder AA, Wunderlich CA, Puvanachandra P, Gururaj G, Kobusingye OC. The impact of traumatic brain injuries: a global perspective. *NeuroRehabilitation*. 2007;22(5):341-53. PMID: 18162698.

³ van Donkelaar, P. & Mason, K. (2017, July 6). TEDx Kelowna: Ahead of the game. YouTube. <https://www.youtube.com/watch?v=NjvqBkFIHL0>.