

ABI AND MENTAL HEALTH SURVEY WINTER 2011: SUMMARY

ABI and Mental Health service providers were surveyed to gather input about their respective experience supporting clients with ABI and mental illness and to better understand and address the challenges that persist when complex clients become involved with the justice system.

Two separate surveys were developed to tailor the questions to the different audiences and objectives. The primary objective for the ABI service providers was to understand the challenges they experience in supporting individuals with mental illness in addition to the ABI and the challenges they experience accessing mental health services for their clients.

The survey for mental health providers had a wider scope as this survey was conducted in collaboration with the Toronto Human Services and Justice Coordinating Committee (HSJCC). In addition to asking mental health service providers about their experience with supporting clients with ABI, the survey asked more general questions about the challenges faced by ALL complex mental clients on the occasions they intersected with the justice system.

KEY FINDINGS:

This section summarizes the key findings and themes that were highlighted by respondents. A more comprehensive summary follows.

1. The vast majority of respondents (92.6%) reported working clients with ABI and Mental Health issues.
2. Both groups reported that the biggest challenge they face in supporting these clients is being able to access needed community resources. For Mental Health service providers the most frequently cited concern was around access to housing. ABI service providers were most concerned about being able to consult with MH specialists as needed.
3. Concern was expressed about the tendency for their clients to be expressly excluded from organizations due to restrictive eligibility criteria.
4. Increased awareness and education is needed for all involved:
 - a. ABI service providers could benefit from education about screening, assessing and managing MH issues.
 - b. MH services providers could benefit from education about screening, assessing and managing ABI related issues.
 - c. Service providers need to better understand how the Justice system works.
 - d. Those that work in the court and justice system need to better understand the challenges associated with individuals with ABI and complex mental health issues.
 - e. Education for everyone about resources available in the community. This is particularly important for lawyers and judges and other court workers to ensure there is an understanding of available resources and challenges accessing those resources so court orders are feasible.

There are existing education initiatives that were cited as good models (e.g., LEAD —stands for: Local, Emergency, Ambulance, Diversion—and the training is geared towards our community first responders such as police, EMS, mental health crisis team, hospital based, ER physicians and hospital schedule 1 facility staff.)

5. There is a need for increased collaboration across sectors and a hope that the system can work towards improved sharing of resources and expertise. Ideally, service providers should work in unison to share the care of clients with both the ABI and Mental Health issues, rather than the current practice of referring from one sector to another and back again.
6. Recommendation for enhanced clinical outreach/consultation models across the sectors to support service providers in working with complex clients.

7. The Mental Health Courts and the Court Diversion programs were frequently cited as efficient and effective programs that support clients well.
8. Recommended initiatives for the Toronto ABI Network include
 - a. Develop resource guide (especially for resources available outside of Toronto area).
 - b. Support development of outreach/clinical consultation models to support service provision for clients with MH and ABI diagnoses.
 - c. Coordinate a service resolution table (to be webcasted in order to enable service providers from outside of Toronto to participate).

PART ONE AND TWO:

The findings related to ABI and mental health will be summarized in PART ONE (p.3-10). Given the distinct nature of the questions related to the justice system, these responses are summarized in PART TWO (p.11- 17).

Respondents were asked the following questions¹:

- In your current job, have you ever worked with a client who, in addition to the ABI, had a documented or suspected mental illness? Please estimate percentage of clients with a mental illness.
- What types of mental health diagnosis do you see most frequently:
 - Addiction;
 - Anxiety;
 - Mood Disorders;
 - Personality Disorders;
 - Psychotic Disorders.
- If you have NOT worked with a client with documented or suspected mental illness, why not? Specify nature of concerns you have related to adequately support clients with an ABI and mental illness.
- What challenges, if any, have you encountered in supporting clients with mental illness?
- What opportunities can you identify that would enhance your and/or your organization's ability to support individuals with mental illness?
- What initiatives would you like to see the Toronto ABI Network support in 2011/12 to address some of the issues identified?
- MH Services providers were also asked: What specific ABI services do you feel are most needed for you to be able to support your clients more effectively?
- Describe any challenges you have had with any of your ABI clients in relation to their interaction with the justice system.

