

**INBRIEF**

Summarizing the Evidence

# Care for Acquired Brain Injury and Concurrent Mental Health Conditions and/or Substance Use Disorders: An Environmental Scan

## Key Messages

- There are systems and services in place to manage the care of individuals with acquired brain injury and concurrent mental health conditions and/or substance use disorders in Canada; however, there is limited integration between those services.
- Most programs are publicly, provincially, or locally funded. However, a small proportion rely on foundational grants and fundraising efforts.
- There is a greater need to break down siloed care in the management of individuals with acquired brain injury and concurrent mental health conditions and/or substance use disorders.
- Unmet needs and known areas for improvement that emerged from the survey generally included limited funding, limited resources, timeliness to treatment, and patient access to treatment.
- Brain injury awareness and prevention programs among the general population and health care practitioners are needed.

## Context

Brain Injury Canada reports there are an estimated 160,000 new cases of acquired brain injury (ABI) annually, with an estimated national prevalence of 1.5 million cases. ABI is a leading cause of death and disability for Canadians under the age of 40. Individuals living with ABI and associated health problems typically require a diverse range of health care services to treat and manage their conditions and address their needs.

## Technology

ABI refers to both a traumatic brain injury (TBI) and a non-traumatic brain injury (nTBI). Common causes of TBI include

car accidents, falls, assaults, and sports injuries, whereas seizures, tumours, aneurysm, stroke, oxygen deprivation, infections, and adverse effects of substance abuse are some conditions that can result in nTBI. People with ABI can be affected by mental health conditions and/or substance use disorders that existed before, or develop after, the injury. Depending on the severity and degree of persistence of ABI-related symptoms, the care and assistance needed may extend over a period of several years or be lifelong.

## Issue

The availability and organization of resources and programs to address the needs of people with ABI varies among jurisdictions and care settings across Canada. To help inform decision-making, CADTH conducted an Environmental Scan. The key objectives of this Environmental Scan were to identify and describe the systems that are in place to manage the care of individuals with ABI and concurrent mental health conditions and/or substance use disorders in Canada, identify and describe integrated patient-centred care programs that have been implemented in Canada for these patients, describe how existing programs and services for ABI are funded, and describe unmet needs and known areas for improvement in the care of individuals with ABI and concurrent mental health conditions and/or substance use disorders in Canada.

## Methods

The Environmental Scan report summarizes Canada-specific information obtained through a survey of relevant stakeholders across Canada, as well as a focused literature search of key resources. Survey respondents were identified through the CADTH Implementation Support and Knowledge Mobilization team networks and other available networks via stakeholder expert suggestions. Feedback from respondents who gave consent to use their survey information were included in the report. Responses were analyzed by the objectives of the Environmental Scan and then by jurisdiction, where appropriate.

## Results

Of the 40 respondents who attempted the survey, 22 met the inclusion criteria and represented four jurisdictions (Alberta, British Columbia, Ontario, and Saskatchewan). Respondents were from urban, rural, and remote regions and employed by provincial governments, academic or research institutes, not-for-profits or foundations, and the private sector. Survey respondents comprised stakeholders involved in planning, decision-making, management, and service provision related to ABI care.

The literature search identified 2,732 citations of which 63 were deemed to be potentially relevant. Of those selected for full-text review, seven studies met the criteria for inclusion. Included studies were published between 1999 and 2020 by authors in Canadian organizations.

Survey respondents provided information on systems and services for individuals with ABI and concurrent mental health conditions and/or substance use disorders. It was noted that determining the care needed for ABI independently from that needed for mental health conditions and/or substance use disorders can be complex in populations experiencing these comorbidities.

Additionally, survey respondents provided information on integrated care facilities for individuals with ABI and concurrent mental health conditions and/or substance use disorders. They noted that there are numerous types of systems, services, and programs in Canada for individuals with ABI; however, in the presence of mental health and/or substance use comorbidities, the care for these concurrent conditions is usually siloed. Both survey results and literature findings signalled a need for greater integration as key to improving care and patient outcomes.

Survey respondents noted that the funding of systems and services for individuals with ABI and concurrent mental health

conditions and/or substance use disorders are mostly publicly, provincially, or locally funded. Nevertheless, a small proportion rely on foundational grants and fundraising efforts.

Fifteen respondents provided a response to questions relating to unmet needs or areas for improvement that currently exist in their jurisdictions in caring for patients with ABI. Unmet needs in relation to limited funding or budget, resource implications (e.g., limited staff or alternative health professionals, education), and patient access to treatment or services were identified by all responding jurisdictions. There are numerous areas for improvement, specifically around funding and resources, timeliness to treatment, and patient access to treatment. It is important for agencies, systems, ministries, and funding sources to collaborate in order to improve care for patients with ABI.

**Note:** This Environmental Scan does not include an assessment of the clinical effectiveness or cost-effectiveness of care programs for ABI and concurrent mental health conditions and/or substance use disorders. Thus, conclusions or recommendations about the value of the services or their place in therapy are outside the scope of this report. CADTH has also published a Summary of Abstracts report on the clinical effectiveness, cost-effectiveness, and guidelines of integrated care models for ABI. The generalizability and transferability of the survey findings may be limited and should be interpreted based on the local context of care. This Environmental Scan may not accurately represent the views of all Canadian jurisdictions, health professionals, or practice settings.

Read more about CADTH and this topic at:  
<https://cadth.info/3l44kNf>



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CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs and medical devices in our health care system.

CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

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