

THE URGENT CRISIS OF BRAIN INJURY

FORGOTTEN CANADIANS



**REMOVING THE MASK AND EXPOSING
CANADA'S HIDDEN EPIDEMIC**

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T A B L E O F

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FOREWORD

In 1990, my world was forever changed when my husband, suffered a traumatic brain injury while on duty as a police officer.

At the time, we were a young family, full of hope and plans for the future. Gerry's police motorcycle was hit by a car as he traveled red light and siren to an investigation. I could never have anticipated how this event would not only alter his life but mine as well.

What began as a simple hope for recovery soon turned into a life-altering journey for our entire family. He died unexpectedly from complications five months post-injury.

I have dedicated over three decades now to bring awareness on the emotional and financial toll brain injury takes on individuals and their families.



Constable Gerald Breese, a 17-year veteran in the Royal Canadian Mounted Police sustained a traumatic brain injury while on duty. He died unexpectedly from complications five months later.

The trauma was more than just physical. The cognitive, emotional, and psychological impacts of Gerry's injury altered the person he was, affecting everything from his personality to his ability to work, communicate, and interact with our children.

As a wife and mother, I found myself thrown into an overwhelming mix of grief, anger, frustration, and confusion.

There was little understanding of brain injury at the time, and even less support for families like mine. I was left to navigate a system that didn't seem equipped to address the unique needs of brain injury survivors or their families.

Over the years, I realized how often brain injuries are misunderstood, misdiagnosed, or dismissed altogether. The invisible nature of brain injury makes it easy for others — whether in healthcare, employment, or social circles — to overlook its severity.

For those of us living with its consequences, this silence only amplifies the pain. I witnessed Gerry struggle to reintegrate into the world he once knew, and as time passed, I recognized that there was a deep need for greater awareness and understanding.

In Gerry's experience then, and in the experiences of millions of survivors of brain injury today, there are far too many gaps in the healthcare system, in social support structures, and in public awareness. This is why I've dedicated myself to changing the narrative.

Through my work in our [family charity](#), and with organizations and advocacy groups, I strive to bring the voices of those affected by brain injury to the forefront. We are not invisible; we are not forgotten.

This is a call to action to remove the mask of invisibility that brain injury has lived under for too long.

This is not just one family's fight — it is a nation's fight.

CANADA'S FORGOTTEN

Across Canada, thousands of individuals and families are living with the devastating effects of brain injury — yet their struggles remain largely invisible.

These are real people with real lives, dreams, and aspirations. They are parents, workers, students, and taxpayers who contributed to their communities and believed that, if the unthinkable happened, our healthcare system would be there for them. But for too many, that promise has been broken.

Unlike other medical conditions, brain injury does not have a clear, dedicated system of care.

Individuals facing cancer, heart disease, or spinal cord injuries can expect coordinated treatment plans, rehabilitation pathways, and long-term supports.

Those with brain injuries, however, are often discharged from hospitals with little more than a pamphlet — left to navigate a fragmented system that does not recognize the complexity of their condition.

Families are forced to take on the role of full-time caregivers, often without financial support, training, or respite. Lives are upended in an instant, and yet

the support they so desperately need is nowhere to be found.

Decades ago, when survivors and families first raised concerns, policymakers dismissed their experiences as anecdotal. They insisted that before funding could be allocated, research was needed to prove the extent of the crisis.

Since then, despite chronic underfunding, researchers have done the work. Study after study has revealed the startling connections between brain injury and mental health issues, homelessness, addiction, incarceration, and long-term disability.

The evidence is undeniable — brain injury is a major public health issue with profound economic and social consequences.

Yet, despite the research, the government response is far from adequate. Policymakers asked for proof, and now that they have it, there is no excuse for inaction.

As the months and years go by without proper care, many Canadians with brain injuries lose something even more devastating than their health — **they lose hope.**

They watch as their independence slips away, their careers are lost, and their relationships strain under the weight of an injury they did not choose.

Many are forced onto social assistance, left feeling like a burden rather than the valued members of society they once were.

This is not just a healthcare issue; it is a crisis of human dignity. No one should have to fight this hard just to be seen, heard, and supported.

Every public office representative at every level of government – municipal, provincial, territorial, and federal – has a concerned citizen in their town, city, or province who has been personally impacted by brain injury.

If they themselves have not experienced it, they know someone who has. The reality of brain injury is woven into every community across this country, yet it remains ignored in policy and funding decisions.

These representatives have been entrusted with the responsibility to advocate for their constituents, to ensure that no Canadian is left behind.

It is time for them to take action – not just with words, but with real, lasting change.

Brain injury is not just one government's problem – it is everyone's responsibility.

Municipalities are responsible for more than pools, parks, and roads; they are responsible for public safety, community services, social services, and municipal and community policing.

Provinces and territories oversee the delivery of healthcare and social services, federal policing, and provincial prisons, yet brain injury remains underfunded and unsupported within these systems.

At the federal level, our country has a duty to serve Indigenous populations and veterans living with brain injury – two groups disproportionately affected and too often neglected. The federal government is also responsible for social programs & services, housing, federal policing, and the territories.

Instead of taking ownership, every level of government has passed the buck, treating brain injury as someone else's responsibility.

The result? Brain injury has become the orphan of our healthcare system – overlooked, underfunded, and ignored, because everyone assumes someone else is addressing it. But they aren't.

To make matters worse, many provinces do not have a brain injury association or provincial representation to advocate for survivors and families.

The provinces that do have organizations in place are grossly underfunded, with many teetering on the brink of closure. **This is a recipe for disaster.**

Without dedicated advocacy, education, and support services, people with brain injuries are being left to fall through the cracks.

The predictable result? An ongoing rise in homelessness, mental health crises, addiction, and incarceration.

