

BC CONSENSUS STATEMENT
ON BRAIN INJURY, MENTAL HEALTH &
ADDICTION

BC Consensus Days

Year 1 (2022) Proceedings

October 14, 2022



Territorial Acknowledgement

BC Consensus Day 2022 would like to acknowledge and respect the ləkʷəŋən peoples on whose traditional territory the event was convened and the Songhees, Esquimalt and W̱SÁNEĆ peoples whose historical relationships with the land continue to this day.

Acknowledgement

The BC Consensus on Brain Injury, Mental Health and Addictions Project Team would like to thank the BC Ministry of Mental Health & Addictions and the Vancouver Foundation for their financial support.



March 2023

For more information visit: <https://bcconsensusonbraininjury.com>

Table of Contents

Executive Summary	1
Opening Remarks	3
<i>Bill C-277 – National Strategy on Brain Injuries Act</i>	3
Overview of 3-Year Research Project	4
<i>Our Three-Year Research Plan and BC Consensus Building Days</i>	5
<i>Meet the Research Team</i>	5
Welcome to BC Consensus Day 2022	6
<i>A Word from Survive, Strive, Thrive 2022</i>	7
Panel Discussion	8
Table Discussion #1	11
<i>Brain Injury Supports and Services in BC</i>	11
<i>Calls to Action</i>	12
Context of the Opioid Crisis: Hypoxic/Anoxic Brain Injury & the Cumulative Impact of Nonfatal Overdose	14
Table Discussion #2	17
<i>Exploring areas of Learning and Research</i>	17
Setting Priorities for Future Research	18
<i>A Health Research Priority Setting Exercise</i>	18
What Happens Next?	20
Reflections on the Day	22
Appendices	24
<i>BC Consensus Days – The Context</i>	25
<i>Participants</i>	27
<i>Panel Discussion</i>	28
<i>Panel Q & A Session</i>	31
<i>Participant Ideas about Areas for Research</i>	34
Session Feedback	36
Community Partners	41

Executive Summary

In response to the **BC Heads Together Think Tanks** Call for Action in 2020¹, the Ministry of Mental Health and Addictions and the Vancouver Foundation have generously provided funding to support a three-year research program and BC Consensus Building Days.

The purpose of the 3-year research program and the BC Consensus Building Days is to gather, in a good faith effort, the perspectives, ideas, and values of healthcare providers, community stakeholders, and community members, including members of Indigenous and marginalized communities, with lived experience of the intersections of brain injury, mental health, and addictions, to reach a consensus on the priorities and solutions needed to best serve people experiencing the intersections of brain injury, mental health, and addictions in British Columbia.

“90% of hospitalizations related to opioid/stimulant poisoning occurred in BC, AB and ON.”

~ Dr. Elizabeth Plant

<https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/data-surveillance-research/harms-deaths.html>

Each year the event explores the issues, challenges, and solutions of these intersections and takes a closer look at specific focus points.

The first of three BC Consensus Day was held at the University of Victoria on October 14, 2022. This event brought together 106 participants from around the province in concurrent in-person and virtual meeting spaces with a particular focus on overdose survival.

After opening remarks, the event began with a panel discussion between a survivor of brain injury, a family member, a researcher and a clinician about the significance and importance of identifying intersections between populations living with brain injury.

This was followed by the first small group discussion exploring brain injury supports and services in BC.

“Mental health, brain injury and substance use all feed on each other – it is not possible to address any one of these when living on the streets and in survival mode.” Dr. Elizabeth Plant

Group Discussion #1

What we heard



- While there are committed compassionate people and societies providing support and care, the system is very siloed, resulting in disconnected care that is difficult to navigate.
- The awareness and significance of mental health, brain injuries and addictions is growing, however failures in diagnosis and care persist. This is particularly apparent in the current view of brain injury as an acute medical event rather than a chronic condition.
- The continued lack of awareness about brain injury, and the societal stigma this creates, contributes to a general lack of supports and understanding. Most significant is the critical lack of sufficient supportive housing.

Calls to Action



- Create an integrated and holistic program and service delivery for people with complex and intersectional needs (e.g., “hub” or location that has all necessary and relevant supports for people with brain injury).
- Ensure basic needs are met for people with brain injury, including supportive, accessible, and tailored housing options.
- Improve the diagnosis and recognition of brain injury.

¹ See the Appendices for background information about the context for the research project and the BC Consensus Days.

Dr. Elizabeth Plant provided an overview of some of the evidence about the cumulative impacts of non-fatal overdoses, noting that there are 20-30 non-fatal overdoses to every death – these are not counted in any statistical analysis on the opioid crisis.

We learned that there is a lack of knowledge about the long-term outcomes from recurrent non-fatal overdoses. Little is known about the impact of multiple overdoses, or what the cumulative impacts are of minor, less profound hypoxic events.

The second small group discussion invited participants to reflect on Dr. Plant’s presentation to consider what they had learned and to identify the areas they would most like researchers to examine next related to overdose survival.

“The lack of treatment options and appropriate care facilities contributes to increased risk of SUD, further overdose injury and death, social isolation and marginalization and the criminalization of a medical issue.”

Group Discussion #2

What we heard



- The primary themes for future research that participants identified were:
 - **understanding the lived experience** of overdose survivors including:
 - finding ways to include overdose survivors directly in research to benefit from their experiences, and
 - gathering the experiences of people who survive multiple overdoses.
 - **improving data about overdose survival** including:
 - the impact of repeated overdoses on the brain over time, and
 - tracking non-fatal overdoses effectively.
 - **enhancing access to services by overdose survivors** including:
 - understanding current assessment tools and what health care practitioners might need to improve diagnoses, and
 - reviewing existing services to identify exclusionary policies.

The group discussion about potential research directions was followed by a health research priority setting exercise. Participants were presented with a prioritization survey of twelve priority research questions gathered through a literature review. The purpose of the survey was to understand what questions participants would like to see answered first to guide future research addressing the intersections of brain injury, mental health, and addiction. Evaluation of the survey results gathered at the event will be completed following the event.

The resulting top ranked priorities and the areas identified by the stakeholders as in need of research will guide a list of recommendations to be published and made available to researchers in the field. Also, an Evidence Map, which is a synthesis review tool visually representing the amount of published research examining the effects of interventions on a set of outcomes, will serve as an additional strategy to not only identify the gaps, but to guide researchers about the priority next steps.

Opening Remarks



Ministry of
Mental Health
and Addictions

Honourable Sheila Malcolmson
Minister of Mental Health and
Addictions

Minister Sheila Malcolmson welcomed participants to the day and provided an overview of the ministry's support and work with brain injury and the intersections of mental health and addictions.

The minister acknowledged that individuals living with a brain injury often have overlapping conditions and need a high level of support, yet find themselves falling through the cracks in the system.

In her opening remarks, Minister Malcolmson assured attendees that the government wants people to be met with care and dignity and to have access to culturally informed, integrated services; there is a need to build a system that works based on best practices and evidence-based solutions.

She stated that the conclusions reached at the Heads Together Think Tank clearly communicated that more research is needed – particularly with respect to the overlaps between brain injury, mental health, and addictions. Research that has people and families at its heart is critical to finding solutions that will benefit people struggling with these issues – the Ministry of Mental Health and Addictions is pleased to sponsor this continued research with an investment of \$345,000 to this project.

Highlights recapped from Minister Malcolmson's remarks:

- BC Consensus Day is dedicated to exploring the intersections of brain injury, mental health, and addictions. The focus of the 2022 event is on brain injury and overdose survival. Finding ways to listen and learn from those at the heart of the crisis will help government and the Ministry work to combat a toxic health crisis.
- Government understands that addictions is a problem for the health care system to solve – not the justice system. It is investing in treatment and recovery and new beds and services. There is also recognition that care needs to include mental health supports and other complex health challenges; for instance, the [Red Fish project](#) introduces 105 trauma-informed, culturally sensitive beds.
- The overlapping challenges of mental health and substance use also create complex housing needs. In response, government has opened 355 spaces in 12 communities to address this need with the aim of reaching 500 spaces in the first three years of the mandate.
- There is much more work to do to build a continuous system of seamless care so people can get the help they need, fast. Your contributions, through this work and research, will help us do that.

Bill C-277 – National Strategy on Brain Injuries Act

Update from Alastair McGregor,
Member of Parliament for Cowichan-
Malahat-Langford

This private member's Bill seeks to address the need for universal access to supports for brain injury recovery, treatment, and harm reduction. It is the result of consultation and contributions from government and the brain injury community.

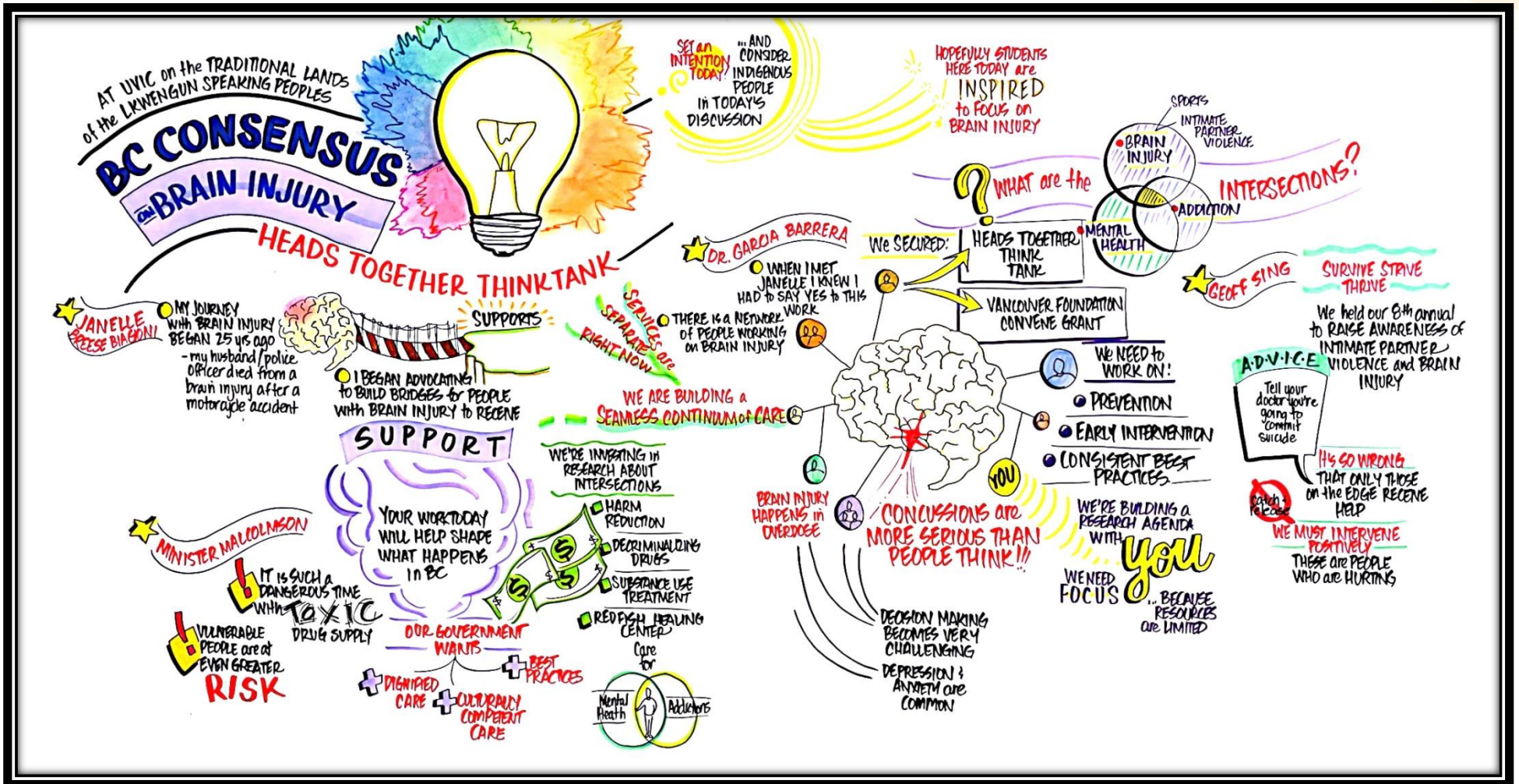
The Bill calls for a national brain injury strategy that addresses the differences that exist between provinces and territories. This strategy will aim to:

- ❖ promote preventative measures
- ❖ promote research and data collection
- ❖ promote information and knowledge sharing for prevention, diagnosis, treatment, and rehabilitation
- ❖ promote awareness and education, especially public understanding of brain injury
- ❖ protect the rights of persons living with brain injuries.

