



**The Cridge
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A non-profit society founded in 1873

“THE MIND OF HOMELESSNESS:”

A Position Paper on Brain Injury and Homelessness

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1. Introduction

1.1. 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).ⁱ The question is what should we be doing about it in midst of an exponential growth of brain injury trauma and homelessness?

1.1.1. 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 or car crash, a sporting or small wheeled vehicle 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.

1.1.2. Who is Living With Brain Injury?

Brain injury has many faces: men, women, boys and girls. Survivors of brain injury often suffer with physical deficits. However, many carry on with no outward appearance that anything is wrong; and, yet, they struggle daily to battle fatigue, headaches, memory loss, and the inability to handle daily tasks. The following profiles are of survivors who were on the brink of disaster prior to supports being put in place. As a result, all of them have moved forward in life with renewed enthusiasm and a sense of hope.

RB – RB is a 47 year-old male who sustained a brain injury resulting from a viral infection. This also resulted in RB being legally blind. RB is a father of two young sons; both children live with their mother out of town. He is a committed father who needed brain injury rehabilitation and to find safe, affordable housing so he could pursue visits with his children. RB was accepted into a supported living program in September 2009 and remained there until March 2012. Prior to this move, RB received minimal supports in the community. He struggled with depression, poor stamina and challenges with coordination. RB also needed to learn how to live with a severe visual impairment. During RB's three years at MCM, he received cognitive rehabilitation and supports to increase his physical stamina by attending the gym 2-3 times per week, and to increase his social opportunities as well as pursue his degree in Social Work. RB became a true leader at MCM. He was highly involved in both a community garden and cooking club. RB gave freely of his time to other residents and participated in a weekly support group. RB is a positive role model for brain injury survivors. He now lives completely independently and continues to pursue his education. He often returns to offer encouragement and support to those in the program.

WT – WT is a 52 year-old female who suffered a brain stem hemorrhage in the peak of her career in insurance. She has one grown daughter and two granddaughters. WT tried to return to work following her injury; however, severe headaches, depression, extreme fatigue, sleep disturbances, and her inability to handle organization caused her to lose her job. WT was devastated. For two years, WT tried to make sense of her life and regain skills. She couldn't and was desperate for help when community services were finally implemented. WT had lost connections with her family and struggled to find purpose in her life due to her inability to return to work. She declared to her rehab team that she would like to learn to make jewellery. Supports were focused on helping her to become organized and develop routines (including sleep) so that she optimized her energy. She completed a course on jewellery making and reconnected with her family. WT received six months of community support and successfully restored relationships, learned a new skill, developed a website and moved to secure housing. WT is living independently and enjoying a calm, low stress life. She continues to experience headaches and fatigue; however she has also learned strategies to assist her in dealing with the pain and managing the fatigue. In addition to her independence, WT has regained what she wanted the most – to be a contributing member of society.

DF – DF is 47 year-old male who sustained a brain injury and has been incarcerated on and off for a total of 14 years. DF's life has been fraught with addiction issues and his crimes were in support of those addictions. DF had been homeless and was living in a shelter for two years during his parole. He was accepted into the independent living with supports program for survivors of brain injury in 2012. DF has committed to developing life skills, interpersonal skills, leisure planning, vocation and addressing addiction issues. DF felt little hope until moving into this program; he had not had his own home in five years. DF is positive about his future and is very proud of his bachelor apartment filled with furniture and household items that belong to him. DF feels safe in his environment and is excited about his future for the first time in many years.

1.1.3. Incidence and Prevalence of Brain Injury

The US Center for Disease Control (USCDC) estimates that traumatic (Motor Vehicle Crashes, falls, sports-related injuries, assault etc.) brain injuries occurs at an annual rate of 500/100,000 individuals (166,455 in Canada, and 22,000 in BC each year.ⁱⁱ When other acquired brain injuries (e.g. stroke, aneurysm, anoxic events, tumors, infections, toxins, substance abuse etc.) are added to these numbers, it is estimated that close to 4% of the

population acquires a brain injury with permanent effects each year (1,400,000 in Canada, 160,000 in British Columbia).ⁱⁱⁱ These survivors are added to the numbers from the year before and the year before that and so on. The numbers continue to grow; the total of individuals and families struggling to cope with the effects of brain injury in this province is overwhelming.

Society as a whole pays a significant price for brain injuries. In the Canadian Institute for Health Information's report *The Burden of Neurological Diseases, Disorders and Injuries in Canada*, 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, \$0.3 million (0.2%) for physician care and \$0.7 million (0.5%) for drugs.^{iv}

1.1.4. Direct and Indirect Costs to Society

There are numerous factors to consider when calculating the cost to our society. It is noteworthy to look at the number of individuals in our prisons who sustained a brain injury in their lifetime. John Simpson, founder of the Fraser Valley Brain Injury Association and retired case manager, volunteers with people who have sustained a brain injury, states, "On the conservative side, it's estimated that 80% of BC prisoners have sustained at least one brain injury in their lifetime;^v and 60% or more of those 80%, experienced their first period of unconsciousness as a child." In addition, the human cost in terms of the burden placed on the family, and the emotional struggle for the survivor is immeasurable. Divorce rates are estimated to be as high as 90% following a brain injury - (Simpson).

1.2. Homelessness in British Columbia

1.2.1. 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.^{vi}

1.2.2. 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.

1.3. Homelessness and Brain Injury

1.3.1. 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.^{vii} If we extrapolate the statistics from the Hwang study of homelessness and brain injury, we would estimate that about 795 of the homeless in Greater Victoria are survivors of a brain injury. A

more troubling statistic is that it is estimated that as high as 70% - 557 of the homeless – had their first episode of a traumatic brain injury before they became homeless.

2. Health and Homelessness

2.1. 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.

3. Taxpayer Dollars

3.1. Cost of Care:

Acute Care/Rehabilitation/Emergency hospital bed:	\$1500 / day (VIHA figures)
Federal Prison:	\$ 323 / day (Statistics Canada) ^{viii}
The Cridge Brain Injury Program Residence	
Macdonald House – (24 / 7 support):	\$ 253 / day (Cridge Budget)
The Cridge Apartment Housing – Mary Cridge Manor \$ 80 / day (Cridge Budget) (with Supports):	
Independent Living with Support	\$120 / month or less (Cridge Budget)

What is not included with the bed costs are the needless social costs that are often related to brain injury and homelessness. This could include the needless costs of petty crime or vandalism, the police staffing hours, and associated court costs.

Through the latter two housing options, we have experienced survivors of a brain injury making the most of the opportunity to overcome many of the challenges listed above.

4. Conclusion and Recommendations

Although the picture may look bleak, there is a way to turn this around. Investing in prevention, education and rehabilitation programs for survivors of a brain injury is key for improving outcomes and reducing costs. 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 would be available to them as Canadians.

The systems and agencies that assist people with traumatic brain injuries need to continue to re-energize their 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.

Cost effective service models are currently underfunded, such as the independent housing with supports and the brain injury residence that The Cridge Centre runs.

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 serve.

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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