Millions of dollars are being funneled into these issues in isolation, but without addressing brain injury — the common thread that connects them — the situation is not improving. **In fact, it's getting worse.**

It is time for all levels of government to come together, collaborate on solutions, and meet the needs of the people they represent.

Brain injury is not an isolated issue — it is a national crisis that demands urgent action.

Canadians living with brain injury deserve better. They deserve to be seen, heard, and supported.

Canadians deserve a system that recognizes the full impact of brain injury and ensures no one is forgotten.

The time for excuses is over.

The time for action is now.

A National Brain Injury Strategy will ensure that Canadians with brain injuries are no longer forgotten.

By coordinating care across all levels of government, it will close service gaps, provide essential supports, and recognize brain injury as a critical health issue.

It will integrate brain injury into healthcare, housing, mental health, and justice policies — addressing root causes rather than managing crises. No more patchwork solutions. No more passing the buck.

A national strategy means real action, real support, and a system that finally sees, values, and cares for those living with brain injury.

"Brain injury doesn't just happen to individuals — it happens to families, workplaces, and entire communities. We can't keep looking away. It's time to step up, take action, and ensure no one is left behind."

~ Janelle Breese Biagioni

THE SCOPE OF BRAIN INJURY



“Brain injury is a hidden epidemic, too often unrecognized, that exacts a heavy toll on sufferers and their families and caregivers. It has many health implications, which may last a lifetime.

Children with brain injuries, for example, are at elevated risk for depression. Other potential consequences of traumatic brain injury include loss of behavior control, aggression, memory loss, dementia and, potentially, substance abuse.

Nearly half the homeless population have endured brain injury. A national strategy that entails the proper education of health personnel, teachers, social workers, law enforcement people, service providers and policy makers at all levels is urgently needed.

Based on my clinical work and on my extensive reading of the research literature, I fully support this initiative.”

Gabor Maté MD, CM

As outlined by the World Health Organization, Traumatic Brain Injury (TBI) is projected to surpass numerous diseases as a leading cause of death and disability by 2020 (Hyder et al, 2007). Globally, an estimated sixty-nine million people suffer a TBI from all causes each year. [i]

In Canada, the annual incidence of acquired brain injury (ABI) is alarmingly high, exceeding the **combined** incidence of spinal cord injuries, breast cancer, multiple sclerosis, and HIV/AIDS.

Despite the staggering statistics, the true scope is likely underestimated due to unreported cases stemming from concussions, intimate partner violence, violence among the homeless, incarceration, combat injuries, and survivors of opioid/stimulant poisoning.

Sources of Brain Injury: Causes of brain injury include physical trauma, organic injury (stroke, aneurysm), and toxic trauma (substance use, drug poisoning).

Brain Injury Facts

Incidence

- **1.5 million+** Canadians have a brain injury
- **165,000+** new TBIs occur every year
- **137,000** emergency visits per year
- **21,000** hospitalizations per year
- **4,000** deaths per year
- Leading cause of disability in Canada
- Surpasses breast cancer, spinal cord injury, HIV/AIDS and multiple sclerosis combined.
- For every NHL player who has a concussion, **5,500** Canadian women suffer brain injury from intimate partner violence.
- **Causes:** falls (children and seniors), blast injuries, intimate partner violence, car crashes, sport concussions, hypoxic episodes during overdose, assault, brain tumour and stroke.

Needed Action:

- **Designate TBI as a chronic condition**
- **Fund coordinated services**
- **Eliminate barriers to services**
- **Fund education, prevention, and research**

Impact

- **Family stress:** a shift in roles & responsibilities
- **Homelessness:** 52% of the homeless people have a brain injury.
- **Mental health:** half to 2/3rds of survivors experience a diagnosable mental illness after their injury.
- **Suicide** risk increases by 400%.
- **Employment:** many are unable to return to their previous work a year after injury.
- **Addictions:** the risk of addictions increases by 200%
- **Incarceration:** survivors are 2.5 times more likely to be incarcerated.
- **Cost:** estimated **\$3 billion** per year to Canada's health and social system

*Sources: Public Health Agency of Canada and Brain Injury Canada

BRAIN INJURY ISN'T NEW - RECOGNIZING IT IS

More common than...

ABI is 44 times more common than spinal cord injuries, 30 times more common than breast cancer, and 400 times more common than HIV/AIDS.

[Source](#)

53% of homeless people

experience a TBI, and one in four (25%) experience a TBI that is moderate or severe.

[Source](#)

5,500 women: 1 NHL player...

For every 1 NHL player who sustains a concussion in the game of hockey, 5,500 Canadian women suffer the same injury from intimate partner violence.

[Source](#)

Higher rates of suicide

A Canadian longitudinal cohort study found adults with concussion committed suicide at three times the population norm.

[Source](#)

Brain Injury is a Silent Epidemic in Canada.

Brain injury is one of the most prevalent, yet least recognized health issues in Canada. While we are quick to respond to many public health crises, brain injury often slips under the radar, dismissed or misunderstood as something minor or temporary.

The reality is starkly different. Brain injuries—both traumatic and acquired—affect millions of Canadians every year yet remain a silent epidemic that continues to devastate lives without the attention or resources they so desperately need.

The silence surrounding brain injury is primarily due to its invisible nature. Unlike physical injuries that can be easily seen, brain injuries often manifest through cognitive, emotional, and psychological symptoms that are not immediately apparent to others.

A person with a brain injury might look "fine" on the outside, but on the inside, they may be struggling with memory loss, mood swings, difficulty concentrating, or chronic pain.

These invisible symptoms make it easy for others to dismiss their experiences, leading to a lack of understanding, empathy, and support.

In many cases, individuals with brain injuries face a long and lonely road to recovery, often

without the necessary resources.