It will also seek to establish financial support to brain injury associations to develop and provide enhanced services to individuals and families.

To read Bill C-277 in full, visit:
<https://www.parl.ca/DocumentViewer/en/44-1/bill/C-277/first-reading>

As the Bill moves through the various parliamentary committee stages, a letter-writing campaign and e-petition will be initiated. To stay informed, sign up for CGB Centre Traumatic Life Losses newsletter at:
<https://traumaticlifelosses.com/signup/>



² We acknowledge that, during the graphic recording of this chart, Lekwungen was mis-spelt.

Overview of 3-Year Research Project



Dr. Mauricio A. Garcia-Barrera, Ph.D., R. Psych
Associate Dean, Research & Graduate Studies
Faculty of Social Sciences
Associate Professor
Department of Psychology
University of Victoria

The system of care for those living with brain injuries has many gaps, including a lack of:

- Prevention and public awareness campaigns
- Early interventions
- Clear and consistent best practices
- A continuum of seamless and integrated support that meets the needs of the individual across the lifespan

Building on the results of the 2020 BC Heads Together Think Tanks, and supported by funding from the BC Ministry of Mental Health and Addictions and a Vancouver Foundation Convene grant:

THE BC CONSENSUS STATEMENT ON BRAIN INJURY, MENTAL HEALTH & ADDICTIONS IS:

A three-year research project aimed at reaching a consensus on the priorities and solutions needed to best serve people experiencing the intersections of brain injury, mental health, and addictions in BC.

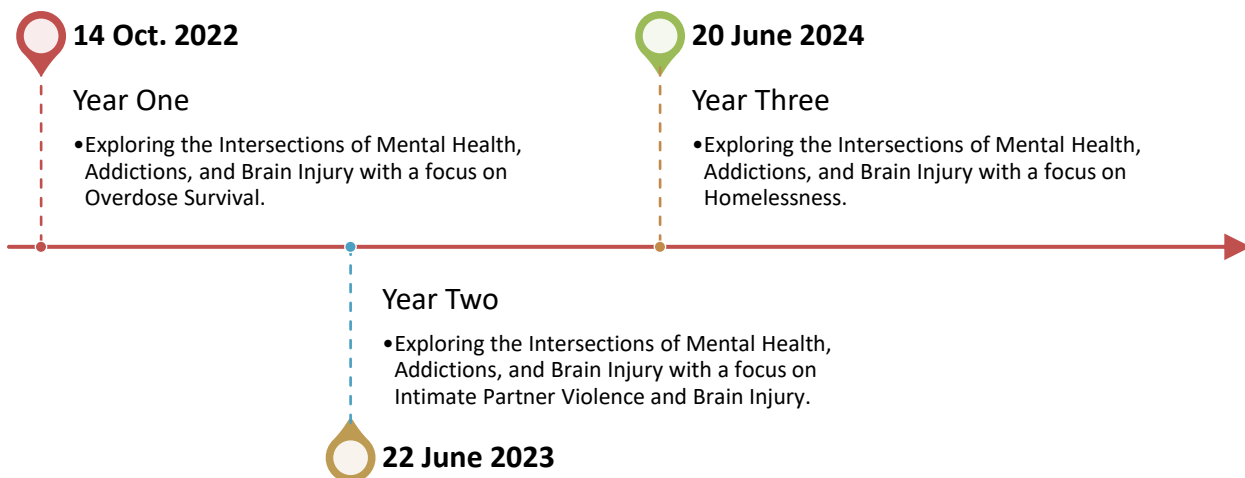
Brain injury goes largely unidentified – the symptoms that are visible are a small part of the issue; more important are ongoing issues, especially with repeated injury. Damage to the prefrontal cortex limits the ability to make decisions, solve problems or seek help; the same parts of the brain are affected by mental health issues. It is important to understand these intersections so that services and support systems can be integrated to make the best use of the finite resources available - optimizing what is being offered by changing what is not working and implementing new services.

OUR EXPECTED OUTCOMES:

- Identify concerns about brain injury, including the intersections of mental health & substance use/addiction, intimate partner violence, homelessness, incarceration, and the opioid crisis.
- Identify priorities and explore solutions to produce the best possible decisions to serve individuals & families living with the outcome of a brain injury, and mental health & substance use/addiction challenges in BC.
- Implement and evaluate evidence-based & patient driven programs to improve health for people with brain injury, mental health issues, and substance use/addiction challenges.
- Increase public awareness on the intersections of brain injury, mental health, and substance use/addictions.
- Increase education & training opportunities about the intersections of brain injury, mental health and substance use/addiction challenges for frontline workers, service providers, healthcare professionals, and clinicians, including how to screen for brain injury and best practices.
- Increase understanding of the priorities for research and community programs for future partner projects & joint funding opportunities to improve the quality of life & health outcomes for people living with a brain injury, mental health issue, and substance use/addiction challenges.

Policy makers need to hear from practitioners and those living with a brain injury – they need to be partners in the research process.

Our Three-Year Research Plan and BC Consensus Building Days



Each BC Consensus Building day will be guided by external facilitators and include round table discussions, presentations from experts, and invitations to vote on key priorities addressing mental health, substance use/addictions, and brain injury.

Meet the Research Team

PI/Community Partner	Co-PI/Research Lead	Co-Investigator	Co-Investigator
 <p>Janelle Breese Biagioni RPC, MPCC-S</p> <p>CEO & Founder CGB Centre for Traumatic Life Losses, Senior Administrator, BC Brain Injury Association</p>	 <p>Mauricio A. Garcia-Barrera Ph.D., R.Psych.</p> <p>Associate Dean - Research & Graduate Studies, Faculty of Social Sciences Associate Professor, Department of Psychology, University of Victoria</p>	 <p>Julia Schmidt Ph.D., BSc (OT)</p> <p>Assistant Professor, Department of Occupational Science and Occupational Therapy, Faculty of Medicine University of British Columbia</p>	 <p>Erica Woodin Ph.D, R. Psych.</p> <p>Associate Professor and Director of Clinical Training, Department of Psychology University of Victoria</p>

Welcome to BC Consensus Day 2022



Janelle Breese Biagioni
CEO & Founder
CGB Centre for Traumatic Life Losses

BC Consensus Day 2022 is the first of three workshops that will support the research project outlined by Dr. Mauricio A. Garcia-Barrera. The BC Consensus Day workshops are a continuation of the journey I have been on for over 30 years to increase awareness in the community and at all levels of government about the depth of grief and challenges an individual and family endure when living with a brain injury.

The BC Consensus Days will bring together people living with a brain injury, family members, community stakeholders, service providers, government representatives, and/ or policy makers³ – both in person and on Zoom – from around the province. All voices are needed and have shared and equal power in the conversation.

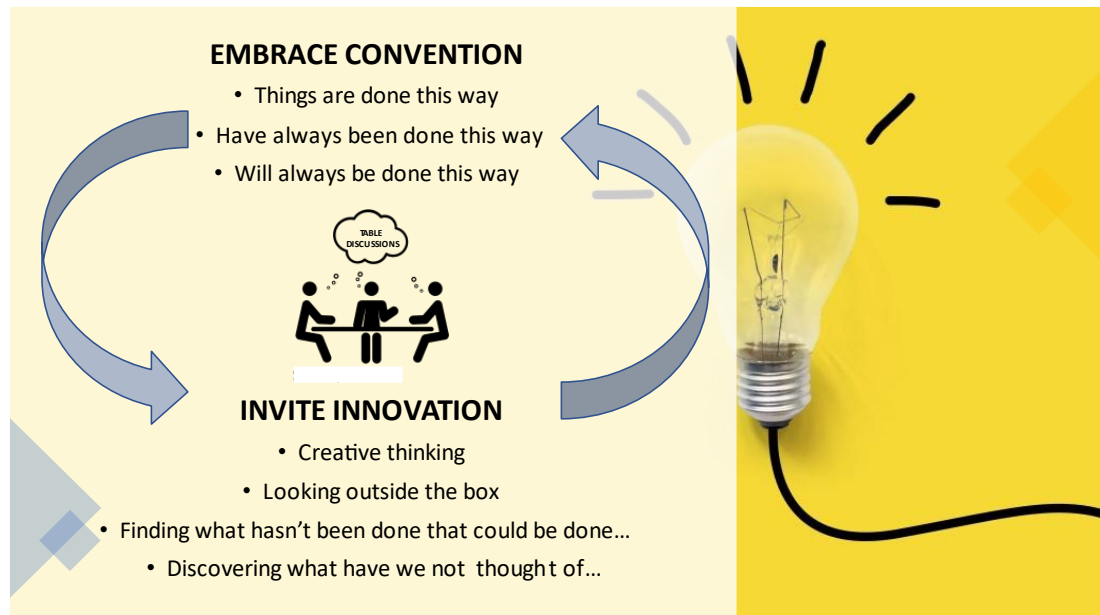
As outlined in the overview of the research project, BC Consensus Day 2022 has a focus on Brain Injury and Overdose Survival. We will:

- Hear from a panel about the significance and importance of identifying intersections between populations living with brain injury.
- Engage in two table discussions to:
 1. Explore what is working and what is not working in the current system of brain injury care in BC and develop a consensus around areas of opportunity and improvement.
 2. Expand our understanding about brain injury and overdose survival to identify areas for research focus.
- Learn about the cumulative impacts of non-fatal overdose.
- Begin shaping a research mandate by ranking research questions suggested by a search of current literature.

There is no need to prove the challenges and struggles that exist. Everyone participating knows there are problems and that our system is very siloed. We need to hear the experiences that those with lived experiences and their families have had so that we find ways to innovate and build the bridges that lead to sustainable change.

³ See Appendices for information about the participants attending BC Consensus Day 2022.

During table discussions, **all** participants are encouraged to not only share stories and experiences, but to also open your hearts and be curious. Be curious about the system those who are serving you must work within. Consider the barriers that stand in their way of providing services and supports - what needs to be removed. And, for service providers, government representatives, and policy makers, open your hearts and be curious. Listen and learn from those living with a brain injury and their family members. Consider the barriers that stand in their way of accessing services and supports – what does this mean for their quality of life?



We MUST find solutions to remove the barriers for those trying to navigate a siloed system. If we do not, that means we have failed in our efforts, and we can't let that happen.

A Word from Survive, Strive, Thrive 2022

Geoff Sing, The Cridge Centre for the Family

On October 13th Survive Strive Thrive held its 8th annual event to raise awareness and education on brain injuries. It brought together leaders and survivors to talk about brain injuries and to share candid experiences and life lessons.

Through the course of the event there were many highlights but perhaps one of the most poignant take-aways was the comment that the fastest way to get help was to “go to the hospital and tell your doctor that I’m going to commit suicide”. This is drastic and wrong yet in doing this, those who are desperate will receive services. This needs to change.

The event also highlighted the need to find ways to provide positive supports in our community for people who are broken and hurting and turn to crimes. The practice and use of the term “catch and release” trivializes this situation.

Panel Discussion



The Significance and Importance of Identifying the Intersections Between Different Populations Living with Brain Injury

Moderated by Cole J. Kennedy

A second year Master of Science student in Clinical Neuropsychology in the Department of Psychology at UVIC. He is a member of the CORTEX lab and part of the research team for the BC Consensus Building project.

PURPOSE

- Introduce the concept of the intersections that exist between people living with brain injuries acquired in different ways
- Establish why we need to care about intersections
- Inspire the table conversations to follow

MEET THE PANELISTS



Dr. Julia Schmidt

Has expertise on brain injury and mental health research and is a researcher at UBC. She began as an Occupational Therapist and worked for 10 years in brain injury rehabilitation in Australia. She is now based at GF Strong in Vancouver.



Dr. Elizabeth Plant

Is an addiction physician working with people with substance use in Cowichan Valley. She brings a lens as a front-line provider.



Derrick Forsyth

Is a Survivor of Brain Injury. He met Janelle 10 years ago at The Cridge Centre for the Family where she was his Case Manager. The Cridge provided him with the right services and programs, believed in him, and he went back to school to be a community support health worker. He has been clean over 10 years – “My life is good now.”



Gwendoline Gold

Is a family member of a brain injury survivor. Her brother was injured 5 years ago and sustained a traumatic brain injury that has had an impact on the whole family.

THE DISCUSSION

The panel discussion brought together a variety of perspectives about living with an acquired brain injury. We heard from each of the panelists on the four questions. The following summary, and the graphic chart, provide some highlights from the discussions – the full panel discussion, and the responses to participant questions can be found in the Appendices.



