



1307 Hillside Avenue, Victoria BC V8T 0A2  
Telephone (250) 384-8058 • Fax (250) 384-5267 • Website [www.cridge.org](http://www.cridge.org)

---

A non-profit society founded in 1873

## **“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. 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 52% of the homeless had a traumatic brain injury (Colantonio study, 2005). 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. 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 unknown 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 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, \$0.3 million (0.2%) for physician care and \$0.7 million (0.5%) for drugs.

### **1.1.3. 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 being warehoused 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. And 60% plus 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, the added stress and often fracturing of marriages, 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.

### **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. If we extrapolate the statistics from the Colantonio study of homelessness and brain injury, we would estimate that about 780 of the homeless in Greater Victoria are survivors of a brain injury. A more troubling and sadder statistic is that it is estimated that as high as 69% - 538 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:	\$1100 / day (VIHA figures)
Federal Prison:	\$ 219 / day (John Simpson)
The Cridge Brain Injury Program Residence (Macdonald House - 24 / 7 supports):	\$ 203/ day (Cridge Budget)
The Cridge Independent Housing (with Supports):	\$ 120/ day (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 believe in and have experienced survivors of a brain injury making the most of the opportunity to be contributing supporting members of our community.

## **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. 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 would 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 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.

---

We need to recognize that there are models of service that are much more cost effective that 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 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.

### References

The Times Colonist "Key Findings on Victoria's 1500 Homeless", by Carolyn Heiman, October 20, 2007.

Ministry of Health Services and Ministry of Health Planning: Guidelines for Planning Brain Injury Services and Supports in BC. Retrieved Feb. 2, 2009, Pages 18 & 19  
[www.health.gov.bc.ca/library/publications/year/2002/MHA\\_Brain\\_Injury\\_Guidelines.pdf](http://www.health.gov.bc.ca/library/publications/year/2002/MHA_Brain_Injury_Guidelines.pdf)

Begin P. "Homelessness in Canada." Current Issue Review. 89-8E Cat. No. YM32-1/89-8-1994-09E. Ottawa: Ministry of Supply and Services 1994:

Breese-Biagioni, Janelle. "Struggles on the Streets." Headline. Spring 2008: 4-7. Feb. 2, 2008  
Retrieved from [www.soulwriter.com/Headline.html](http://www.soulwriter.com/Headline.html) Page 7

Canadian Institute for Health Information. The Burden of Neurological Diseases, Disorders and Injuries in Canada. Ottawa: CIHI. 2007. Retrieved Feb. 2, 2009 at  
[http://secure.cihi.ca/cihiweb/products/BND\\_e.pdf](http://secure.cihi.ca/cihiweb/products/BND_e.pdf)

Canadian Public Health Association: CPHA 1997 Position Paper on Homelessness and Health. Retrieved Jan. 26, 2009 at [http://www.cpha.ca/uploads/resolutions/1997-pp1\\_e.pdf](http://www.cpha.ca/uploads/resolutions/1997-pp1_e.pdf)  
Page 4

Colantonio, Angela. "The Nature and Extent of Inappropriate Living Environments for Adults with Moderate to Severe Traumatic Brain Injury" Toronto. 2005.

Simpson, John. [Founder of the Fraser Valley Brain Injury Association] Personal Interview: February, 2008

Vancouver City Police Department Report Lost in Translation: How a Lack of Capacity in the Mental Health System is Failing Vancouver's Mentally Ill and Draining Police Resources  
Retrieved Feb. 2 2009 at [http://vancouver.ca/police/Whatsnew/lost\\_in\\_transition.pdf](http://vancouver.ca/police/Whatsnew/lost_in_transition.pdf) Page 33

---

**For further information please contact:**

**Geoff Sing, Manager of Brain Injury Services  
THE CRIDGE CENTRE FOR THE FAMILY  
250-479-5299      [gsing@cridge.org](mailto:gsing@cridge.org)**

**Shelley Morris, Chief Executive Officer  
THE CRIDGE CENTRE FOR THE FAMILY  
250-995-6403      [smorris@cridge.org](mailto:smorris@cridge.org)**

**Gregory Hatton, Manager of Communication & Fund Development  
THE CRIDGE CENTRE FOR THE FAMILY  
250-995-6419      [ghatton@cridge.org](mailto:ghatton@cridge.org)**

---