Despite the high incidence of brain injuries caused by car accidents, falls, workplace injuries, and now, intimate partner violence and drug poisoning, there's a significant gap in awareness and prevention.

Most people aren't taught the warning signs or the long-term consequences of brain injury, leaving survivors without a proper diagnosis or timely interventions.

Brain injury is sometimes misdiagnosed or underdiagnosed, causing delays in treatment and care.

Another factor contributing to the silence is the stigma that surrounds brain injury. Survivors often face societal misconceptions about their condition. Because the injury is invisible, many are unfairly viewed as "lazy," "unmotivated," or "weak."

The stigma is compounded for those who also suffer from mental health issues or addictions following their injury, which are sometimes mistaken as signs of personal failure, rather than symptoms of the brain injury itself.

This results in survivors being blamed for their condition, further isolating them and making it even harder to advocate for their needs.

Compounding this issue is the lack of coordinated support and care. Unlike other major health concerns, brain injury services and support systems are fragmented across provinces and territories. This inconsistency in access to rehabilitation, medical care, and social services creates additional barriers for those who are already struggling.

Many survivors find themselves falling through the cracks, with little to no help navigating the complex landscape of healthcare and social services.

The silent epidemic of brain injury is not just a healthcare issue — it's a societal issue.

It affects individuals and families on a personal level, but it also places a huge burden on our economy, healthcare system, and communities.

If we are to effectively address the crisis of brain injury, we must first break the silence.

We must acknowledge the invisible nature of these injuries, provide better support for those affected, and shift the cultural perception of brain injury from something that is hidden and misunderstood to something that demands attention, care, and action.

The time to act is now, and together, we can give voice to those who have long been silenced by this invisible epidemic.

The Intersection of the Criminal Justice System

Brain injury can cause impulsivity, memory loss, poor judgment, and difficulty following rules, all of which increase the likelihood of legal involvement.

As a result, individuals with brain injuries frequently face harsher sentencing, and challenges in accessing legal representation.

Without intervention, these individuals remain trapped in a cycle where unaddressed brain injuries contribute to reoffending, homelessness, and further victimization upon release.

To break this cycle, brain injury screening must be a mandatory part of intake procedures, and trauma-informed rehabilitation programs must be implemented.

Instead of punishing symptoms of brain injury, we should adopt a public health approach that prioritizes medical care, cognitive rehabilitation, and community-based alternatives to incarceration.

By recognizing brain injury within the criminal justice system, we can create a path toward real rehabilitation and break the cycle of incarceration for many vulnerable individuals.

The intersection of brain injury, mental health, and addictions is a complex and often challenging area, where the two conditions frequently coexist, leading to significant implications for individuals, families, and communities. This is often referred to as "co-occurring disorders" or "dual diagnosis," and involves a person experiencing both a mental health disorder and an addiction to substances or behaviors simultaneously. These intersections can complicate treatment, as each can exacerbate the other, creating a cycle that is difficult to break without integrated support and care.

Mental health issues such as depression, anxiety, or PTSD can lead individuals to use substances as a form of self-medication. Many people with mental health challenges turn to alcohol, drugs, or other addictive behaviors to alleviate their symptoms, seeking temporary relief from feelings of emotional distress or psychological pain. Over time, however, this coping mechanism often worsens both the addiction and the underlying mental health condition. Substance use can impair judgment, increase impulsivity, and create additional stress on the individual's mental well-being, leading to a vicious cycle that becomes harder to disrupt.

Addressing the intersection of mental health and addiction requires an integrated, holistic

approach to treatment that addresses both conditions simultaneously. Traditional models of treatment often treat mental health and addiction separately, which can be ineffective, as the two conditions influence and reinforce each other. Integrated care combines mental health treatment, such as therapy or medication, with addiction treatment programs to address both issues in a coordinated manner. This approach is more likely to lead to long-term recovery and improved overall well-being for individuals.

Moreover, societal stigma often exacerbates the difficulties faced by those with co-occurring disorders. People with mental health issues may be dismissed or misunderstood, while those with addictions may be labeled as lacking willpower or character. The stigma surrounding these conditions can prevent individuals from seeking help, further isolating them and hindering recovery.

The intersection of mental health and addiction represents a challenging, yet critical area for intervention. An integrated treatment model, along with a compassionate approach that reduces stigma, is key to breaking the cycle and helping individuals achieve lasting recovery.

[Resource: BC Consensus, Brain Injury, Mental Health & Addictions](#)

The intersection of brain injury and homelessness is a critical and often overlooked issue, with brain injury.

Studies show that individuals experiencing homelessness have a disproportionately high rate (over 50%) of brain injury, and the consequences of such injuries can create significant barriers to housing stability, employment, and accessing support services.

Understanding this intersection is essential to developing effective interventions that address both brain injury and the broader social determinants of homelessness.

Brain injury can be both a cause and a consequence of homelessness. Many individuals sustain a brain injury before becoming homeless due to accidents, assaults, falls, or intimate partner violence (**up to 70% became homeless after their first brain injury**). The cognitive, emotional, and behavioral effects of brain injury – such as memory problems, impulsivity, difficulty managing finances, and struggles with executive functioning – can lead to job loss, relationship breakdowns, and difficulty maintaining stable housing.

Without proper diagnosis and support, individuals with brain injuries may find themselves in situations where they are unable to meet the demands of daily life, increasing their risk of homelessness.

On the other hand, homelessness itself significantly increases the risk of sustaining a brain injury. Individuals who are unhoused are more likely to experience violence, accidents, and poor living conditions, all of which heighten the risk of head trauma.

Unfortunately, brain injuries among people experiencing homelessness often go undiagnosed, as many do not receive medical attention at the time of injury. Without proper screening and treatment, the long-term consequences of brain injury can severely limit an individual's ability to regain stability.