1. How does brain injury look to you?

- *The experience can be different depending on age, life circumstance, or other personal factors. Brain injuries often don't show up in a way that can be easily seen or understood. Unlike an obvious physical injury, brain injuries can be invisible.*
- *Most people in the population don't understand brain injury and can be scared by it. They think you are dangerous rather than needing help.*
- *Brain injury is life changing for the person injured and for their family members. Loved ones experience frustration and fear when supporting someone with a brain injury.*
- *Much of the treatment is based on developing insight but the nature of brain injury prevents participation in these programs so where do they get treatment? People slip through the cracks of an already fragmented system and end up on the streets and with the justice system.*



2. In your opinion or experience, how are mental health, addictions and brain injury connected?

- *It is a vicious cycle – the bottom line is that there can be no treatment until people have a place to stay.*
- *Mental health, brain injury and substance use all feed on each other – it is not possible to address any one of these if living on the streets and in survival mode.*
- *Things come up after an accident, such as an addictive personality, that may not have presented before.*
- *After a brain injury, life is changed. They are not the same person anymore and may have a different personality, a mental health challenge like depression or anxiety, experience a loss of roles – all this can lead to addiction and substance use.*



3. What may be needed in our current health care system to best serve those dealing with brain injury, mental health, and addictions?

- *Need to meet people where they are at and provide choices that are not life or death.*
- *We need an integration of services – it is not working in silos.*
- *There needs to be a hub – one place to go to get assessed and get services that is not the justice system.*
- *Resources need to be visible and accessible by doctors, family members, members of the system and the individual.*



4. Why, in your view, is an understanding of the connections between people living with brain injuries acquired in different ways essential to improving care?

- *It's a given that people with substance use disorders have mental health issues as well. The most vulnerable and marginalized do not have the motivation to change – [this doesn't mean they don't want to change].*
- *Need to see brain injury as a chronic condition and not just an acute problem.*

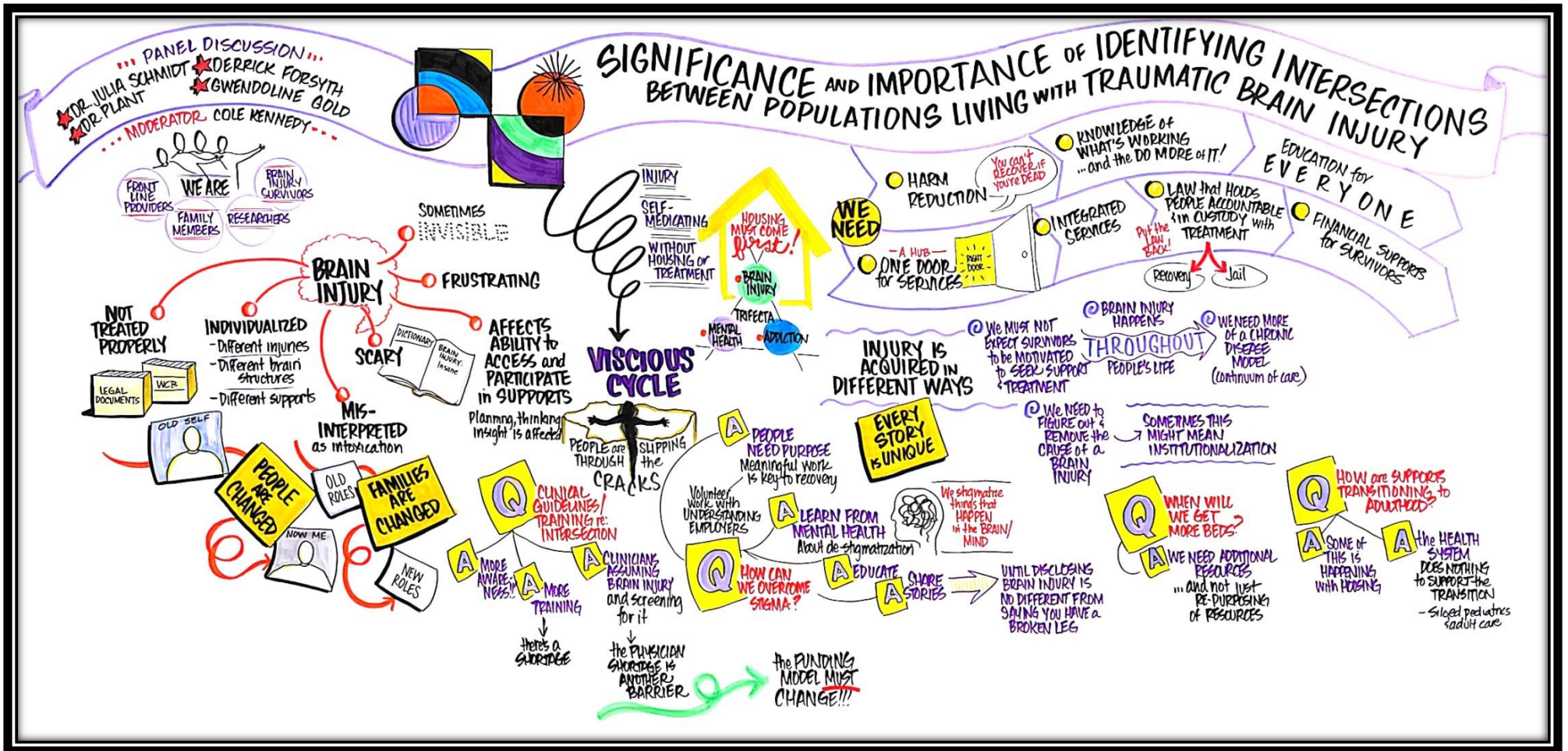


Table Discussion #1



Brain Injury Supports and Services in BC

During this table discussion, participants discussed three questions and identified their top two items/ideas – themes were identified from ideas across tables and are presented below, and in the graphic chart on following pages.

①

What brain injury supports or services in BC are working really well?

Which two items have been most important for you?

- **Committed professionals** – compassionate, amazing people providing support
- **Growing awareness and recognition** of mental health, brain injuries and addictions
- **Brain Injury Societies** – providing programs and supports
- **Collaboration** – among various groups connected to the same goal
- **Brain Injury Support Groups** – community-based support services and groups for individuals and families
- **Support Services throughout BC** – examples exist of supports that are working

②

What one or two things are not working well?

Which two items have caused the greatest concerns for you?

- **Lack of Awareness** – Stigma about how brain injuries impact all areas of society
- **Failures in Diagnosis and Care** – viewing brain injury as acute when it is chronic
- **Siloed, Disconnected Care** – navigation in a broken system
- **Inadequate funding** – from government, granting agencies, etc.
- **Insufficient Supportive Housing**
- **Justice System** - inappropriate justice system involvement

③

If you could change one thing about how brain injury is managed in BC, what would that be?

What would make all the difference?

1. Creation of a “hub” approach to integrated care
2. Improvement of practitioner & stakeholder training in brain injury supports and care
3. Improvement of individualized programs and supports to create continuity of care
4. Increased education and awareness to remove stigma
5. Improvement of funding for brain injury supports and services
6. Provision of accessible, affordable, tailored housing options for people living with brain injury
7. Improvement of diagnosis and recognition of brain injury.

Calls to Action



Participants were asked to consider which of their change ideas should most urgently be acted upon.

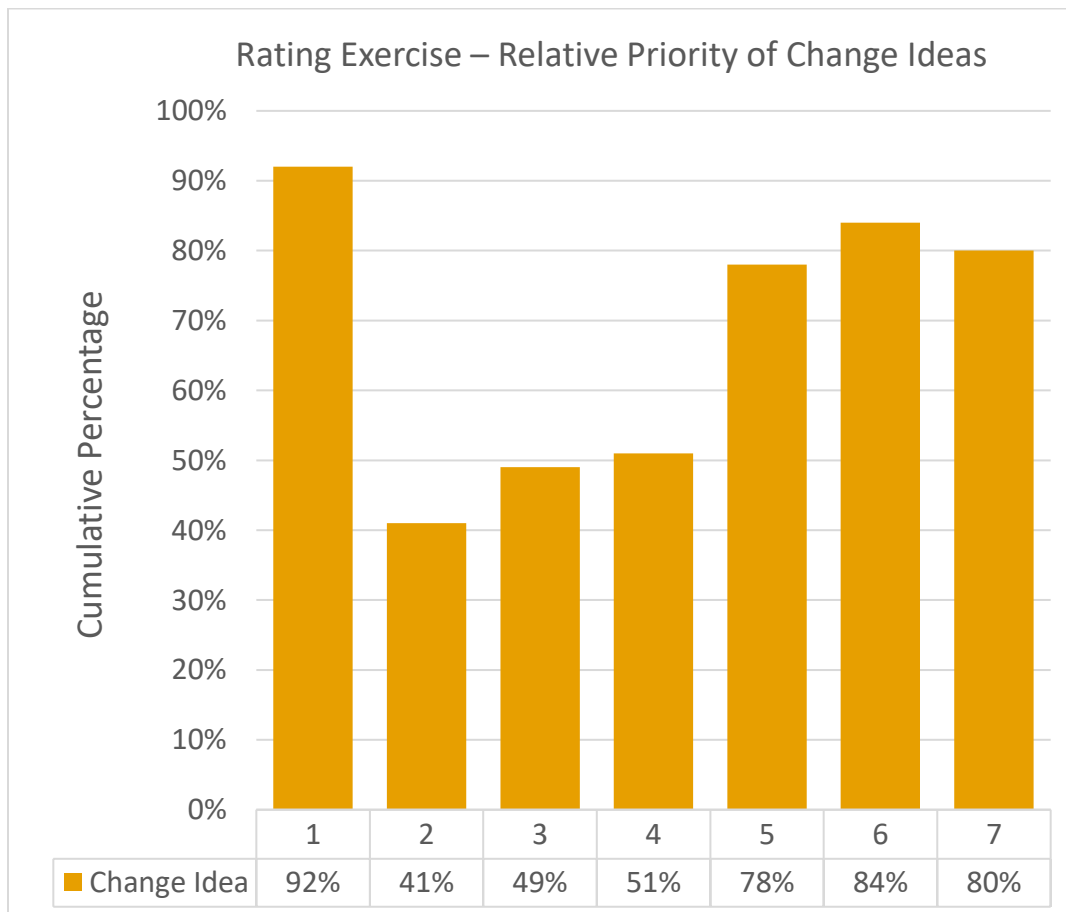
They undertook a rating exercise to establish broad Calls to Action by evaluating the relative priority of each change idea on a 10-point scale where:

0 = not a priority

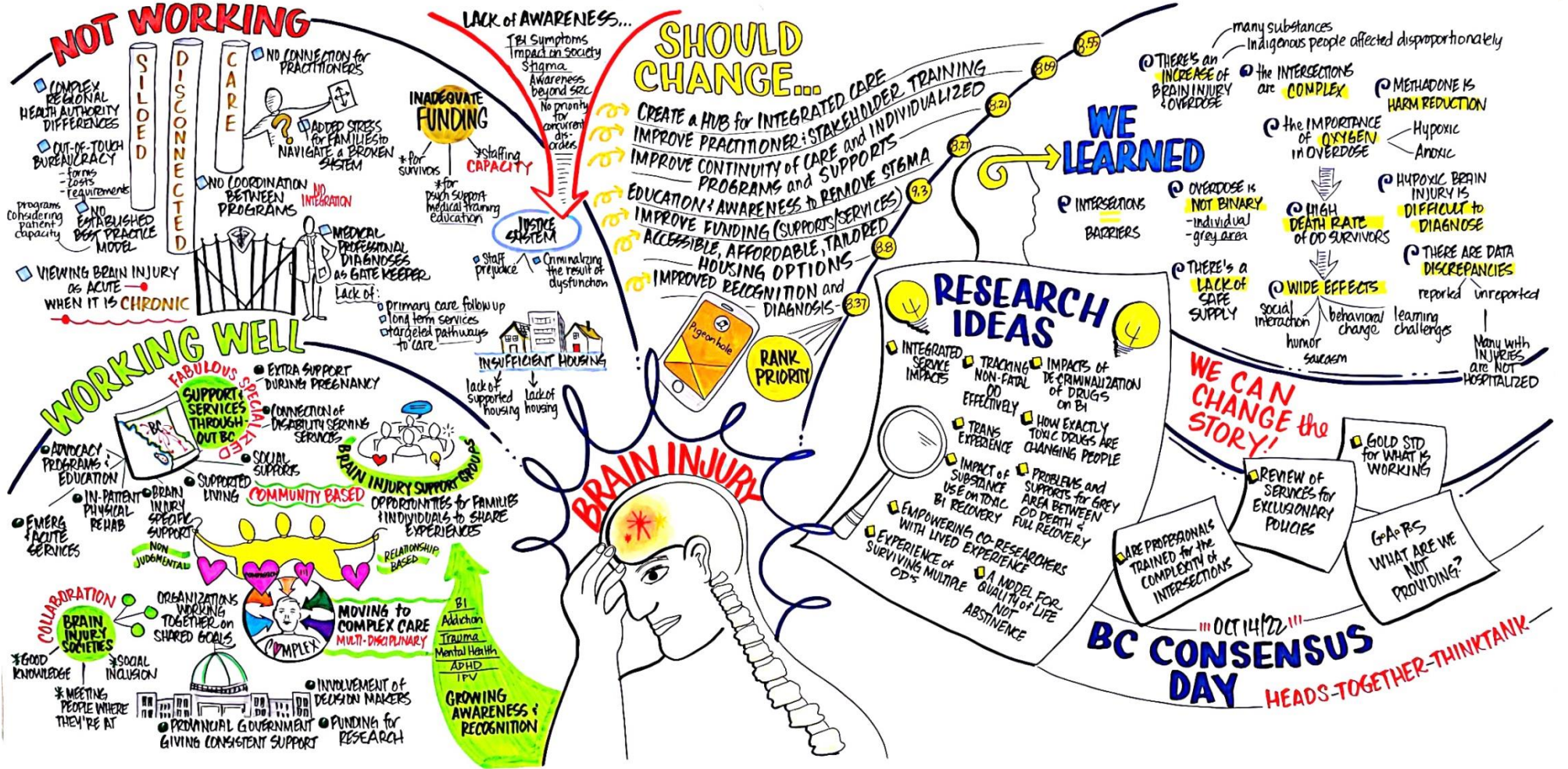
10 = highest priority

This exercise was challenging for participants since all ideas were significant and important to them. However, the results of the exercise show that the top three priorities for change are the:⁴

1. Creation of a “hub” approach to integrated care
2. Provision of accessible, affordable, tailored housing options for people living with brain injury
3. Improvement of diagnosis and recognition of brain injury



⁴ See page 11 for numeric list of change ideas that cross reference with the numbers in this graph.



Context of the Opioid Crisis: Hypoxic/Anoxic Brain Injury & the Cumulative Impact of Nonfatal Overdose



Dr. Elizabeth Plant, BA MD CCFP (AM), DISAM

Dr. Plant's roles include: Cowichan District Addiction Medicine Consult Service (AMCS), AMCS Community, outreach at the overdose prevention site, and in developing substance use supports for youth.

The following is a summary of some of the key points presented by Dr. Plant. Additional highlights are captured in the graphic chart below. Dr. Plant's presentation slides can be viewed at: <https://bcconsensusonbraininjury.com/wp-content/uploads/2022/10/Dr.-Plant-slides.pdf>

In mid-2015, illicit drug overdose deaths became the largest cause of unnatural deaths, outpacing suicide, motor vehicle collisions, homicide, and prescription drugs. This rapid rise also paralleled the increasing presence of fentanyl. In the five years since the declaration of a public health emergency related to overdose drug deaths was declared in April 2016, it is estimated that 7000 people in BC will have died from opioids. The highest rates of death occur inside, in males between the ages of 19 – 59, and people using alone. Overdose deaths in the Indigenous population are disproportionate to the non-Indigenous population.

"The death numbers are what's reported and people get the impression that if you have a drug overdose, you get naloxone and you survive. Or you do not get naloxone....and you die. But, there's a lot of greyness in between."

-Dr. Delbert Dorscheid, critical care physician SPH

Overdose is not a binary event – what happens to people who overdose and survive, and whose lives are irrevocably altered but not counted in any statistical analysis? There are 20-30 non-fatal overdoses to every death. Any overdose which causes a loss of consciousness is, by definition, a hypoxic event; a non-fatal overdose is a risk for repeat or fatal overdose.

Neurons can be affected in as short as 30 seconds deprived of oxygen. Quick administration of naloxone, oxygen and CPR can save brain cells as well as lives. Dr. Plant shared the findings of studies considering impacts of interventions and diagnoses of anoxic/hypoxic brain injury. The regions of the brain impacted by anoxic/hypoxic brain injury are the:

- Hippocampus – memory consolidation (i.e., short term into long term)
- Thalamus – central relay station of the brain
- Basal ganglia – movement and learning
- Substantia nigra – movement area implicated in Parkinson's
- Cerebellum – coordination, refinement of movement, emotion



TIME IS BRAIN

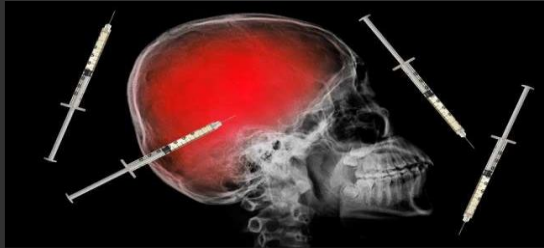
Neurons start to die 4-5 minutes without oxygen

Stroke interventions – time is brain

Harm reduction services are essential

The Mysterious Consequences of Repeatedly Overdosing on Opioids

High Wire Maia Szalavitz June 5, 2019



“There is a frightening dearth of knowledge about the long-term outcomes for people who have recurrent overdoses. Researchers have become concerned that, much the same way repeated concussions appear to cause later cognitive and emotional problems in football players, recurrent overdose in the age of fentanyl saturation could lead to delayed neurological consequences in people with opioid addiction.”

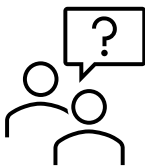
There is a lack of knowledge about the long-term outcomes from recurrent non-fatal overdoses.

What is the impact of multiple overdoses which are not of that magnitude? What is the cumulative impact of minor, less profound hypoxic events?

Appropriate integrated services are needed – much of substance use treatment is built on cognitive work, understanding one’s triggers, building in strategies for relapse prevention. The lack of treatment options and appropriate care facilities contributes to increased risk of Substance Use Disorders (SUD), further overdose injury and death, social isolation and

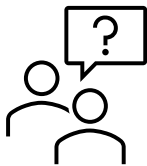
marginalization and the criminalization of a medical issue.

The drug toxicity crisis has profound morbidity implications that we are beginning to recognize. With epidemiologic data, it is possible to start to estimate cost to healthcare: acute care, rehabilitation, assisted living; and the human and social costs of people with challenging conditions trying to navigate a fragmented healthcare system. Compassionate and informed care that starts with descriptive understanding is essential. There needs to be enhanced collaboration between providers of brain injury support and treatment, and substance use treatment and support.



Q: Naloxone is definitely lifesaving, but there seems to be reduced focus on artificial respiration. Do you think this leads to more brain injury? Do you think this leads to more fight/flight/freeze response?

A: One of the first steps is to give oxygen to prevent further brain death. A lack of oxygen leads to more brain injury.



Q: How effective is methadone as treatment?

A: Based on available scientific evidence – 95% not on these drugs will relapse.

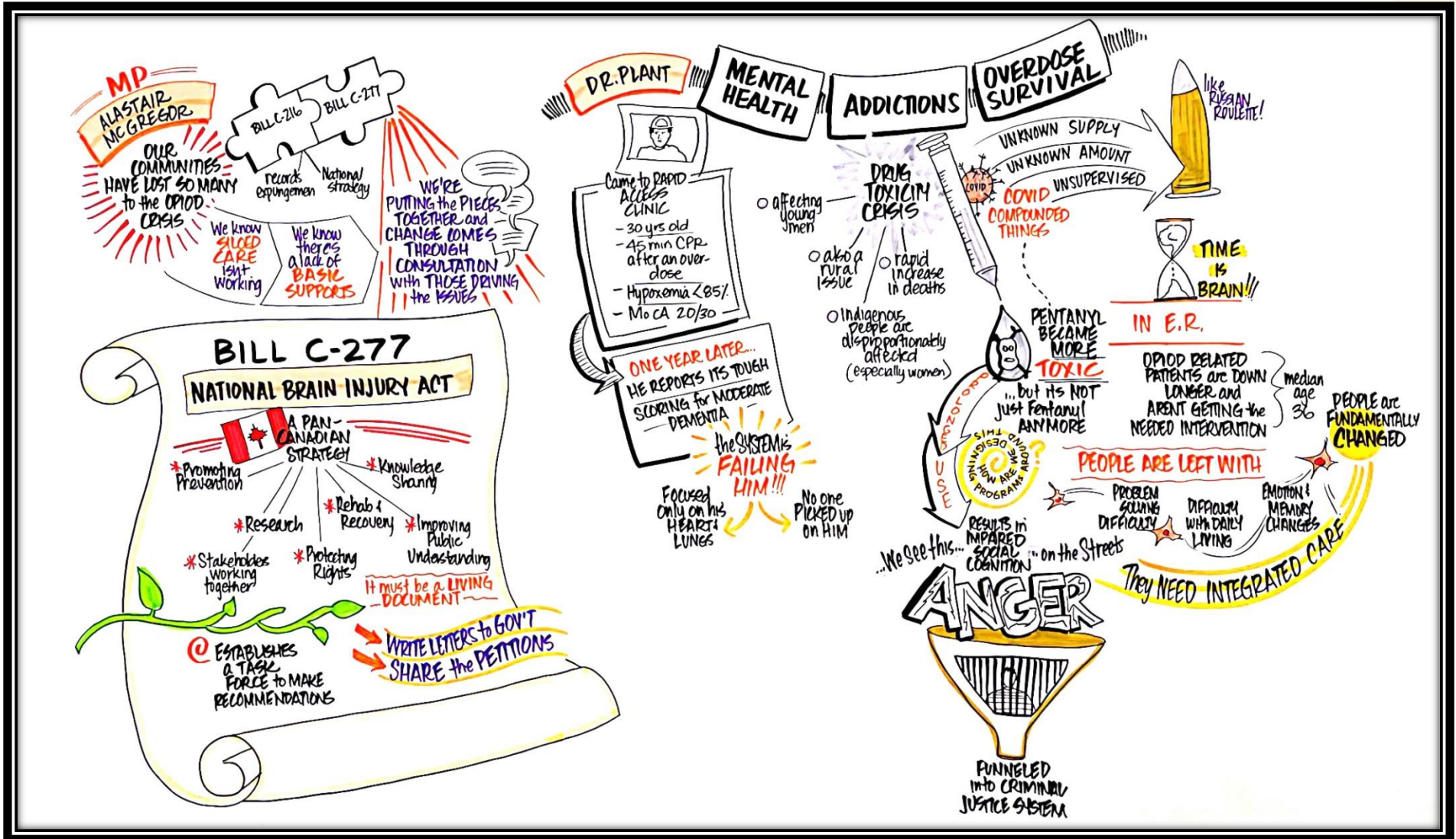


Table Discussion #2



Exploring areas of Learning and Research

During this table discussion, participants reflected on what they learned about addictions, overdose survival and brain injury to identify potential areas for further research.

①

What did you learn about brain injuries as a result of addictions & overdose survival that you didn't know before?

- **Increased incidence of overdose** – there are increases in brain injury and overdose; and there is a high death rate of brain injury survivors when they overdose
- **Incomplete data about overdose** – So many overdoses go unreported - the ODs we hear about are just the tip of the iceberg.
- **Lack of awareness about who is affected** – there is a lack of education about who is affected by brain injuries because of overdose, with disproportionate effects on Indigenous people.
- **New substances** – new reactions
- **Different types of brain injury** – hypoxic vs. anoxic brain injuries
- **Overdose is not binary...**the grey area of overdose is very individualized and case specific making intersections complex.
- **Treatments and recovery** – there are clear linkages between overdose and brain injury but only 4% hospitalized. Brain injury is often not diagnosed in patients who have overdosed.
- **Oxygen and overdose** – Time is brain – neurons die in 4-5 minutes without oxygen. Often an overdose patient needs oxygen as well as naloxone.
- **Effects of overdose** – create barriers to service due to changes in behaviours, learning challenges and loss of ability to manage social interactions and cues (humour, sarcasm etc.)

②

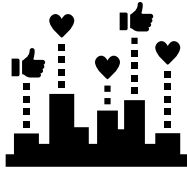
Given what you learned, what are the top areas you ask researchers to examine next?

The following themes were identified from the research ideas captured during table discussions.

