
THE MIND OF HOMELESSNESS: A Position Paper on Brain Injury and Homelessness

*Prepared by
The Cridge Centre for the Family - Brain Injury Program – February, 2009*

1. Position

Safe housing, nutritious food, and healthy relationships are the **rights of** every citizen regardless of his or her economic or social status. In meeting these basic needs, communities and society as a whole, thrive. However, for many individuals living with mental illness, addictions, and disabilities, these essentials are often unattainable. In particular, growing numbers of people living with the outcome of a brain injury are destitute and homeless. A study in Toronto found that 53% of the homeless had a traumatic brain injury (Hwang, 2008). The question is what should we be doing about it in midst of an exponential growth of brain injury trauma and homelessness?

2. Background

2.1. What is Brain Injury?

An acquired brain injury is caused from a blow to the head, tumour, aneurysm, stroke or concussion. A blow to the head can result from a bike crash, a car crash, a small wheeled vehicle crash, a sporting incident, abuse or a fall. An individual does not have to lose consciousness to sustain a brain injury. The lifelong and often debilitating effects of a brain injury can result in cognitive and behavioural problems and include personality changes, memory loss, and the inability to return to work.

2.2. Incidence and Prevalence of Brain Injury

In 2002, the Ministry of Health Services and Ministry of Health Planning document *Guidelines for Planning Brain Injury Services and Supports in BC*, estimated that between 7,800 and 14,000 British Columbians sustain a brain injury each year. These survivors are added to the numbers from the year before and the year before that and so on.

The numbers continue to grow; therefore, the total of individuals and families struggling to cope with the effects of brain injury in this province is overwhelming. Very little statistical recording is done in Canada, but estimates can be made from data gathered in the United States.

An estimated 5.3 million Americans live with TBI-related disability. Although physical impairments from the injury may contribute to TBI disability, cognitive deficits are the hallmark, frequently resulting

in secondary conditions such as depression and other adverse outcomes such as the inability to work. (Center for Disease Control and Prevention, 2002)

This is 1.74% of the population; by extrapolation an estimated 71,575 British Columbians currently live with a TBI related disability. Many of these people are unable to work. Furthermore, people with disabilities, especially those with cognitive deficits face significant barriers to social inclusion.

2.3. Costs related to Brain Injury

Society as a whole pays a significant price for brain injuries in terms of human and material costs. When appropriate supports are not in place, brain Injury is associated with the onset of or increased incidence of: mental illness, depression, addictions, homelessness, suicide, criminal behavior, divorce, domestic violence, ER use and complicated health issues, (Hwang; Sarapata; Ratcliff; G. Simpson; Slaughter; Silver). These compilations carry with them significant costs which can be reduced by providing support to people with ABI. Supports for people with ABI mitigate the snowballing of these costly outcomes.

2.4. Costs of Crime

Direct costs of crime include: the impact of violence on individuals, families and the community, loss of property, increased insurance rates, policing, court costs and legal fees, corrections, lower property values and lost tourism dollars. The plexus of brain injury, addictions, homelessness and lack of support creates a related body of crime in terms property damage, robbery, assault, and domestic violence. Beyond the significant direct impacts on victims of crime there are ripple effects through our communities. Crime reduces our sense of trust and safety; In other words, it impoverishes our valuable social capital.

2.5. Medical Costs

In the Canadian Institute for Health Information's report on *The Burden of Neurological Diseases, Disorders and Injuries in Canada*, it states that the Public Health Agency of Canada (PHAC) estimates that the total direct cost associated with head injury in 2000 – 2001 was \$150.7 million, 99.3% for hospital care, 0.2% for physician care and 0.5% for drugs.

2.6. Loss of Productivity

Medical costs of Brain injuries are only a fraction of the loss of productivity associated with brain injury. In the US, loss of productivity represents 5.7 times the medical costs of ABI (Finkelstein). This highlights the need to support people with brain injuries to be included in productive and meaningful work post injury.

2.7. Homelessness in British Columbia

2.7.1. What is homelessness?

The Canadian Public Health Association (CPHA) 1997 Paper on Homelessness and Health refers to individuals living in absolute homelessness as persons who have no fixed address. They include those living on the streets, individuals being housed in shelters and, in the case of young children, those living in a dwelling that not only has no

resemblance to home, but is of such poor condition that it fails to meet the basic standards as set out by the United Nations (UN) in 1987.

2.7.2. Who are the homeless?

The homeless include those escaping abuse or violent relationships, individuals in crisis as a result of losing their home to disaster, unemployment leading to the inability to pay rent or mortgage and resulting in eviction or foreclosure, and the socially marginalized suffering with substance abuse or mental health issues.

2.8. Homelessness and Brain Injury

2.8.1. Prevalence of Homeless Survivors of Brain Injury

The Victoria Times Colonist (October 20, 2007/Carolyn Heiman)) reported that an estimated 1,500 people in the capital region are living in unstable housing or homeless. If we extrapolate the statistics from Hwang et al study, we would estimate that about 795 of the homeless in Greater Victoria are survivors of a brain injury. A more troubling and sadder statistic is that it is estimated that for 70% (557) of the homeless a brain injury predates the onset of homelessness (Hwang).

3. Health and Homelessness

3.1. Health Issues of People with Brain Injury Being Homeless

Having to deal with a range of challenges from unhealthy living conditions to poor nutrition, homeless individuals face greater risk of additional health issues. Homeless survivors of brain injury often are dealing with substance abuse or mental health issues in addition to cognitive or behavioural problems. They face an increased risk of being victimized and complicating their health further by not maintaining a proper medication regime(Hwang).

3.2. Daily Cost of Care:

Acute Care/Rehabilitation/Emergency hospital bed:	\$1100 (VIHA figures)
Federal Prison:	\$ 219 (John Simpson)
The Cridge Brain Injury Program Residence (Macdonald House - 24 / 7 supports):	\$ 203/ (Cridge Budget)
The Cridge Independent Housing (with Supports):	\$ 120/ (Cridge Budget)

Through the latter two housing options, we have supported and witnessed survivors of a brain injury make the most of their opportunity to be contributing members of our community.

4. Conclusion and Recommendations

Although the picture may look bleak, there is a way to turn this around. Focusing prevention and awareness can reduce the numbers and severity of brain injuries.

Investing in education, rehabilitation programs and opportunities for survivors of a brain injury is key. This will ensure that each person surviving a brain injury receives the services and support needed to bring to each one the quality of life we expect to be available to all Canadians.

The systems and agencies that assist people with traumatic brain injuries need to continue to re-energize our mandate. There is a need for advocacy and support to ensure that care is provided when longer periods of recovery and treatment are needed. Failure to do so will result in unacceptable financial and social costs.

Brain Injury is underfunded compared to similar disability groups, such as those with mental illness. We need to recognize that there are models of service that are cost effective, such as the clubhouse model, independent housing with supports and the brain injury residence that The Cridge Centre runs. Spending in this area saves in others.

We have problems in our region of compromised safety; we have increased expenses, and demands on our criminal justice system; we have 'community health' issues, impacting tourism and the business community; we have crippling costs in the acute phases of care within the health structure; we have unsupported survivors losing their lives to the streets.

However, when we provide quality support after brain injury, including appropriate housing, survivors of a brain injury will be able to maximize their own potential. They will be positive contributing members of our community; we are seeing it happen every day with the survivors we are serving.

We must bring our shared public and private resources together in a renewed effort. We must allocate funding in a more cost effective manner, to change lives and to change our community for the better.



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