Many support systems are not designed to accommodate the unique needs of individuals with brain injuries. Traditional housing programs, mental health services, and addiction treatment programs often require a level of cognitive functioning that brain injury survivors struggle with, leading to a cycle where individuals are unable to successfully engage in services.

A lack of awareness among service providers about brain injury further exacerbates the issue, leaving many individuals without the accommodations or specialized support they need.

Recognizing this intersection, is important to supporting individuals on their path to stability and recovery.



DERRICK'S STORY

My name is Derrick, and I am a survivor of brain injury. My story is a difficult one that mirrors thousands of others living with the devastating outcome of a brain injury.

In 2009, I was hit by a five-ton truck when it smashed into the side of my car. I had a severe cut to my head, which I had my girlfriend apply crazy glue to. Two days later it was evident that something was quite wrong. I was hearing voices and not well. So, I went to the hospital only to be turned away because of my past history, which included substance abuse and criminal activity. Within a month, I lost my job, my girlfriend, and my home.

Out of desperation... craziness... fear... hopelessness... or whatever else you want to call it; I made the conscious decision to commit a crime so I could go back to jail because I knew that was where I could get help. I broke into a jewelry store and was sentenced to three years.

In jail, I was finally diagnosed with having a brain injury and

sent to the prison hospital for a ninety-day assessment.

After steady improvement over the next year – and with good behaviour meaning I had no write-ups or warnings – I was reclassified and sent to William Head Institution where I met with the psychologist three times a week. I learned to cook and how to buy my own food. In preparation for my release, I started to look for community resources. Following my release from William Head, I moved to the Salvation Army shelter.

After two years in the Salvation Army shelter, I was still unable to work due to health issues, so the psychologist helped me to get on PWD (Persons with Disability).

I was then accepted into The Cridge Centre for the Family's Brain Injury Services Supportive Housing and Rehabilitation Program.

For the first few months, I would not leave my apartment. I was so afraid that things wouldn't work out that the stress and anxiety manifested in constant stomach

pains and flu-like symptoms. The program had staff on from 24/7.

Each person who came on to their shift would come and knock on my door and try to coax me out for a walk or to come downstairs to the office to visit. I couldn't do it, but they didn't give up. Every day they came to see me and eventually, I started to go downstairs and attend support shifts with a worker.

The team completely customized the program to meet my needs. They helped me to learn structure and routine, to shop and cook for myself, to get comfortable in social settings, and to do the work of healing emotionally and spiritually. They never passed judgement on where I had come from but rather focused on where I wanted to go.

During the three years I stayed in the housing program, I received counselling, vocational training, life-skill development, and socializing. By the time I graduated from the program where I lived onsite, I had made friends, attended AA meetings, undergone therapy, found work, and was fully engaged in healthy activities.

The team helped to develop a care plan, which for me, is a lifelong commitment, but there is also no turning back!

I now live completely independently and work part-time at a local garage. I still

receive some outreach support from the Cridge which has been so important to me being able to live on my own. I have healthy relationships, and I volunteer several days a week taking other survivors to AA meetings.

I have completed the Community Support Worker Training and work part-time supporting brain injury survivors in the community in addition to my work at the garage.

I would like to thank The Cridge Centre for the Family for their unwavering support and for helping me to believe in myself.



Note: Derrick was in and out of prison for thirteen years. At an estimated cost of \$120,000 per year, the cost of his incarceration was about \$1,560,000.

The cost for supporting Derrick in the community for five years, including three years in transitional housing with supports, counselling, and outreach support was approximately \$200,000.

Ten years later, Derrick remains clean, sober, living independently, working and paying taxes - something he is very proud of.

THE HUMAN COST



Brain injury does not only affect the individual; it reverberates throughout the entire family, changing dynamics, roles, and responsibilities.

As a result, family members often find themselves taking on new responsibilities, sometimes without adequate preparation or support.

The emotional, financial, and caregiving burdens can be overwhelming, and there is a critical need for family support to help navigate the long, difficult journey of recovery. Family counselling and support services are essential to ensure that everyone in the family unit can cope with these changes and find ways to heal together.

When brain injury occurs in childhood, the implications are even more profound. Children with brain injuries often experience developmental delays that can impact their academic, social, and emotional growth. These delays can affect their ability to learn, interact with peers, and reach milestones typical for their age.

As a result, early intervention and specialized support are crucial to ensure that children have the best possible opportunity for development and integration into society.

Brain injury is often referred to as the "silent epidemic" because it is often invisible. There may be no outward physical signs, yet the effects can be life-altering.

Behaviors such as mood swings, difficulty concentrating, or social withdrawal can significantly alter the person's life and their interactions with others.

These hidden challenges can make brain injury even harder to understand, both for those experiencing it and for their families and communities.

The effects of brain injury are not just immediate but can be long-term and even lifelong. Over time, individuals with brain injuries may experience ongoing cognitive and neurological decline, with complications that worsen as they age, making it all the more important to provide support at every stage of life.

One of the most significant social challenges people with brain injuries face is the difficulty of “fitting in.”

Changes in behavior or cognitive function can make it challenging for individuals to engage socially, which in turn can lead to isolation. This reluctance to engage can extend to professional or support services, further exacerbating their struggles and preventing access to the resources they need for recovery.

Individuals with brain injuries and their families have the right to access the support and counselling necessary to adapt to their new realities.

It is essential that these services be available close to home, ensuring that families can receive the support they need without undue burden.

Having easy access to professionals, peer support groups, and community-based services can help families adjust and regain a sense of normalcy as they adapt to life after a brain injury.

Though the journey is difficult, positive outcomes are possible with proper treatment and support. Many individuals with brain injuries can return to productive and engaging lives with the right resources, therapies, and community support.