- **Training and Education**
- **Understanding Lived Experience**
- **Improving the Data**
- **Societal Impacts**
- **Impacts of Interventions**
- **Best Practices**
- **Access to Services**
- **Service Integration**
- **Supports**

The specific research ideas that relate to each theme can be found in the Appendices.

Setting Priorities for Future Research



A Health Research Priority Setting Exercise

Cole Kennedy

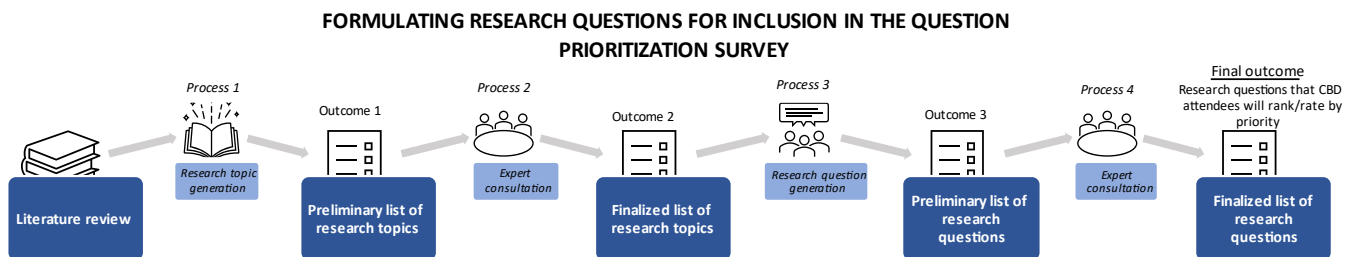
A second year Master of Science student in Clinical Neuropsychology in the Department of Psychology at UVIC, a member of the CORTEX lab and part of the research team for the BC Consensus Building project.

The objective of this research component was to engage key stakeholders (including multidisciplinary researchers, clinicians, health professionals, service providers, brain injury association representatives, policy makers, health administrators, survivors, and their family members) in a health research priority-setting process to:



identify, rank, and produce a community-driven list of priorities to guide future research addressing the intersections of brain injury, mental health, and addiction.

In the initial phases of this process, a comprehensive procedure synthesizing information from peer-reviewed literature with stakeholders' needs, opinions, and of course, priorities, was used:



The results of this multi-step and multi-informant process produced the list of twelve priority research questions, on the following page, that were included in the question prioritization survey during this event.

The purpose of the research question prioritization survey was to understand stakeholders' priority assessment of the twelve research questions; that is, what questions they would like to see answered first.

The survey contained two major sections from which data was collected:

1. **Ranking** required participants to rank-order the twelve research questions by priority (1 = top priority, 12 = last priority).
2. **Rating** required participants to rate each research question based on its level of:
 - (1) clinical importance (*how important the question is for improving health/healthcare*),
 - (2) novelty (*how much the question represents an emerging field of interest or attention*)
 - (3) controversy (*the level of disagreement regarding opinion and/or practice for the question*) using a sliding scale of 1 to 5 ('not at all' to 'high')

List of Research Questions for Prioritization

1. What interventions are most effective in promoting quality of life for family members/caregivers of people with concurrent brain injury, mental health, and addictions concerns?
2. What are the consequences of living with undiagnosed brain injury, and do they include higher risk for developing mental health and addiction disorders compared to people who receive accurate and timely diagnosis?
3. What are the specific long-term cognitive consequences of (non-fatal) opioid overdose-related hypoxic/anoxic brain injury (e.g., problems with attention, memory, communication, etc.)?
4. What are the experiences of concurrent brain injury, mental health, and addiction for homeless or marginally housed people, and how do their experiences differ from people who have stable housing?
5. What are the tools and who is best suited to identify and assess mild-traumatic brain injury (concussion) in marginalized people struggling with mental health, addiction, trauma, and violence?
6. What is the prevalence of opioid addiction after traumatic brain injury, and what alternative forms of pain management are effective at reducing the risk of opioid addiction after traumatic brain injury?
7. Do personal factors (including age, sex, sexuality, and gender) influence the effectiveness of treatment for people with concurrent brain injury, mental health, and addiction disorders?
8. Are 'younger' people (e.g., aged 15 to 30) who experience brain injury at higher risk for developing mood and addiction-related disorders, compared to middle aged and older adults who experience brain injury?
9. What are the barriers and facilitators to effective community-based integrated mental health and addiction treatment for people with concurrent brain injury, mental health, and addiction concerns?
10. How effective is trauma-informed counselling for treating people with concurrent brain injury and mental health and addiction disorders, and how does it compare to more traditional mental health and addictions treatments (e.g., alcoholics/narcotics anonymous or behavioural therapies)?
11. What is the incidence and prevalence of (non-fatal) opioid overdose-related hypoxic/anoxic brain injury, and how do we best identify and support people who suffer this type of brain injury?
12. How do the cognitive (e.g., problems with attention, memory, etc.) and psychosocial (e.g., relationship and family stress, grief, etc.) consequences of brain injury influence survivors' ability to access, engage with, and benefit from mental health and addiction treatment services?

Note. The research questions are listed here in no particular order.

Ranking and rating scores will be combined and used to formulate the question priority composite score, a nuanced computed index of each question's overall priority. Using this operation, the question with the highest score will be identified as the priority (i.e., 'number one' on the list), the question with the second highest score will be identified as the second priority (i.e., 'number two' on the list), and so on and so forth, for all twelve questions.

The outcome will be a community-driven list of priorities to guide future research addressing the intersections of brain injury, mental health, and addictions. This list will allow researchers to focus their efforts on important issues which are currently being experienced by stakeholder groups. Future research, including initiatives being led by the Consensus Building research team, will strive to answer these questions and develop additional ones as we continue to better understand the intersecting complexities of brain injury, mental health, and addictions.

What Happens Next?

Evidence-Based Synthesis Map: Inspired by the outcomes of this year’s Consensus Building Day, the graduate student on our team, Cole Kennedy, is leading a research project entitled *Database of Evidence Concerning Interventions Supporting the Intersections of Neurotrauma–Mental health, & Addictions Problems (DECISION–MAP)*. This initiative uses a novel approach to knowledge synthesis called ‘evidence mapping’, a systematic process for finding and organizing existing research evidence on a particular topic that simultaneously identifies gaps in the knowledge base and priorities for researchers to address. In the case of the DECISION–MAP project, Cole and his team are systematically mapping evidence that evaluates mental health and addiction interventions for people with acquired brain injury, with the final outcome being an interactive, user friendly, web-based tool that can be used by researchers, service providers, clinicians, and policy makers to aid in their evidence-informed decision-making and guide future research directions.

Publications of Consensus Day 1 findings: Our research team is processing the data collected during this first Consensus Day and a paper will be produced addressing the barriers and facilitators via a content analysis of the focus groups, identification of the top 5 barriers and facilitators, as well as elements of a successful living (key factors). We will also produce a methods paper compiling the process used for the establishment of consensus, as it could be of use to efforts in other provinces. Finally, derived from the work of our graduate student in the team, Cole Kennedy, we will publish two additional research papers, one examining the research priorities setting exercise and its outcomes, and one on the Evidence-Based Synthesis Map.

Securing additional funding: We are aiming to submit an application for a SSHRC Partnership Development Grant with an external deadline of November 15, 2023. If successful, we are aiming to convene our team in several opportunities with the objective of collecting additional data on personal stories of those with lived experiences, and with the outcome of generating an accessible, evidence-based, personal story-boards (illustrated) based book.

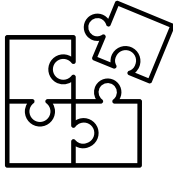
Petition C-277: CGB Centre for Traumatic Life Losses, in collaboration with Brain Injury Canada and Cowichan Brain Injury Society, has worked with Alistair MacGregor, Member of Parliament Cowichan-Malahat-Langford, to put forward [Private Member’s Bill C-277](#) calling upon the Minister of Health, in consultation with representatives of the provincial governments responsible for health, Indigenous groups and relevant stakeholders, to develop a national strategy to support and improve brain injury awareness, prevention and treatment as well as the rehabilitation and recovery of persons living with a brain injury. The BC Consensus Building Day Project is foundational to the development of an act to establish a national strategy on brain injuries as it encourages the provinces to strive for consensus on supports, services, and research priorities specific to their communities. In support of Bill C-277 an e-petition has been certified by the Clerk of Petitions and presented to the House of Commons. Effective May 2, 2023, Bill C-277 will be tabled for formal response from the Government of Canada.

Media coverage:

TYPE	SOURCE	LINK
ONLINE/PRINT NEWS STORIES	BC Provincial Government	https://news.gov.bc.ca/releases/2022MMHA0069-001545
	Victoria Buzz	https://www.victoriabuzz.com/2023/03/i-fell-through-the-cracks-vancouver-island-man-advocates-for-victims-of-brain-injuries/
	Times	https://www.timescolonist.com/opinion/comment-link-between-brain-

TYPE	SOURCE	LINK
TWEETS	Colonist	injury-and-homelessness-is-undeniable-6726255
		https://www.timescolonist.com/z-central-newsletter/women-suffering-brain-injuries-from-intimate-partner-violence-at-risk-of-injury-being-used-against-them-in-court-6734495
		https://www.timescolonist.com/opinion/comment-the-real-problem-behind-substance-abuse-4653129
	Vancouver Sun	https://apple.news/A0j_aaDcrT1GkHjOnuHZTDA
	@UVicEngage	https://twitter.com/UVicEngage/status/1637948331338133505?s=20
		https://twitter.com/UVicEngage/status/1637929714181632000?s=20
	@UVicSocialSci	https://twitter.com/UVicSocialSci/status/1637933132472254465?s=20
		https://twitter.com/UVicSocialSci/status/1581010172641935360?s=20
		https://twitter.com/UVicSocialSci/status/1581006779714240515?s=20
		https://twitter.com/Cole_J_Kennedy/status/1625519009163792389?s=20
	https://twitter.com/Cole_J_Kennedy/status/1625519319869448192?s=20	
VIDEOS	@LabCortex	https://twitter.com/LabCortex/status/1592206681366466562?s=20
	CTV News Vancouver Island	https://vancouverisland.ctvnews.ca/video?clipId=2652249
		https://vancouverisland.ctvnews.ca/victoria-man-s-85-convictions-highlight-links-between-brain-injury-homelessness-crime-1.6326228

Reflections on the Day



One more big idea

Participants were invited to reflect on the day and capture how they would finish the sentence, *“It would be so great if we could just...”*

Responses were captured in an online tool; participants were able view the ideas submitted and vote for those that most resonated for them. The top ideas were:

Get the government to build more affordable housing options for EVERYONE - families, singles, seniors, When people are stably housed, we can help them with any needs they have!

Listen to our patients and deliver the collaborative care needed to better the lives - in a holistic way.

Add more community programs that offer longer term recovery, rehab and support.



Educate everyone to increase compassion and reduce stigma

Everyone here make a connection with their MPP to talk about ideas and needs identified today.

Come together and create a world where everyone can and does thrive

Centralized care and resources .

Today was....





Appendices



BC Consensus Days – The Context

According to the World Health Organization, Traumatic Brain Injury (TBI) will surpass many diseases as a major cause of death and disability by 2020 (Hyder et al, 2007). In Canada, the annual incidence of acquired brain injury (ABI) is 44 times more common than spinal cord injuries, 30 times more common than breast cancer, and 400 times more common than HIV/AIDS. The incidence and prevalence of brain injury surpasses that of HIV/Aids, spinal cord injury, breast cancer and multiple sclerosis combined.

It's estimated 165,000 new cases of brain injury annually occur in Canada, and an estimated national prevalence of 1.5 million cases (BrainTrust Canada, n.d.). These statistics are grossly understated given the thousands of brain injuries resulting from concussions, intimate partner violence, violence among the homeless, individuals incarcerated, combat injuries, and those surviving an opioid/stimulant poisoning that are not diagnosed, treated, or tracked medically.

From Dr. John Higenbottam, Clinical Professor, UBC Dept. of Psychiatry Editor-in-Chief, Canadian Journal of Community Mental Health:

“The theme of the BC Heads Together Think Tank - addressing the intersections of mental health, addiction, and brain injury, is both important and significant. It recognizes the reality that many people with mental illness have complex needs with concurrent substance use issues as well as histories of brain injury. They and their families need access to effective, wrap-around, integrated treatment and rehabilitation services. Instead of no open door, they need no closed door.

Unfortunately, this reality is not well understood or translated into action at the policy, decision-making, and service levels, despite well written reports and recommendations and a substantial body of scientific knowledge validating effective approaches. As a result, many current services are difficult to access, fragmented and focused on diagnosis. While attempts have been made to integrate mental health and substance use services at the Ministry level, this has not led to significant integration at the service level. Additionally, there is little integration of sparse community brain injury services with mental health and substance use services.”