¹ For ease of reporting the wording from the ABI service provider survey is included but the Mental Health Service providers were asked the same questions from the other perspective.

CONTEXT:

- 195 responses were received for the survey that was distributed to ABI service providers.
 - 42.3% of respondents work in a hospital setting.
 - 30.2% of respondents work in a privately funded community based organization.
 - 28.9% of respondents work in a publicly funded community based organization.
- 191 responses were received for the survey that was distributed to Mental Health service providers
 - 86.7% of respondents work in the community.
 - 14.7% of respondents work in a hospital setting.
 - Of the 191 that responded, 12.5% reported working in the criminal justice system in some capacity (police, lawyer, justice of the peace, court diversion, prison staff).
- This survey was distributed across the province through the Toronto ABI Network mailing list and the Provincial Human Services and Justice Coordinating Committee.
- Participation was voluntary. Interpretation of the results needs to be considered in light of the fact that respondents would have self-selected to respond to a survey within this subject area.
- Interesting to note that this is the highest response the Toronto ABI Network has ever received to a 'Survey Monkey' survey.

ABI AND MENTAL HEALTH SURVEY RESULTS: PART ONE

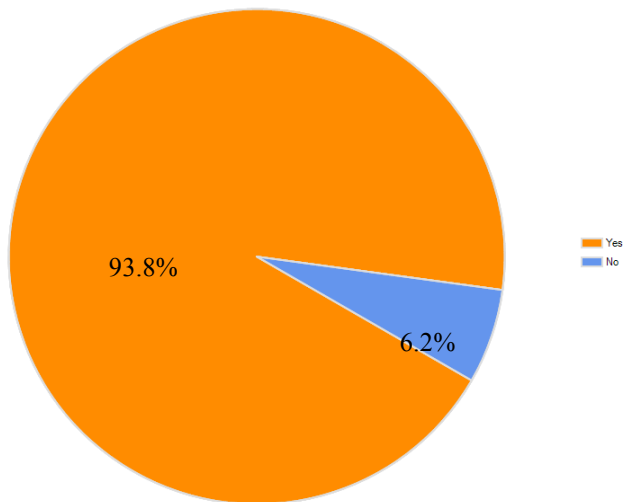
- 93.7% of ABI service provider respondents reported working with clients with both ABI and mental illness:
 - 48% of respondents estimated that more than 26% of their clients had a mental health diagnosis.
 - 20% of respondents estimated that more than 50% of their clients had a mental health diagnosis.
- 91.6% of MH service provider respondents reported working with clients with both ABI and mental illness:
 - However, only 12% of respondents estimated that more than 26% of their clients had an ABI.
 - 54.5% of respondents estimated that less than 5% of their clients had an ABI.
- ABI service provider respondents indicated that the type of mental health diagnoses seen most frequently by this group of service providers include:
 - Anxiety (58.1%);
 - Mood Disorders (54.7%);
 - Addiction (44.7%).
- 43.3% of ABI service provider respondents indicated that the main factor for not working with a client with a documented or suspected mental illness is a concern about being able to adequately support clients with a mental illness. 80% of these individuals indicated that their specific concern centered around being able to manage the behavioural/psychosocial issues of this group.
- 23.1% of MH service provider respondents indicated that clients with ABI were not considered eligible for services. No one reported concern about being able to adequately support clients with ABI but there was a lot of concern reported in the qualitative data about lack of access to needed community ABI services (specifically housing).
- ABI service provider respondents indicated that the most significant challenges encountered when supporting individuals with a mental illness are:
 - Challenges with accessing appropriate community mental health resources (86.1%);
 - Challenges with treatment (77.4%);
 - Challenges accessing urgent mental health support when needed (59.1%).
- MH service provider respondents indicated that the most significant challenges encountered when supporting individuals with an ABI are:
 - Challenges with accessing appropriate community mental health resources (79.2%);
 - Challenges with treatment/intervention (73%);
 - Challenges with housing placement (55.3%);
 - Challenges with screening/assessing (51.6%).