With a holistic and family-centered approach, individuals can regain independence, build resilience, and re-establish meaningful connections in their lives.

Canadian Charter of Rights for People with Brain Injury

More than 150 brain injury survivors and family members from across Canada offered their voices, stories and thoughts to contribute to the development of a Charter of Rights.

The purpose of this charter is to clearly outline, for people with brain injury, their families, caregivers, and care providers their inherent and unique rights to care and services.

The charter can be used by individuals and families to empower themselves when seeking care, by providers as principles for care, by others to educate the public and by policy makers to advocate for needed, respectful and accessible care and services.

The charter expresses their right to:

- Care by professionals who know about and understand brain injury
- Safe, high-quality care
- Dignity, no matter the cause of my brain injury
- Inclusion in decisions that affect them
- A system navigator

Read the [Charter of Rights for People with Brain Injury](#)

TEN THINGS SURVIVORS OF BRAIN INJURY DIDN'T EXPECT



1) The Loss of Their Former Self – Many survivors struggle with the realization that life will never be as it was before. The changes in abilities, personality, and independence are overwhelming and a profound sense of loss.

2) The Invisible Nature of Brain Injury – Unlike a broken bone, brain injuries are often unseen, leading to misunderstandings and skepticism from others.

3) Cognitive Challenges in Everyday Life – Tasks like remembering appointments, following conversations, or managing finances can become difficult, leading to frustration and self-doubt.

4) Emotional and Personality Changes – Mood swings, depression, anxiety, and even personality shifts can occur, straining relationships and making it difficult to reconnect with others.

5) The Impact on Family and Friendships – Many survivors find that their social circle changes; friends drift away and family members struggle to adjust to new caregiving roles.

6) The Financial Strain – Lost income, the cost of rehabilitation, and navigating disability benefits create significant financial stress.

7) The Gaps in Support and Services – Many survivors are left to navigate life on their own, with limited access to specialized rehabilitation, mental health support, or community programs.

8) Sensory Overload and Fatigue – Crowds, loud noises, bright lights, and even too much conversation can quickly lead to exhaustion, making socializing and working difficult.

9) The Stigma and Misunderstanding – Many survivors face judgment, being perceived as lazy, difficult, or even intoxicated when struggling with cognitive or mobility challenges.

10) The Lengthy and Uncertain Recovery Process – Unlike a broken limb that heals within weeks, brain injury recovery is unpredictable and lifelong. Survivors often feel pressured to “get better” when in reality, healing is a continuous journey.

CHASMS IN CARE



Brain injury remains one of the most poorly understood health conditions, with significant gaps in awareness, diagnosis, and support across healthcare and social service systems.

Despite its profound and long-term effects, brain injury is frequently overlooked or mismanaged, leaving individuals and families struggling to navigate complex systems with little guidance or access to appropriate care.

A major challenge is the poor understanding of brain injury and its consequences within both health and social care systems. Many healthcare providers, including physicians, nurses, mental health workers, and substance use specialists, lack training on how brain injury affects cognition, behavior, and daily functioning. This leads to missed diagnoses, ineffective treatment plans, and inadequate support for those affected. Without proper recognition of brain injury's impact, individuals may be misdiagnosed with mental health disorders, addiction issues, or other conditions

while the underlying brain injury remains unaddressed.

The navigation challenges within the current care system further complicate access to necessary services. Individuals with brain injuries and their families often struggle to find the right resources, whether for rehabilitation, mental health support, or financial assistance.

The complexity of these systems, combined with cognitive impairments from the injury itself, makes it extremely difficult for those affected to advocate for themselves or access the help they need.

Significant barriers to services also exist, particularly in the areas of mental health and substance use treatment. Many individuals with brain injuries experience mental health challenges such as depression, anxiety, and PTSD, but find that existing services are not designed to accommodate their cognitive impairments. Similarly, those with substance use disorders are often excluded from brain injury

rehabilitation programs, despite the high rate of co-occurrence between addiction and brain injury.

Impacts of Barriers and the Chasms in Care

The consequences of inadequate brain injury care extend far beyond the individual, creating ripple effects that impact families, communities, and society as a whole.

The lack of proper diagnosis, treatment, and support leaves many individuals struggling with complex challenges, often without the resources or guidance to navigate them. As a result, many turn to self-destructive coping mechanisms or fall through the cracks of a fragmented healthcare and social service system.

One of the most concerning outcomes is the prevalence of self-medication and substance abuse among individuals with brain injuries.

Many experience chronic pain, emotional distress, or cognitive impairments that make daily life overwhelming.

Without access to proper care, some turn to drugs or alcohol to manage their symptoms, leading to addiction and compounding their struggles.

Alarming, individuals who sustain a brain injury are 200% more likely to develop a substance use disorder,

highlighting the urgent need for integrated addiction and brain injury support.

Brain injuries also have a profound impact on families. Loved ones often take on caregiving roles, experiencing emotional, financial, and psychological strain and experience a sense of loss.

Families struggle to find appropriate services, leading to frustration, burnout, and, in some cases, the breakdown of relationships. The entire family unit is affected; therefore, a family-centered support is essential.

Perhaps the most alarming statistic is the 400% increase in suicide risk following a brain injury.

Many survivors experience depression, social isolation, and a loss of independence, making them particularly vulnerable.

Without early intervention and mental health support, too many individuals with brain injuries find themselves in crisis, with devastating consequences.

Once you have one brain injury... after sustaining one brain injury, individuals are three times more likely to experience another. This creates a dangerous cycle where each subsequent injury further impairs cognitive function, making recovery increasingly difficult.

VULNERABLE POPULATIONS



Brain injury is disproportionately represented in vulnerable populations, including incarcerated and homeless individuals.