In 2020, the CGB Centre for Traumatic Life Losses was funded through the Ministry of Mental Health and Addictions and the Vancouver Foundation to host the BC Heads Together Think Tank. This project hosted four virtual events which were streamed across British Columbia.

The final recommendations included:

- Research is needed to determine best practices in serving brain injury survivors with concurrent mental health conditions and substance use/addiction issues.
- Health and community service providers require education and training on these intersections.
- Mitigate barriers to accessing mental health or substance use/addiction services.

THE CURRENT STATS ARE GROSSLY UNDERSTATED:

"There are an estimated 165,000 new cases of brain injury annually in Canada, and an estimated national prevalence of 1.5 million cases." (1)
These statistics are grossly understated given the thousands of brain injuries resulting from concussions, intimate partner violence, violence among the homeless, individuals incarcerated, combat injuries, and those surviving an opioid/stimulant poisoning that are not diagnosed, treated, or tracked medically.

Between Apr. 2019 - Mar. 2020, Canada recorded 4,433 opioid-related hospitalizations - 4.2% had a co-diagnosis of anoxic brain injury . (2)

TBI survivors are 2.5 times more likely to be incarcerated than those without a TBI (3)

More than 200,000 Canadian Women each year sustain a brain injury due to Intimate Partner Violence (4)

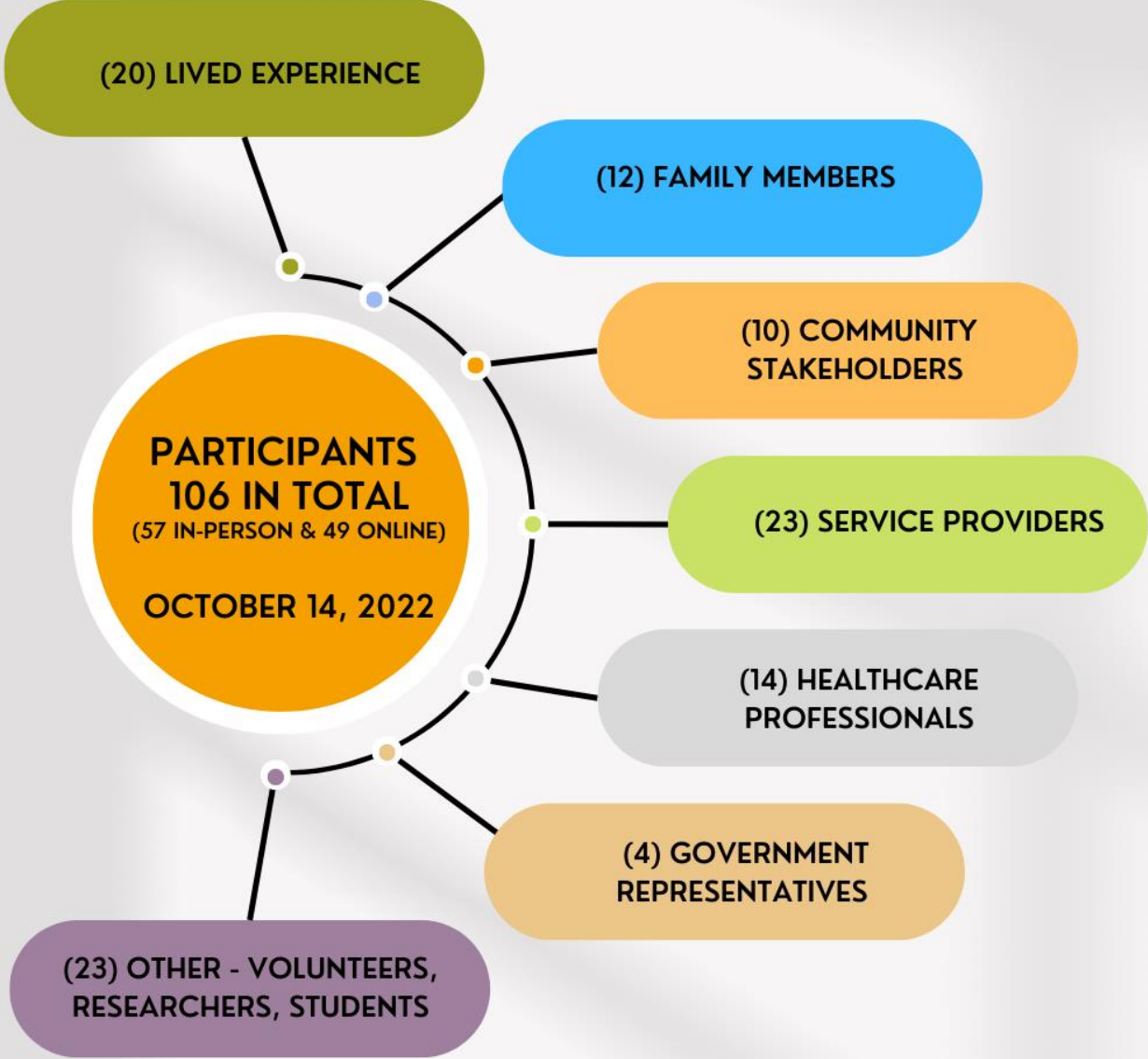
Homelessness - Approximately 50% of the homeless have a brain injury (5)

FACT

Canada-wide, the incidence & prevalence of brain injury surpasses that of spinal cord injury, breast cancer, HIV/Aids, and multiple sclerosis - combined! (6)

(1) BrainTrust Canada
(2) <https://www.canada.ca/en/health-canada/services/opioids/opioid-related-hospitalizations-anoxic-brain-injury.html>
(3) Brain Injury Canada
(4) <https://cridge.org/ipv-bi/>
(5) Brain Injury Canada
(6) Northern Brain Injury Association

Participants



Panel Discussion

Question 1: How does brain injury look to you?

Julia It is very individual and looks different for everyone. The brain has many areas - even if damage in one area is the same for two people, the way they function because of that injury can be different. Also, people receive different services for their brain injury. Their experience can be different depending on age, life circumstances etc. Brain injury can be an invisible injury.

Derrick Dictionary definitions of a brain injury is scary. You are never sure what the people you meet will do or how they will react – it can be scary when first confronted with brain injury. I was accused of being drunk. In a bank, I had trouble expressing what I needed, and the teller thought I was drunk, rather than that I needed help. Most people in the population don't understand brain injury and can be scared by it.

Gwendoline My life changed, but it was my brother's life that changed. My brother was a tree faller and was hit on the head by a tree. He was found by his partner and taken to hospital, transferred, and told he could go back to work in – two days. This was not the case. I have two boxes of legal documents and conversations with Work Safe and many different organizations required to get help in the aftermath of my brother's injury. The Cridge Centre for The Family is helpful. Frustration and fear are experienced when supporting a family member with a brain injury.

Elizabeth I had no training in brain injury other than a fellowship in addiction medicine. I have encountered people with substance use disorders who had profound disorders – what will happen for these people? They present normally, but have some cognitive difficulties and are still using – where do they go for support? I have a hard time navigating as a substance use system as doctor. If your memory or attention is impaired, how will you access effective treatment? Much treatment is based on developing insight (i.e., twelve step) but the nature of brain injury prevents them from participating. Where will they get the services, they need? People slip through cracks of an already fragmented system and end up on the streets and with the justice system.

Question 2: In your opinion or experience, how are mental health, addictions and brain injury connected?

Derrick There is a vicious cycle – a person is self-medicating because of a brain injury and reaches out for help, but services are too full and there is no housing. This person, seeking support is told to come back next week. I have hope this morning from what I heard from the Minister, that more beds are being funded. People need a solid place to live before anything

else happens. Once housed, they can figure out what to focus on first. The bottom line, is that they can really have no treatment until they have a place to stay.

Elizabeth It's hard to be abstinent from drugs when trying to survive. When you are on the street, you are in survival mode – for example, it is impossible to sleep at night when you are afraid people will steal your stuff. The trifecta of mental health, brain injury and substance use all feed on each other. It is not possible to address any one issue if you are focused on: someone stealing my stuff, having to steal to eat, needing to use in - four hours or will get sick. We must meet people where they're at – they can't escape the cycle without satisfying the basic human need of a safe place to land and keep your stuff.

Gwendoline My brother had a home – the greatest fear after the accident was financial and the possibility of losing that home. Fear and frustration follow that. Addictive personality – after an accident, memories or other things come up that might not have presented before.

Julia Researchers love theories and models – the bio-psychosocial model – suggests areas of brain commonly damaged include areas of logical thought, this can lead to more addictive tendencies. After brain injury, life is changed. The victim of a brain injury is not the same person anymore. They can develop a different personality, mental health issues (depression, anxiety), experience loss of roles, all of this can lead to addiction and substance use. Socially, no housing can cause intersections to be more pronounced. It is very complex.

Derrick Housing – don't want housing where there is drug use, prostitution etc. You need to take baby steps – start with a bunkhouse or small apt, go to support groups etc. I had to progress through small steps before getting permanent apartment.

Question 3: What may be needed in our current health service system to best serve those dealing with brain injury, mental health and addictions?

Elizabeth The big thing for the population I work with is having access to safer non-toxic substances and harm reduction. The system needs to meet people where they are at, provide them with choices that are not Russian Roulette or death. Decriminalization is needed.

Julia Integration of services and not working in silos. If you knock on one door, then all your supports should be there. Amplification – we need to build on the services that are working today. In the early 1970's my mother-in-law had stable housing, good support but didn't get into (the) system. The same story today, if you get a brain injury, hasn't changed for some – but

for others, they fall through the cracks – no support, funding, awareness of brain injury or services. Integration, discussion, doing more of what's working can change that.

Derrick We need a hub - one place to go and get assessed. We need to change (the) law – currently a judge cannot hold someone; if they get arrested, they should not be let out next day. A judge should be able to direct that if there is a mental health or addiction issue, the individual must go to therapy rather than be let out to get back to street. People struggling should not go to jail to get help. Jail was the hub [by default]. Make the person accountable for behaviour, even if substance use... e.g., recovery or jail. Food, shelter will keep them alive until they can get help.

Gwendoline Not everyone with a brain injury presents as having a brain injury. My brother presented well yet without the resources of family and The Cridge Centre for the Family, he says he would have died. He was in a dangerous job - two of his previous falling partners committed suicide after injuries for which they had no support. Family gets tapped out from time to time. Not everyone has the resources to support a family member. My brother will never be the same as before. Yet in many ways he is better. Resources need to be visible to, and accessible by, doctor, family, members of the system, individual.

Question 4: Why, in your view, is an understanding of the connections between people living with brain injuries acquired in different ways, essential to improving care?

Elizabeth In my world, it's a given that people with substance use disorders have mental health issues as well. Why do some individuals have an even harder time? There is not much education in medical school. We talk about sports concussion but not much else. The expectation in substance use and mental health is that people want to change, and have the motivation to change but if they don't demonstrate motivation then it's assumed they don't want to change. That is not how it is – the most vulnerable, marginalized don't have the motivation.

Julia It is important to develop a wide understanding and to realize that every story is different. Yet maybe there are common threads that would help us to provide services. We need to understand experiences and not just see it as an acute problem. Brain injury happens throughout a person's life. Of course, quality of life can improve but they don't get better or recover, it's more of a chronic disease that requires resources all through life.

Derrick First you need to be taken away from the problem that caused it – IPV, drug, drink – to get services. Most people have survival instinct, even with brain injury. If a person cannot find their own food or bed, they need to be institutionalized until they can.

Gwendoline I agree with Julia. There needs to be a mindset that acknowledges brain injury as a chronic condition.

Panel Q & A Session

ANSWERED QUESTIONS

How do we navigate, as survivors, entering the workforce and having our brain injuries be disclosed/not disclosed/get support? How can we be recognized and supported without risk of discrimination?

Julia	Work is important. Doing something that provides meaning and productivity is important. Finding meaningful activity is critical for identity, recovery, rehabilitation, to socialize, receive feedback, etc. There is variation among employers regarding awareness and acceptance of brain injury.
Derrick	There used to be work programs for people with disabilities; these are gone now. It would be good to bring them back. [For me, it was a process of] baby steps. First learned responsibility [with] volunteer work, [then took] training etc.
Elizabeth	I can't speak directly to specifics of the question but more broadly, society puts more stigma on conditions that are in the brain. There is a fear of discrimination regarding disclosing a brain disorder that is rooted in stigma. Stigma is based on fear, judgment and morality. The more we can deal with stigma, the more we can disclose brain injury.
Gwendoline	I agree and hopefully it won't always be something we worry about disclosing; we can be accepted for who we are and don't have to disclose everything.

