

Systems Analysis of Health and Community Services for Acquired Brain Injury in Ontario

Synopsis – Mental Health Services

The Systems Analysis of Health and Community Services for ABI in Ontario was initiated to describe the scope and nature of health and community services, the linkages that exist at the various points of the continuum, as well as linkages across transitions from children to adult services. Specifically, the project team conducted a literature review, extensive *key informant interviews* with a sample of organizations from across the ABI continuum and across the province, including:

- ABI-specific and other community-based organizations (OACBABIS¹ and non-OACBABIS)
- community care access centres (CCACs)
- community brain injury associations
- rehabilitation hospitals

In addition, *on-line surveys* with acute care hospitals/trauma centres and children's treatment centres (CTCs) were conducted. A total of 79 interviews and surveys were conducted.

The project was designed to capture the majority of publicly-funded services, but was not an inventory of ABI services that are accessed by the population. It was limited to include only those general services where there was an identifiable critical mass or a cluster of services identified by stakeholders.

Research Team

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¹ Ontario Association of Community Based Boards for Acquired Brain Injury Services is a not for profit unincorporated association of not for profit charitable providers of rehabilitation services to persons living with the effects of an acquired brain injury residing in the province of Ontario.

Mental Health Services

This synopsis provides highlights from the report in regards to psychiatric, psychological, behavioural and counseling services for people with ABI in the province. Following some key results and recommendations, implications are briefly discussed.

What the Systems Analysis found

Psychological/psychiatric services provided in rehabilitation hospitals are well represented across LHINs

Across all other stakeholder organizations there is a lack of professional psychological services

- a smaller proportion of organizations surveyed provide counseling, psychological, behaviour therapy and psychiatric services
- this finding is consistent with the reported lack of mental health services for the ABI population

Across most stakeholder organizations in the Champlain LHIN, mental health services for people with ABI were found to be particularly lacking.

The top two issues for patients with ABI having difficulty **transitioning out of ALC** were noted as psychiatric issues and behavioural needs.

In the OACBABIS-community-based organizations, across the LHINs, a trade-off between clinical psychologists and neuropsychologists was noted (i.e. where there existed the presence of a clinical psychologist, there was an absence of a neuropsychologist and vice versa).

None of the CCACs reported having a general psychiatrist, neuropsychiatrist, clinical psychologist or neuropsychologist.

Respondents noted a need for increased availability of psychiatric outpatient services, not simply consultation for ABI clients with psychiatric issues.

Recommendations from respondents in regards to ABI services

▶ *Behavioural & Cognitive Challenges*

- Develop expertise in the areas of behaviour and cognition which are core to brain injury services
- Support existing brain injury programs by the utilization of student placements (e.g., psychology internships).
- Enhance the capacity of successful programs around the province that enable engagement in meaningful activity

► *Mental Health*

Enhance capacity through:

- Building strong linkages across mental health and ABI systems with collaborative service, resulting in joint responsibility moving to a collaborative treatment/service model.
- Break down barriers through cross training, information sharing, consultations, and utilization of OTN for consultations and training where possible.
- Break down the silos between agencies, ministries, funding bodies, through joint projects and initiatives.
- More focus on the individual and the family/community well being, requiring a paradigm shift

Implications for system planners and providers

Acute care hospitals and trauma centres noted the need for *"onsite services to deal with behavioural issues, behavioural support for psychiatric patients in general psychiatry... impulsivity control, safety risks, and family support."* This may be particularly important, as the top two issues for transitioning patients with ABI out of ALC in acute care were noted as psychiatric issues and behavioural needs.

With the exception of rehabilitation hospitals, the shortage of professional counselling, psychological, behaviour therapy and psychiatric services across stakeholder organizations is an issue facing all Ontario LHINs in regards to ABI services. A major consequence of ABI can be behavioural problems, which may be addressed with appropriate services and supports in the community. Professional psychological or psychiatric services are also required for adjustment to ABI and coping with grief, for both the individual and their family. This can be viewed as a gap but also an opportunity for both providers of ABI and other related services, as well as system planners and policy-makers.