Studies indicate that 80% of prisoners have a history of brain injury, with over 60% sustaining their first injury as a child, often due to abuse.

Similarly, more than 50% of homeless individuals report having a traumatic brain injury (TBI) – a factor that contributes to their difficulties in securing stable housing and employment.

These statistics underscore the link between brain injury, systemic failure, and social exclusion.

Intimate Partner Violence

For women who experience Intimate Partner Violence (IPV), the risks are even greater.

Many women who have sustained repeated concussions due to IPV over years or decades do not have a medical diagnosis, preventing them from accessing necessary services and supports.

Without a diagnosis, they may be denied disability benefits, specialized rehabilitation, or accommodations that could aid in their recovery and safety.

Drug Poisoning

A similar crisis exists for survivors of drug poisoning, many of whom live with undiagnosed anoxic or hypoxic brain injuries. The lack of awareness about overdose-related brain injuries means that hundreds of thousands of Canadians may be living with the long-term effects without receiving proper medical care, rehabilitation, or supports.

Indigenous Communities

Brain injury is also disproportionately represented among Indigenous populations, who experience higher rates of traumatic brain injury compared to the general population.

This disparity reflects broader systemic inequities, including limited access to healthcare, intergenerational trauma, and higher rates of violence and injury. Addressing brain injury within Indigenous communities

requires culturally informed, community-led approaches that recognize these unique challenges.

Weaponization & Discrimination

Parents with brain injuries often face discrimination in family court, where cognitive challenges may be used against them in custody disputes.

Courts may wrongly assume that a parent with a brain injury is unfit to care for their child, even when they have adequate supports in place. This results in unjust child removals, particularly among Indigenous and marginalized communities, where systemic discrimination already plays a significant role.

Weaponization of brain injury can be addressed through brain injury-informed policies in healthcare, criminal justice, and social services.

This includes mandatory screening for TBI in prisons, IPV cases, and addiction services, better legal protections, and training for frontline workers to recognize and support individuals with brain injuries rather than punish them.

Without intervention, weaponization of brain injury will continue to be a tool for systemic oppression, poverty, and exclusion, preventing many from accessing justice and recovery.

Denial of Services and Supports

Many individuals with brain injuries struggle with cognitive impairments, memory issues, and executive dysfunction, making it difficult to advocate for themselves.

Institutions and service providers may exploit this by denying benefits, financial assistance, or disability accommodations, knowing that the person may struggle to fight back.

For example, insurance companies and government programs may reject claims, citing "lack of evidence" or "pre-existing conditions," when in reality, the individual's impairments make it difficult for them to compile the necessary documentation.

These challenges expose systemic failures in Canada's healthcare and social service networks.

To create meaningful change, healthcare and social service systems must become brain injury-informed.

Increased awareness, early screening, and integrated support services are essential to ensuring that individuals with brain injuries—particularly those from vulnerable populations—receive the care and support they need to live full and independent lives.

ELLIE'S STORY



For ten years, I struggled with the invisible aftermath of brain injury from intimate partner violence (IPV-BI), not knowing where to turn or what was happening to me.

I had no background in IPV or BI, no framework to understand my symptoms, and no clear path to seeking help. I was falling through the cracks, lost in a system that didn't recognize or support survivors like me.

Surviving IPV isn't just about leaving an abuser - it is about navigating the long-term consequences that follow.

My brain injury made everyday life a challenge. I dealt with memory issues, difficulty concentrating and overwhelming fatigue.

Trauma compounded everything, affecting my emotions, relationships, and ability to advocate for myself.

But without understanding that brain injury was part of my experience, I didn't know what kind of help I needed. I was

dismissed, misunderstood, and left to struggle alone for a decade.

Everything changed when I found support through The Cridge Centre for the Family. A weekly visit from a community support worker became a lifeline. With consistent support, I started to understand my experiences in a new way.

Education gave me a language to express what I had been going through, validation that my struggles were real, and strategies to move forward. I wasn't weak, I was living with an injury that required recognition and accommodation.

This knowledge didn't just help me - it gave me purpose. I became involved in volunteer work and projects aimed at improving outcomes for IPV survivors. I channeled my experiences into advocacy, helping to create resources and awareness so that others wouldn't have to go through what I did. Finding fulfillment in this work has been a massive part of my healing.

The journey from isolation to empowerment wasn't easy, but it was transformative.

Education and support didn't just help me survive; they helped me rebuild.

I now understand how critical it is to ensure that no survivor is left to navigate the effects of IPV-BI alone.

By working to improve recognition, resources, and support systems, I hope to make a difference for others who, like me, didn't know where to turn.

Afterword

No survivor should have to endure the confusion, isolation, and struggle that Ellie faced. Brain injury from intimate partner violence is real, and recognizing it is the first step toward meaningful support and recovery.

Ellie's journey has shown the brain injury community that with the right resources, education, and community, healing is possible.

Ellie shares her story not just to reflect on the past, but to help shape the future. Together, we can build a world where every survivor is seen, heard, and supported on their path to healing and empowerment.

A National Strategy is critical in ensuring that survivors are no longer overlooked, dismissed, or left to struggle in silence.

— Janelle Breese Biagioni

SOAR (Supporting Survivors of Abuse and Brain Injury Through Research) and CATT Online (Concussion Awareness Training Tool) are critical resources for individuals affected by intimate partner violence and brain injury.

SOAR provides education, peer support, and advocacy for survivors of intimate partner violence-related brain injury (IPV-BI). It empowers individuals with knowledge about brain injury, helping them understand their symptoms and access appropriate support.

CATT Online is a free, evidence-based training program that enhances awareness and response to concussion and brain injury. With modules tailored for healthcare providers, educators, and community support workers, CATT Online equips professionals with the tools to recognize and support individuals living with brain injury.