Dr. Plant (Elizabeth), what clinical guidelines, training, would better support physicians and interdisciplinary teams in treating people with the intersection of brain injury, substance use, and mental health?

Elizabeth	We need training about the origin of these conditions – for example adverse childhood events. These are complex conditions, and the answers are complex. We assume that guidelines are there for the trifecta (brain injury, mental health, addiction). We should look for and expect concurrent disorders. It is difficult to have an algorithm for things in the biopsychosocial space.
Derrick	I would say that awareness and proper evaluation [are needed.]
Gwendoline	For me, my view is similar to Derrick's – more awareness and training is needed. For example, if I don't know what I'm looking for, might not look for "B" if trained to look for "X".

How do we transfer care from a childhood brain injury survivor to adulthood, so they are identified in our system and not left solely to the parents?

Derrick [Work is] in process of changing this.

Elizabeth The medical system has two streams – child and adult. There are wrap around services for under nineteen. Not so much for adults. [The thinking is that] as an adult you should be able to figure out and navigate yourself.

When will we get real beds, additional beds? It's a shell game. People are only moved around, very few new beds actually exist?

Elizabeth What type of bed? Question is, is it renaming or repurposing an existing bed rather than creating new services?

How do we access supports from community? It took seven years to get disability tax credit and required a signature from doctor. Documentation needs to be resigned every five years. Now, with no doctor, what do I do?

Julia It's really about the shortage of physicians and supports. How to mitigate the barriers – no answer.

Elizabeth Government needs to make it more attractive to practice family medicine and change how health care is funded.

UNANSWERED QUESTIONS

One door only works if the gate keeper at the door lets you in, mental health access criteria screens out many individuals with an ABI, how to change this?

Addiction treatment for individuals with cognitive needs is a huge gap, what are the best practice models?

Dr. Plant: How do you determine pre-overdose function versus post-overdose cognitive/behavioural function? Is it based on their medical history? If so, how detailed is such history?

Dr Plant, do you see many people with cognitive difficulties and what approach do you take to support someone who is involved in taking daily medication assisted substance treatment? What would help?

What gaps do you feel needs to be addressed when it comes to brain injury and intersectionality, ie gender identity, culture, race etc.?

Derrick, what kept you motivated and drove you to overcome your addiction while managing your brain injury? What advice would you give to those struggling with addiction to improve their life?

UNANSWERED QUESTIONS

How do we FORCE Ministry of Poverty Reduction to simplify the guidelines around Person with Disabilities (PWD) to those with B.I. can comfortably get into the work force without fear, if they so desire?

How could pharmaceutical companies and/or pharmacists innovate to support people with brain injury needing medication assisted treatment who may have challenges with medication compliance?

How do we encourage those who we, friends, and family, believe may have a brain injury to seek care? Brain injury looks so different in everyone that loved ones might not think they have Brain injury.

How can we better prevent misdiagnosing brain injuries to better help survivors/ families get the support they need?

How do you best support a brain-injured family member who lacks the depth of awareness of their short-comings and has a diminished awareness of their issues? I try to be supportive but I'm frustrated.

Is this consensus forum going to other areas of the province?

What can we do to better support brain injuries among those incarcerated?

What is the drug poisoning rates for people who had had at least one brain injury from drug poisoning? Like repeat rates. and why are they like that?

If people don't have social support already, who will advocate for them?

How do we move past a doctor's diagnosis as criteria for services so that those who can't access that diagnosis also get assessed and supported?

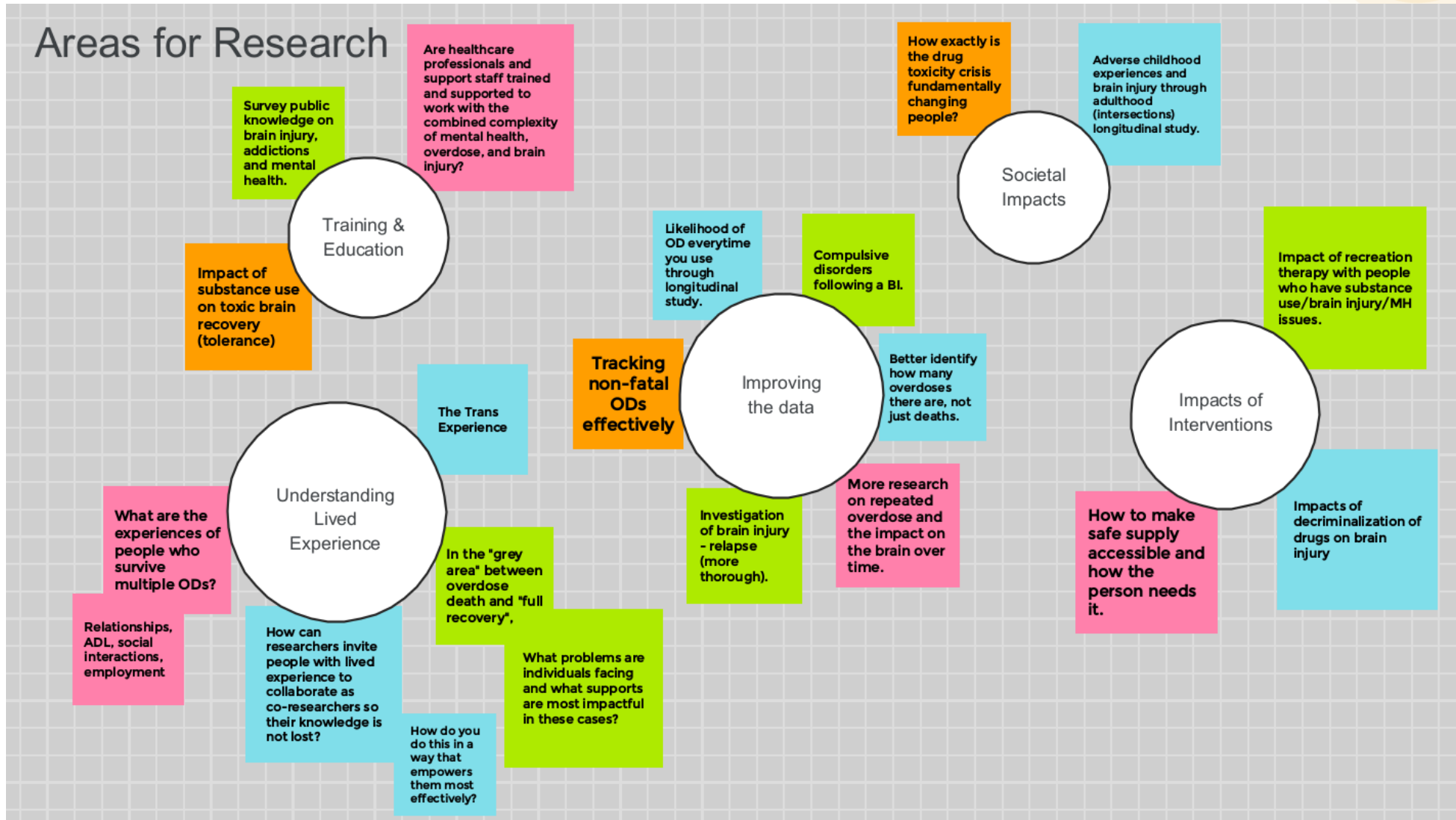
What suggestions does the panel have for communicating the TBI to family who don't understand the "new" very different person.

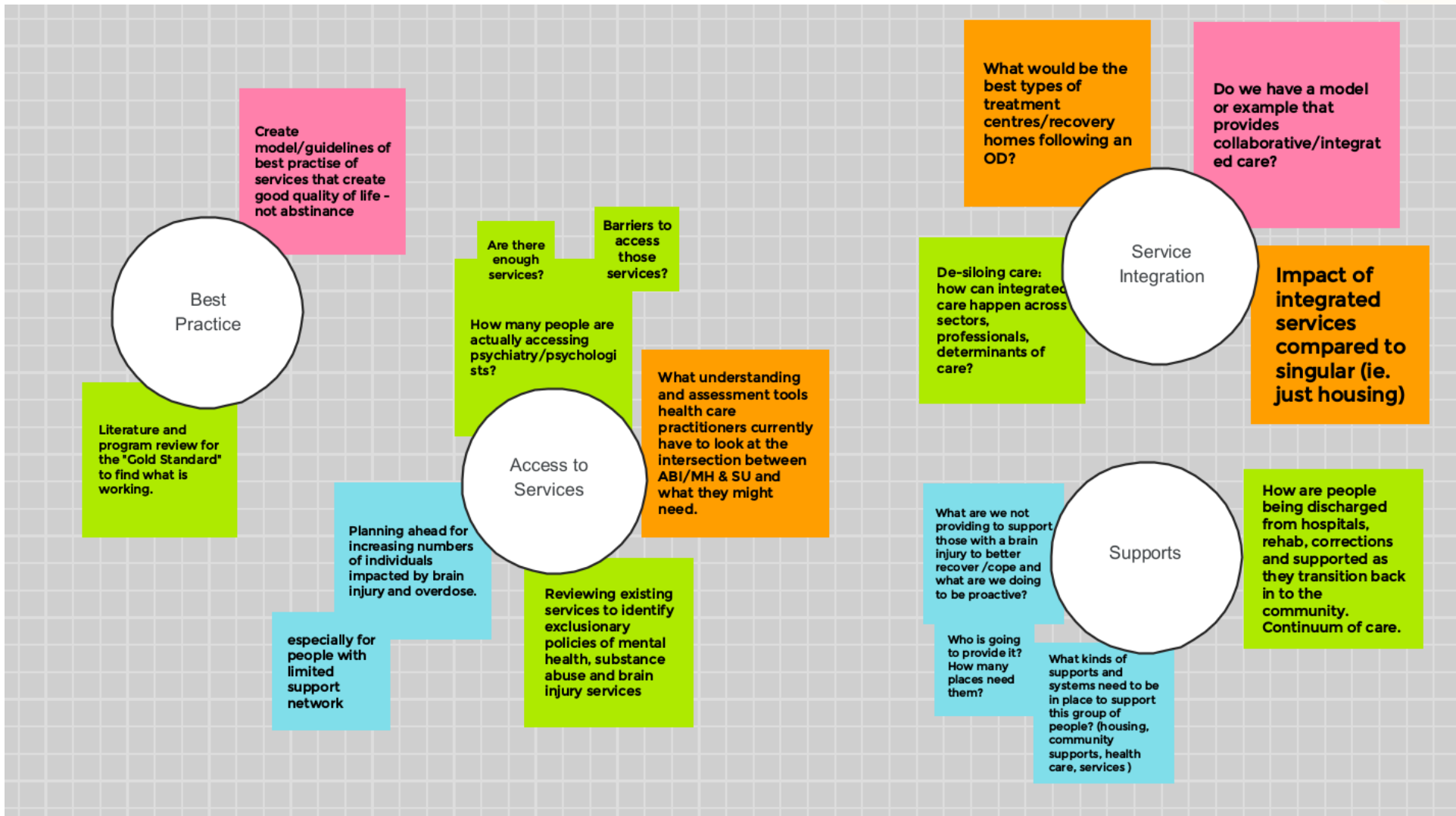
How do you suggest approaching / dealing with TBI survivors whose initial response triggers a "fight or flight" (sympathetic nervous system) response and their social presentations are confrontational?

When assessing clients during outreach, what would be the best way to encourage and support testing and treatment for BI?

How will the passing of the law about assisted suicide for mental health? This doesn't seem finished?