- ABI service provider respondents reported that the ability to consult mental health service providers as needed was the most significant opportunity to enhance their ability to support individuals with mental illness (84.4%), followed by increased use of resources already developed (e.g. Substance Use Brain Injury Intervention) (65.2%), and education about mental illness (56.0%).
- While 85.9% of MH service provider respondents reported that access to community ABI services would provide the most significant opportunity to enhance their ability to support individuals with ABI. Within that:
 - 65.4% reported that housing was the most significant need, followed by access to behaviour therapists (58.8%), and access to psychiatrist with ABI expertise (56.9%). Access to day programming and case management were also identified as being most needed by 53.6% of respondents.
- 86.2% of ABI service provider respondents indicated that they would like the Toronto ABI Network to explore opportunities for outreach/clinical consultation models to support ABI/Mental Health partnerships and enhanced capacity to support complex clients.

ACQUIRED BRAIN INJURY AND MENTAL HEALTH SURVEY RESULTS: PART ONE

CHART I:

THE PERCENTAGE OF ABI SERVICE PROVIDER RESPONDENTS THAT REPORTED HAVING WORKED WITH A CLIENT WHO ALSO HAD A SUSPECTED OR DOCUMENTED MENTAL ILLNESS.



THE PERCENTAGE OF MENTAL HEALTH SERVICE PROVIDER RESPONDENTS WHO REPORTED HAVING WORKED WITH A CLIENT WITH A SUSPECTED OR DOCUMENTED ABI

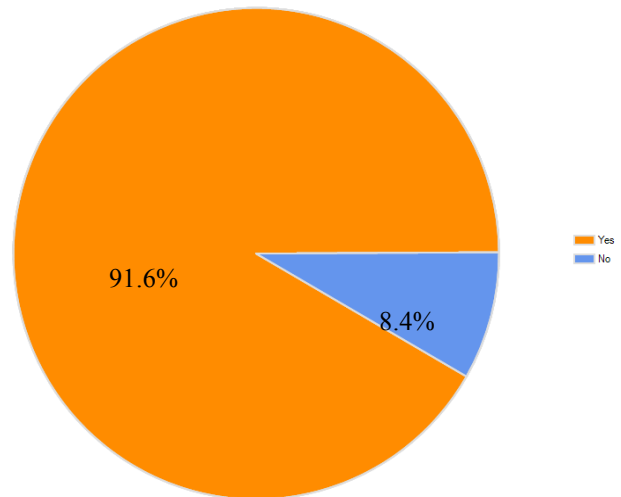
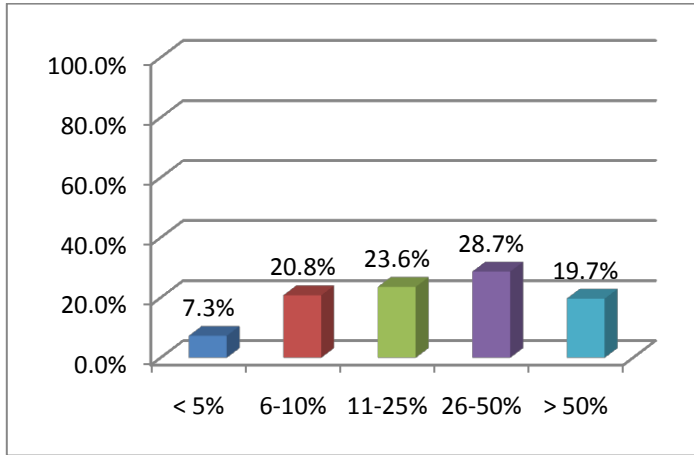


CHART II:

PREVALENCE OF CASE LOAD REPORTED TO HAVE A SUSPECTED OR DOCUMENTED MENTAL ILLNESS



PREVALENCE OF CASE LOAD REPORTED TO HAVE A SUSPECTED ABI

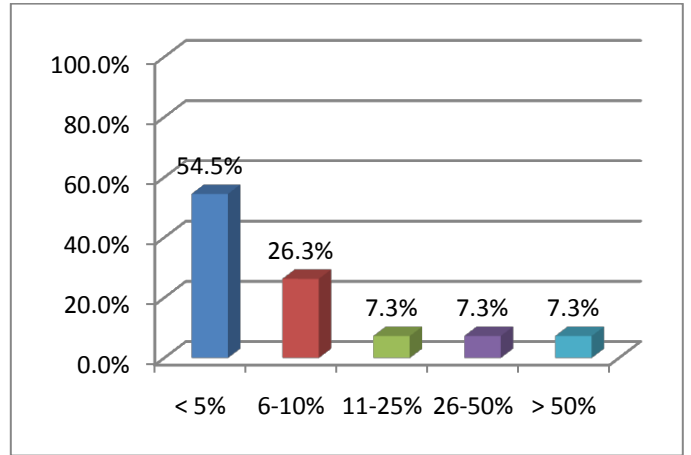


CHART III :

TYPES OF MENTAL HEALTH DIAGNOSES MOST FREQUENTLY SEEN (AS PER ABI SERVICE PROVIDER SURVEY)