Together, SOAR and CATT Online bridge the gap in understanding IPV-BI, ensuring survivors receive the recognition, care, and resources they need to heal and rebuild their lives.

SOAR highlights the urgent need for ongoing research and funding to address IPV-BI. Without sustained investment, survivors will continue to be overlooked, lacking the recognition, resources, and support they need to heal.

THE ECONOMIC COST



A National Brain Injury Strategy isn't about spending more — it's about spending smarter.

Parachute Canada reports the cost of preventable injuries to the Canadian economy at \$29.4 billion in a single year, including \$20.4 billion in direct health-care costs.

By coordinating efforts across the provinces and territories, we can cut costs, improve outcomes, and address the most pressing societal challenges in brain injury, from homelessness and incarceration to mental health and addiction.

By investing in brain injury prevention, awareness, diagnosis, research, and community support today, government will reduce long-term costs, ease the burden on healthcare and social systems, and build a stronger, more resilient Canada for generations to come.

Reduce Healthcare Costs

Early identification and support reduces costly emergency room visits, and hospital stays.

In 2016, The Cridge Centre of the Family reported the cost in an acute care setting was **\$1,500 per day**, while providing housing with supports cost **\$80 per day**.

Reduce Criminal Justice Costs

Addressing brain injuries in offenders will reduce recidivism, and ease the burden on police, courts, and correctional facilities.

It's estimated the annual cost of prison is **\$120,000+ per inmate**. The same amount could support four times the number of individuals in community with better outcomes.

Reduce Homelessness & Addiction-Related Costs

Many people who struggle with chronic homelessness and addiction have an undiagnosed brain injury.

In 2017, CBC news reported the cost of homelessness in Vancouver to be **\$53,000 per person**, while 'housing-first' models cost between **\$22,257 per person (high-needs)** and **\$14,177 per person (moderate needs)**.

The Cost of Lost Productivity and Employment Barriers

The cost of lost productivity and employment barriers due to brain injury is significant and can vary depending on the severity of the injury, the person's age, and the level of recovery.

Lost Productivity: The economic impact of lost productivity from brain injury is substantial.

According to the Centers for Disease Control and Prevention (CDC), traumatic brain injury (TBI) costs the United States over \$76 billion annually, with a large portion attributed to lost productivity. This figure includes medical costs, but the loss of workdays, reduced work capacity, and the inability to return to work contribute to the majority of the costs.

Employment Barriers:

Individuals with brain injury often face significant barriers to employment, even after recovery. These barriers include cognitive challenges such as memory loss, difficulty concentrating, changes in behavior or personality, and physical impairments. As a result, many individuals with brain injury are either unable to return to their previous work or must take lower-paying jobs that accommodate their limitations.

Studies have shown that up to **60% to 80% of people with moderate to severe brain injuries** experience a decline in

employment, and many who do return to work face decreased productivity, lower wages, and job instability.

Long-term Economic Effects:

The long-term economic effects of brain injury often include a reduced lifetime earning potential. Those with brain injury are more likely to face long-term challenges in maintaining steady employment or advancing in their careers.

A comprehensive Canadian study published in [JAMA Surgery](#) examined the labor market consequences of traumatic brain injury (TBI) among tax-filing adult survivors. The study analyzed data from 18,050 individuals injured between 2007 and 2017, tracking their income and employment status for three years post-injury.

Some key findings include:

Severity Impact: Income losses and unemployment rates increased with injury severity. At three years post-injury:

Mild TBI: CAD \$3,354 income loss; 5.8% increased unemployment.

Moderate TBI: CAD \$6,750 income loss; 9.2% increased unemployment.

Severe TBI: CAD \$17,375 income loss; 20% increased unemployment.

SHIFT TO COMMUNITY- BASED SERVICES



For too long, the response to brain injury has been focused almost entirely on acute care — hospitalization, emergency services, and short-term rehabilitation.

While these are critical components of care, they are only the beginning of the journey.

The real challenge comes after discharge, when individuals and their families are left to navigate life with a brain injury, often with little to no support.

Moving the focus to community-based services is essential for improving quality of life, fostering connection, and ensuring long-term recovery.

Community-based services provide ongoing rehabilitation, mental health support, peer connections, employment programs, and housing stability — factors that determine whether someone thrives or falls through the cracks. Social isolation is one of the most devastating consequences of brain injury, yet strong

community supports can help rebuild lives, restore independence, and promote inclusion.

Quality of life is at the heart of recovery. It is not enough to simply survive; individuals must have the opportunity to rebuild and redesign their lives in ways that are meaningful to them.

Community-based services play a crucial role in this process, offering the support needed to re-engage in daily activities, form new relationships, and regain a sense of purpose.

When people have access to social connections, recreation, education, and employment opportunities, they are not just recovering — they are living.

A shift toward comprehensive, community-driven services not only improves outcomes but also reduces the strain on public resources. This is a smarter, more compassionate, and more sustainable approach to brain injury care.

Quality of life empowers people to move beyond their injuries and embrace new possibilities.

BEGIN WITH A NATIONAL STRATEGY



A National Strategy Serves as a “North Star” & Respects Jurisdictions

Brain injury is one of the most pressing public health crises facing Canada today. It is a leading cause of death and disability among those under the age of 45, yet it remains widely misunderstood and underaddressed in health and social policy.

While brain injury intersects with mental health, addictions, and other neurological conditions, it needs more than inclusion in a broad research framework or being categorized under other diagnoses.

A dedicated National Strategy on Brain Injury is essential to ensure that prevention, rehabilitation, and lifelong support receive the targeted attention they require.

A national strategy can serve as a “north star,” guiding provinces and territories with clear goals, objectives, and

best practices — while respecting their jurisdiction over healthcare delivery.