Participant Ideas about Areas for Research





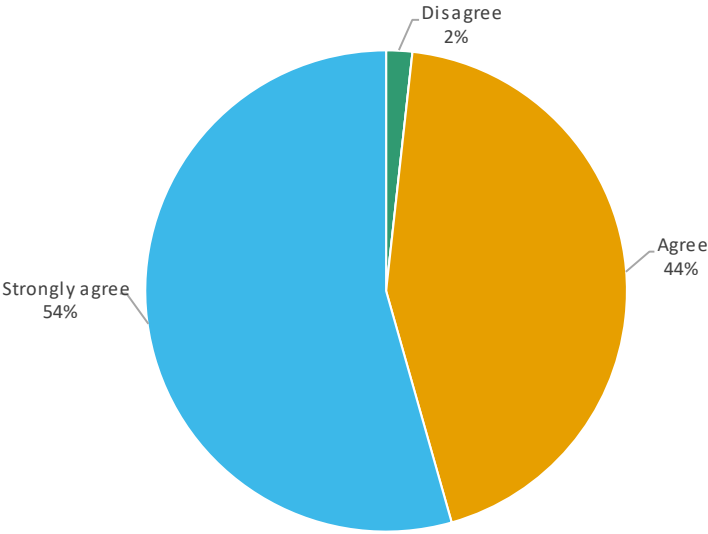


Session Feedback





"The speakers were effective"



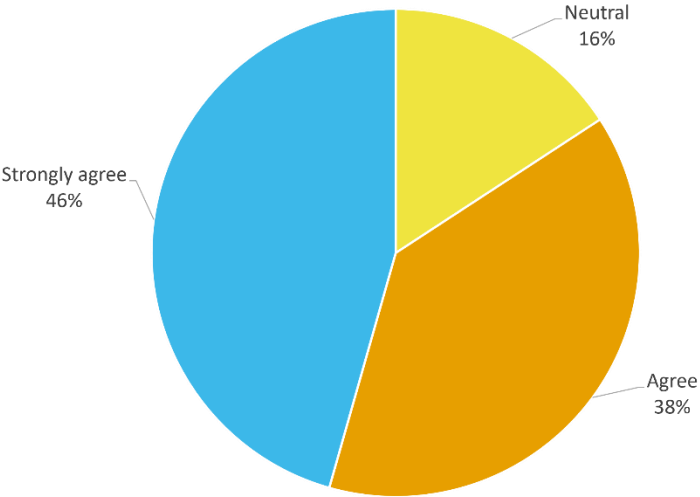
"Well organized. Experienced and diverse speakers. Well done!"

"The speakers were very inspiring and brought so much new and intriguing information to the table. I love the fact that so many perspectives were brought to the table, from lived experience to researchers to policy makers I also loved the live visuals as it was such a creative way to present information."

"More brain injury speakers would add value to an event like this."

"The diverse nature of the speakers provided unique insight"

"I found the panel discussion to be effective and informative"



"Panel and speakers were all interesting."

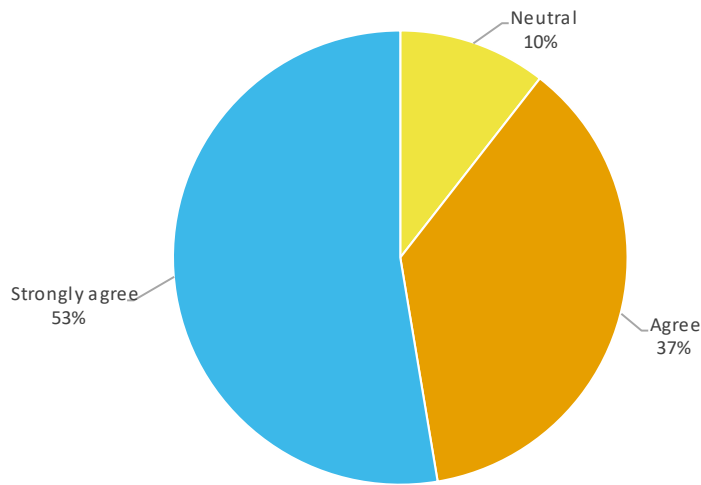
"I thought the panel discussion was very engaging and informative which lead to interesting table discussions."

"A great day of learning, panel was informed and diverse."

"The panel members gave me new perspectives on how to approach problems and think critically on the topic of brain injury."

"Speakers were diverse, and all provided valuable insight into the subject matter."

"The information presented was clear, relevant, and interesting"



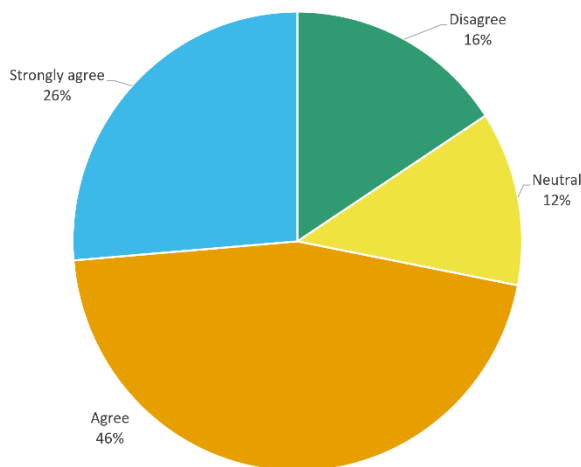
"The information provided was informative and very relevant."

"The Dr. was amazing! informative and real, very honest."

"Dr Plant's presentation increased my knowledge of brain function in relation to overdose."

"Speakers were very good. Knowledgeable and able to communicate in a way that was easily understood (not much jargon, etc.). I appreciated that."

"There was enough time for questions and discussion"

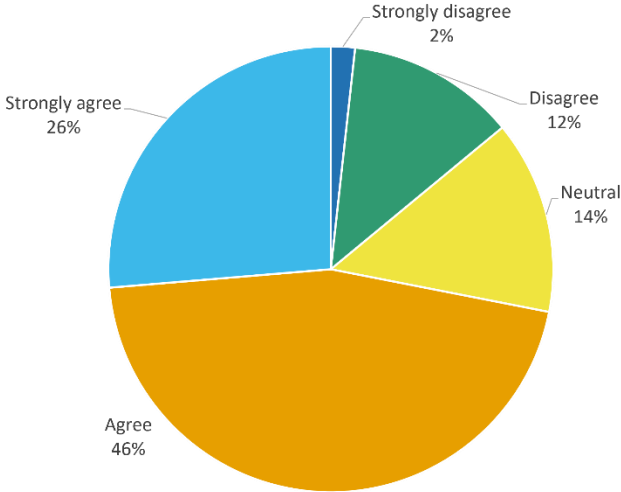


"I felt it was well organized and there were enough breaks to break it up. Some of the question and answers got cut off and I think some survivors that's a bit dismissive - sometimes we need extra time."

"The Zoom option is great but it makes for a very long day."

"As a TBI Survivor, it was a long day with lots of stimulus which I expected and tried to prepare for. As the day progressed, and some real good learning and feedback was taking place, the cumulative effect of the day was slowing me down considerably and I was having a hard time focusing for any length of time. In a perfect world, I believe having this session over a 2 day period would yield far more insights from the TBI crowd - but I understand the logistic and cost issues. One possible suggestion is to have a zoom follow up a few days later, especially with TBI participants and ask direct questions relevant to your research tailored to the category of participant (stakeholder, survivor, educator, government etc.)."

"The technology and audio-visual equipment worked well"



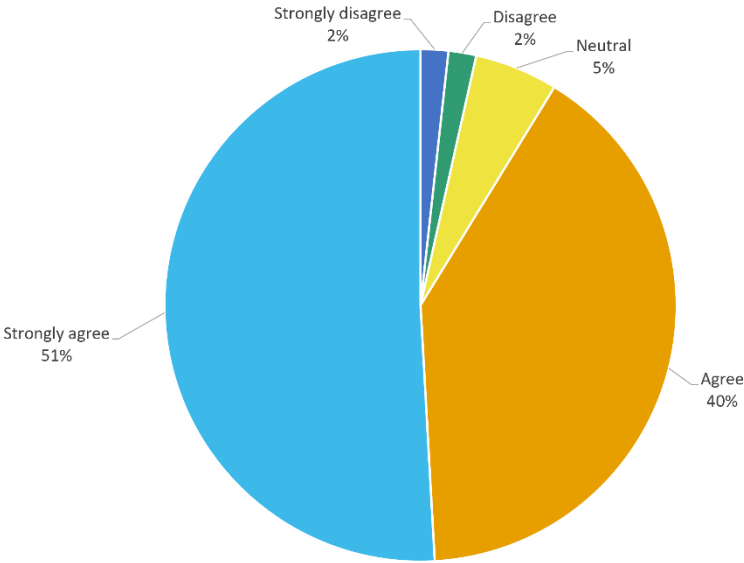
"I felt that some people struggled with some of the technological elements (e.g., ranking the order of preferred research topics) and this may be easier to do on paper instead. Otherwise the creativity of using pigeonhole was a great concept!"

"The use of technology to vote, ask questions, etc. was very valuable, but more tech support would have been helpful."

"The presentation cut out online."

"At one point the virtual presentation froze and we ended up taking our break earlier which was okay. Unfortunately, the small group facilitator was not familiar with Zoom or the whiteboard application being used, which limited the discussion as we spent a good portion of the time trying to figure that out."

"The registration process was clear and easy to follow"

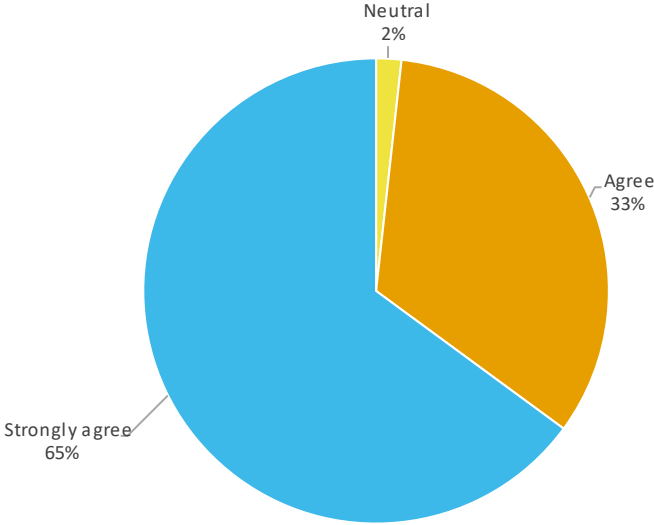


"Professionally run event from registration to participant day end."

"I couldn't register for the event, despite multiple tries."

"Had troubles initially signing up. But great event."

"Overall, the event was valuable"

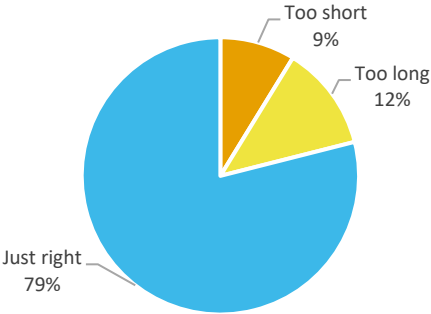


"Thank you so much for inviting me and allowing me to share my story. I feel a strong sense of closure being seen and heard by people who are interested in knowing more."

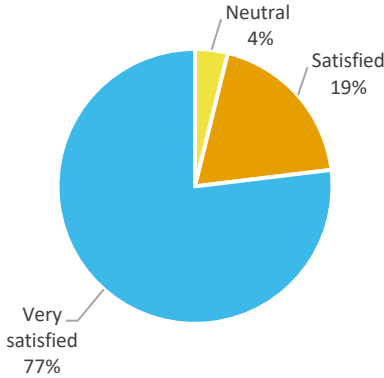
"As a 16 year TBI survivor, I felt that this event is much needed and appreciated by survivor's as well as family member's. The speaker's and information was informative, clear, concise, relatable, understanding, as well as very thorough and effective. I'm very much looking forward to participating in future events like this. - A grateful brain injury survivor."

"Being brand new in the brain injury field, I learned so much about brain injury and the correlation to mental health and addictions. I think you all did a great job and I was so glad to be able to be part of it."

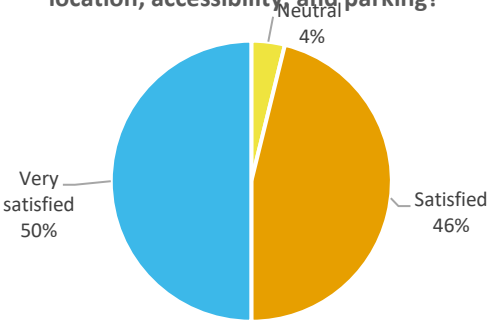
Length of Event



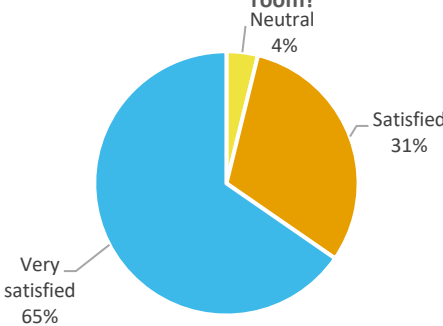
"How satisfied were you with the food and beverage service?"



"How satisfied were you with the location, accessibility, and parking?"



"How satisfied were you with the event room?"



Community Partners



Community Partners