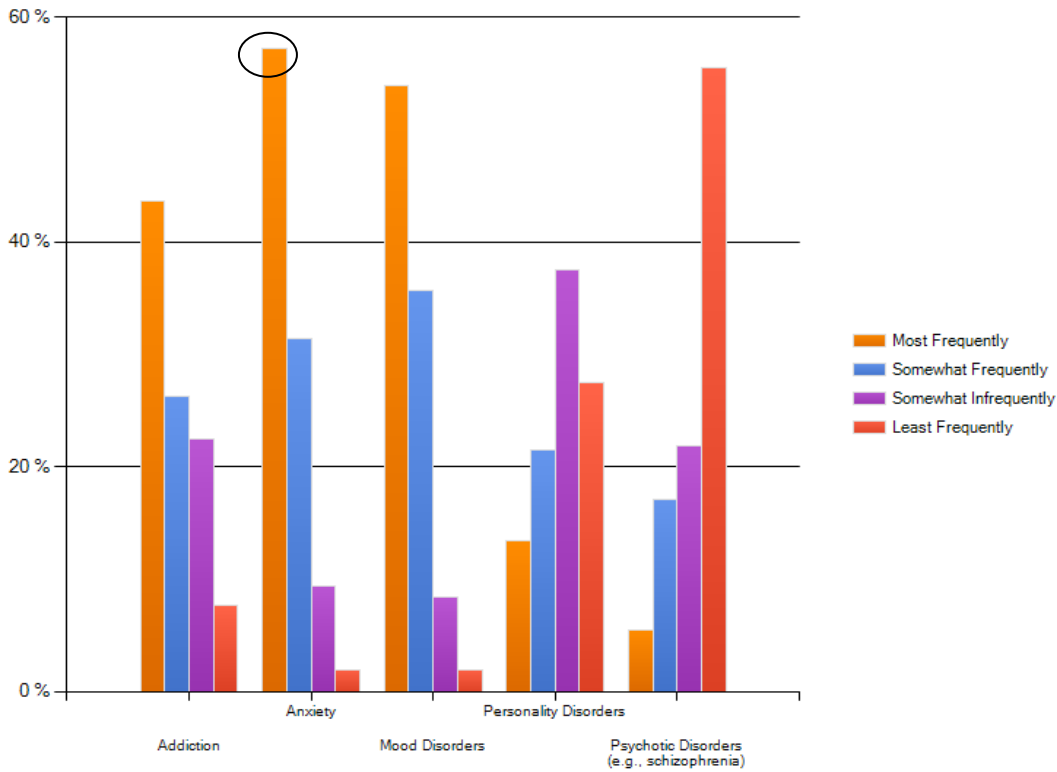
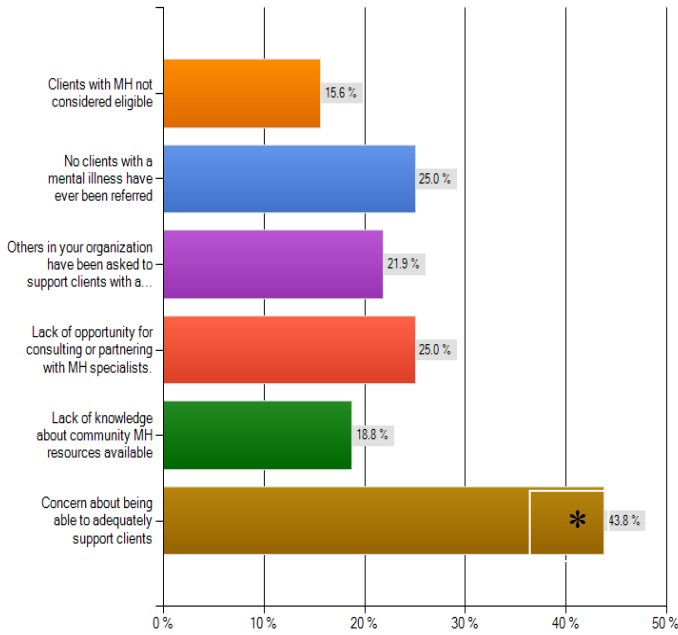
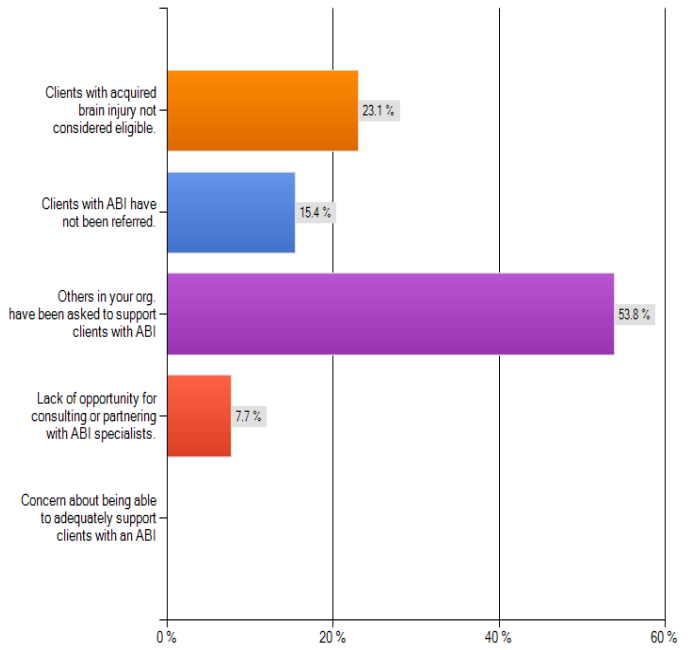


CHART IV:

REASONS ABI SERVICE PROVIDERS REPORTED FOR NOT WORKING WITH CLIENTS WITH MENTAL ILLNESS



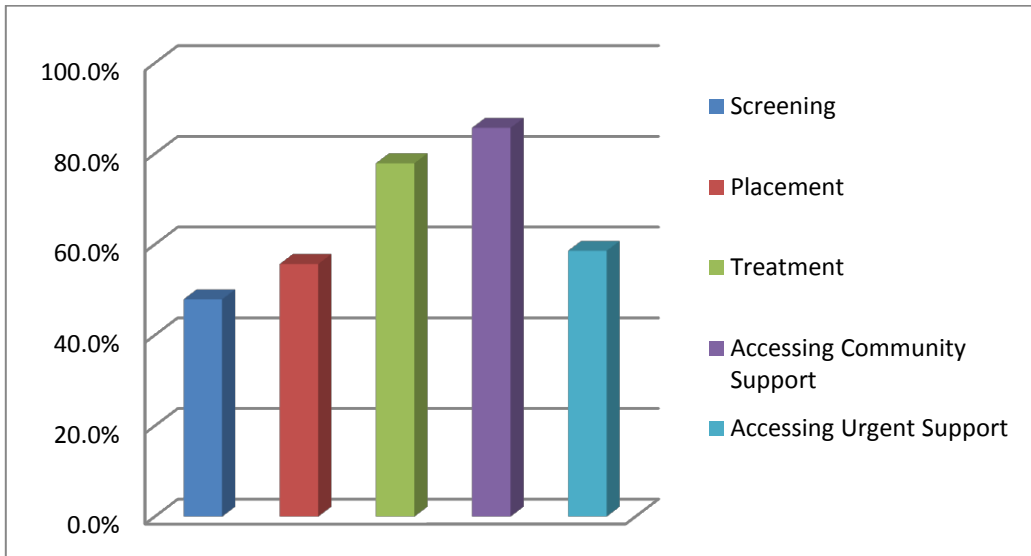
REASONS MH SERVICE PROVIDERS REPORTED NOT WORKING WITH CLIENTS WITH ABI



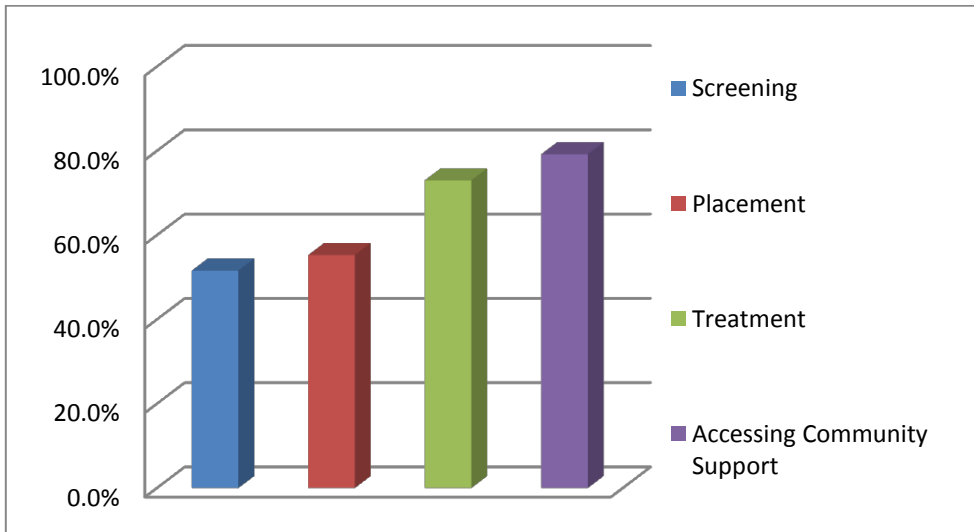
*80% of these respondents were specifically concerned about being able to manage behavioural and psychosocial issues that differed from their typical clients.

CHART V:

REPORTED CHALLENGES WITH SUPPORTING CLIENTS WITH MENTAL ILLNESS (ABI SERVICE PROVIDERS)



REPORTED CHALLENGES WITH SUPPORTING CLIENTS WITH ABI (MH SERVICE PROVIDERS)



Themes from **ABI** service providers survey:

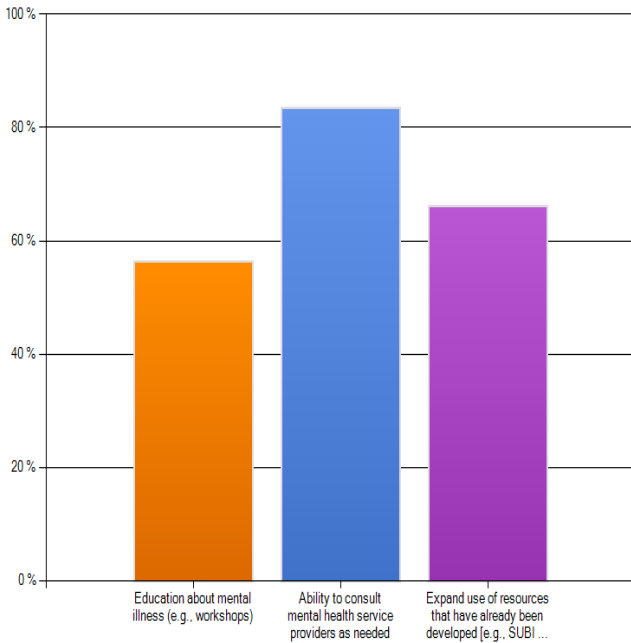
1. Mental Health services often include diagnosis of ABI as part of exclusion criteria.
2. Limited resources:
 - Supportive housing options;
 - Neuropsychiatry (long wait times and clients not followed);
 - ABI and addictions;
 - Community outreach / supports;
3. Lack of shared care opportunities and need for stronger linkages/enhanced collaboration amongst ABI service providers, MH service providers, supportive housing and addictions services.
4. Lack of awareness/education about mental health diagnoses/interventions amongst ABI service providers and lack of awareness/education about ABI diagnosis/interventions amongst MH service providers.
5. Lack of education/training amongst ER physicians re: ABI.
6. Challenges in determining whether behaviours/symptoms are primarily attributed to MH diagnosis or ABI diagnosis, which has implications for accessing services in either sector.

Themes from **MH** service providers survey:

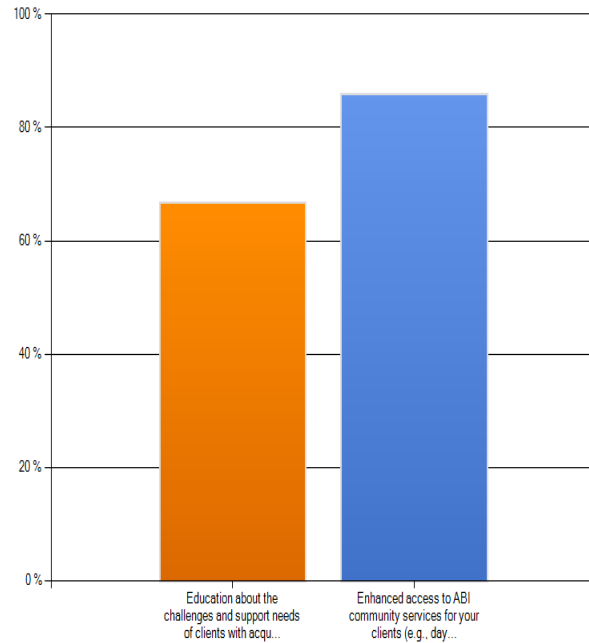
1. Limited resources:
 - Supportive housing;
 - Community support;
 - Particularly if also an addiction issue;
 - Assessment and follow-up.
2. No protocol for treatment/support in prisons.
3. Challenges in identifying ABI and obtaining accurate health history.
4. ABI services terminating services because of mental health issues.
5. Lack of awareness about ABI resources.
6. Access to housing, access to treatment, access to ongoing support based on diagnosis = trouble spots.

