



BRIEFING: NATIONAL STRATEGY ON BRAIN INJURY (BILL C-277)

Summary of current situation:

- In Canada, the annual incidence of acquired brain injury (traumatic and non-traumatic) 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*.
- Annually, over 165,000 Canadians suffer a traumatic brain injury, contributing to a national prevalence surpassing 1.5 million cases (Brain Injury Canada, n.d.). This staggering reality, however, remains an underestimate, failing to encompass unreported cases stemming from concussions, intimate partner violence, homelessness, incarceration, combat, and substance-related incidents.
- A lack of brain injury supports in the territories result in individuals without any services and/or seeking help far from home, away from their family and networks of support.
- Despite provinces meeting healthcare criteria, the current state of brain injury services and supports across the country is characterized by fragmentation, isolation, and chronic underfunding.
- Some provinces lack provincial brain-injury organizations. Often, support services for families and brain-injury survivors operate as non-profit organizations with little or no government funding. Some of these organizations are teetering on the brink of closure.
- The critical need for a comprehensive national strategy to include brain injury awareness, prevention, treatment, and the holistic recovery of Canadians struggling with brain injuries is paramount to address this pressing national concern.

Background:

- Since 2018, concerns over a fragmented system led to discussions between Janelle Breese Biagioni and MP Alistair MacGregor, New Democratic Member of Parliament for Cowichan-Malahat-Langford



- On June 2, 2022, Alistair MacGregor introduced private members [Bill C-277](#) to establish a national strategy for brain injury in Canada.
- CGB Centre for Traumatic Life Losses, Brain Injury Canada, BC Brain Injury Association, Cowichan Brain Injury Association, March of Dimes Canada, and other brain injury associations and service providers support the development of a National Brain Injury Strategy.

Considerations Nationwide:

The Brain Injury Experience

- There are multiple sources of brain injury, including developmental, physical trauma, organic injury (stroke, aneurysm), and toxic trauma (substance use, post-overdose).
- Brain injury in childhood can result in developmental delays.
- Brain injury is the silent epidemic; it's often a hidden condition with no outward physical indicators yet can result in life-altering behaviours.
- Brain injury has long-term and lifelong effects.
- Difficulty 'fitting in' is a common consequence of brain injury. This can result in a reluctance to engage with others, including services.
- Family support is critical in the journey of recovery.
- Individuals and families need support and counseling to adapt to new realities after brain injury.
- A traumatic brain injury (TBI) can lead to ongoing cognitive and neurological decline.
- With proper treatment and support, many people with brain injuries can return to productive and engaging lives.

Chasms in Care

- There is poor understanding of brain injury and its consequences in both health and social care systems.
- The current care system is challenging for individuals and their families to navigate.
- Barriers exist for individuals with brain injury and their families to access mental health and substance use services.

Impacts of Barriers and the Chasms in Care

- Following a brain injury, self-medication and substance abuse is a frequent coping mechanism.
- Brain injury, mental health, and substance use challenges affect the entire family.
- The risk of suicide increases by 400% after a brain injury.

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- Individuals have a 200% higher chance of becoming addicted after sustaining a brain injury.
- 80% of prisoners have sustained a brain injury with more than 60% of them sustaining their first brain injury as a child, and often at the hands of abuse.
- More than 50% of homeless people report having a TBI.
- After brain injury, there is a 3X greater risk of suffering a 2nd brain injury.
- When these issues are not addressed, Canadians fall through the cracks of our siloed healthcare system at an alarming rate, which can lead to unemployment, homelessness, and/or criminality.

Recommendations:

Support Bill C-277 – National Strategy on Brain Injuries Act

This private member's Bill seeks to address the need for universal access to supports for brain injury recovery, treatment, and harm reduction. Some of the text of the bill to establish a national strategy is below.

Development

(1) The Minister of Health must, in consultation with representatives of the provincial governments responsible for health, Indigenous groups and relevant stakeholders, 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.

Content

(2) The strategy must include measures designed to

- *(a) promote the implementation of preventive measures to reduce the risk of brain injuries;*
- *(b) identify the training, education and guidance needs of health care and other professionals related to brain injury prevention and treatment and the rehabilitation and recovery of persons living with a brain injury;*
- *(c) promote research and improve data collection on the incidence and treatment of brain injuries and on the rehabilitation and recovery of persons living with a brain injury;*

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- *(d) promote information and knowledge sharing with respect to brain injury prevention, diagnosis and treatment and the rehabilitation and recovery of persons living with a brain injury;*
- *(e) create national guidelines on the prevention, diagnosis, and management of brain injuries in all communities, including recommended standards of care that reflect best methodological, medical, and psychosocial practices;*
- *(f) promote awareness and education with particular emphasis on improving public understanding and protecting the rights of persons living with a brain injury;*
- *(g) foster collaboration with and provide financial support to national, provincial, and local brain injury associations and brain injury service providers to develop and provide enhanced and integrated mental health resources for persons living with a brain injury and for their families;*
- *(h) encourage consultation with mental health professionals, particularly in educational institutions, sports organizations, and workplaces, to provide persons who are suffering from the effects of a brain injury, including mental health and addiction problems, with a support system within the community;*
- *(i) identify challenges resulting from brain injury, such as mental health problems, addiction, housing and homelessness issues and criminality, including intimate partner violence, and work to develop solutions in collaboration with stakeholders;*
- *(j) maintain, in collaboration with Brain Injury Canada, a national information website providing current facts, research and best practices related to the diagnosis and management of brain injuries, as well as other relevant resources; and*
- *(k) establish a task force to include policy makers, stakeholders, community agencies, brain injury associations and Indigenous groups, as well as persons who have experienced a brain injury and their families, to make recommendations in relation to the national strategy.*

Conclusion:

A national strategy can serve as a "north star" by setting goals, objectives, and best practices that the provinces and territories can align with. It can provide a common vision and shared principles for addressing brain injuries, ensuring consistency and continuity of care across different regions. The strategy can also facilitate collaboration and information sharing among the provinces and territories, promoting the exchange of successful initiatives and innovative solutions; and, therefore, improve the quality of care and support provided to Canadians with brain injuries.

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About the CGB Centre



On May 19, 1990, while responding to a report of a stabbing incident, Constable Gerald Breese's police motorcycle was hit broadside by a car which had moved across two lanes of traffic. Although his lights and siren were on, the person in the vehicle failed to perform a shoulder check and hit him. Unfortunately, he suffered a significant brain injury and was in a coma for five days. It was unlikely he would return to work in the capacity he had. On October 24, 1990, Cst. Breese died at home of complications from the motorcycle crash. He left behind his wife, Janelle and two daughters, Myriah, and Dale.

To commemorate the 25th Anniversary of Constable Breese's death, his family started the Constable Gerald Breese Centre for Traumatic Life Losses (CGB Centre) as a way to serve individuals and families who have suffered a catastrophic loss through death, injury, or other life-altering events.

Our Vision

A world where people thrive through traumatic life experiences.

Our Mission

Providing individualized and relevant support.

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