Like Canada’s National Housing Strategy, it can provide flexibility for regional implementation through agreements and funding programs tailored to local needs, and like the National Dementia Strategy, it can drive coordinated, evidence-based action across the country.

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.

**When you meet one person
with a brain injury, you have
met one person with a brain
injury! Every story is different!**

THE NATIONAL STRATEGY MUST STAND ALONE



Lived Experience and Service Delivery Must Drive the Strategy -A national strategy for brain injury must be built on the lived experiences of those most directly affected – survivors, caregivers, and frontline service providers. Their voices should guide the framework, ensuring that the strategy addresses the immediate needs of those impacted. These needs include access to timely care, accurate diagnosis, long-term rehabilitation, and seamless community integration.

A national strategy on brain injury must be developed through conversation, consultation, and collaboration, bringing together those with lived/living experience, alongside the service providers and policymakers. Lasting change happens when we work together, not in silos.

Brain Injury is a Public Health and Socio-Economic Crisis - Brain injury is distinct from other neurological conditions in that it is largely preventable. It frequently results from external trauma, substance use, intimate partner violence,

and systemic gaps in healthcare and social services. Without proper intervention, brain injury contributes to increased rates of homelessness, incarceration, unemployment, and mental health challenges. A national strategy must focus on reducing these societal costs by ensuring that prevention, early intervention, and long-term supports are properly resourced and accessible.

Brain Injury is Not Just a Medical Issue – It Requires Systemic Solutions - Unlike many other neurological conditions, brain injury is not solely a medical diagnosis – it is a life-altering event with far-reaching consequences. It disproportionately affects marginalized populations, including individuals experiencing homelessness, those involved in the justice system, and survivors of intimate partner violence.

Addressing brain injury requires an integrated approach that spans healthcare, housing, employment, education, justice, and research. However, this

level of cross-sector coordination will not happen if brain injury is treated as a subset of another agenda.

Data Collection Must Serve Policy and Service Improvements - A key component of a national strategy must be the collection and standardization of data to drive real-world improvements.

While research is valuable and necessary, data must also be applied to enhance frontline services, improve early detection, and guide funding decisions.

In this context, data collection must serve both research and policy development, ensuring that findings translate into tangible benefits for those affected by brain injury.

Conclusion:
A stand alone strategy is essential to turning the situation around.

For too long, brain injury has been an invisible issue in Canadian health and social policy.

It requires dedicated leadership, targeted funding, and a strategic plan that is not diluted by broader priorities.

A National Strategy on Brain Injury must remain distinct and focused on practical solutions that improve the lives of those affected.

Policymakers have an opportunity to create lasting change by ensuring that brain injury receives the independent attention and investment it urgently deserves.

Meet Barb Butler of Regina, Saskatchewan. Barb is a survivor of brain injury and represents millions of Canadian heroes.

Brain injury pays no heed to age, sex, faith, gender, or socioeconomic status. It can happen to anyone, anywhere, anytime.

To learn more about Barb, and to hear other stories from survivors and families, visit our [People & Stories page.](#)



HOW A NATIONAL STRATEGY LOOKS



As presented to the House of Commons, a National Strategy would include:

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;

(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.

Why we need a task force or an advisory council...

A dedicated task force or advisory council is essential to ensuring that a National Brain Injury Strategy is informed, effective, and responsive to the needs of those it serves.

This group must include policymakers, healthcare leaders, community agencies, brain injury associations, and Indigenous representatives — alongside individuals with lived experience and their families.

By bringing these voices together, the task force can identify gaps, set priorities, and make meaningful recommendations that drive real change.

Brain injury intersects with multiple sectors, including healthcare, mental health, housing, justice, and social services. Without collaboration, solutions remain fragmented, and people continue to fall through the cracks.

A task force ensures a coordinated, evidence-based approach that considers diverse perspectives and regional needs. Most importantly, it holds governments accountable for action.

To address brain injury, we must create a unified, national response — and a dedicated task force is the first step.

Media

[Shirley Wilson: Brain Injury & Addiction Claimed Her Son's Life](#)
[Brain Injury After Overdose: Recognizing and Treating Survivors of the Toxic Drug Crisis](#)
[Exploring Brain Injury - Dr. Mauricio Garcia Barrera](#)
[Link Between Homelessness & Brain Injury Undeniable](#)
[The Real Problem Behind Substance Abuse](#)

BC Consensus on Brain Injury, Mental Health & Addiction Reports

[BC Consensus Day - Year One \(Overdose Crisis\)](#)
[BC Consensus Day - Year Two \(Intimate Partner Violence\)](#)
[BC Consensus Day - Year Three \(Homelessness\)](#)

Research Papers

[Ten Priorities for Research Addressing the Intersections of Brain Injury, Mental Health and Addictions: A Stakeholder-Driven Priority-Setting Study](#)
[Priorities for Quality of Life After Brain Injury](#)

References

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About Janelle Breese Biagioni

Janelle Breese Biagioni is the Founder & CEO of the CGB Centre for Traumatic Life Losses, and a leading advocate for brain injury awareness and support in Canada.

With over three decades of experience, she has dedicated her career to advancing education, prevention, and services for individuals and families affected by brain injury, grief, and traumatic loss.

She serves as the community lead for the BC Consensus on Brain Injury, Mental Health, and Addiction and plays a key role in advocating for a National Strategy on Brain Injury.

Janelle is a published author of both adult and children's books, a national speaker, clinical counsellor, and life coach.

She is also a recipient of the King Charles III Commemorative Medal for her contributions to brain injury advocacy in Canada.

For more information and to sign a Letter to Federal Candidates, visit www.nationalstrategyonbraininjury.ca/bring-your-voice/.

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www.traumaticlifelosses.com