CHART VI:

OPPORTUNITIES THAT WOULD ENHANCE ABILITY OF ABI SERVICE PROVIDERS TO SUPPORT INDIVIDUALS WITH MENTAL ILLNESS



OPPORTUNITIES THAT WOULD ENHANCE ABILITY OF MH SERVICE PROVIDERS TO SUPPORT INDIVIDUALS WITH MENTAL ILLNESS



Themes from **ABI** service providers:

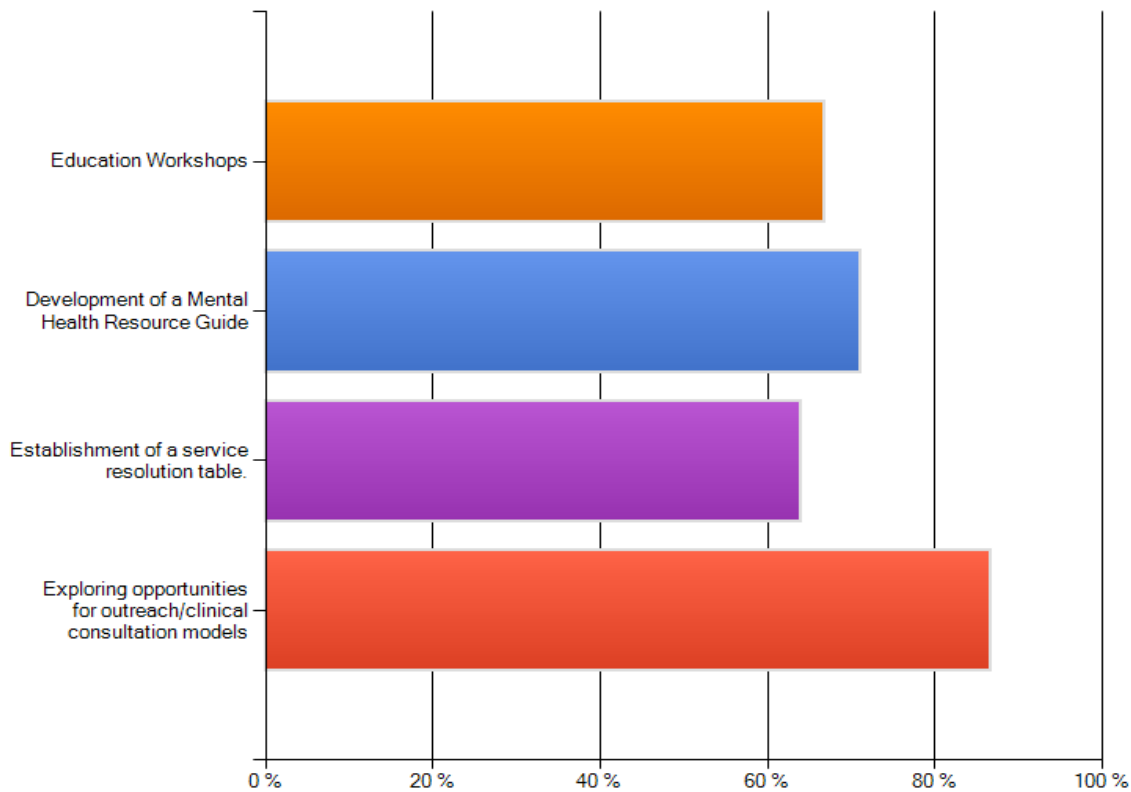
1. Develop more supportive housing resources.
2. Develop more community / outreach services for this population.
3. Shared care/clinical consultation models.
4. Enhanced access to neuropsychiatry services.
5. Change admission criteria for mental health services / ACT teams to include clients with ABI diagnosis.
6. Development of one patient care record/document that follows client throughout care delivery.
7. One site that lists services/resources available for this population.
8. Educational opportunities:
 - Mental health diagnoses/interventions;
 - Pharmacological treatment;
 - Addictions.

Themes from **MH** service providers:

1. Access to emergency hospital admission a necessity.
2. Access to emergency housing a necessity.
3. More services for clients with mild BI who are unable to return to employment.
4. Access to day programming.
5. Education about available resources and how to access them.
6. Behaviour intervention training.
7. Court diversion and discharge planning from prisons.

CHART VII:

RECOMMENDED INITIATIVES FOR THE TORONTO ABI NETWORK TO UNDERTAKE IN 2011-2012 TO ADDRESS SOME OF THE ISSUES IDENTIFIED IN SUPPORTING ABI AND MENTAL ILLNESS

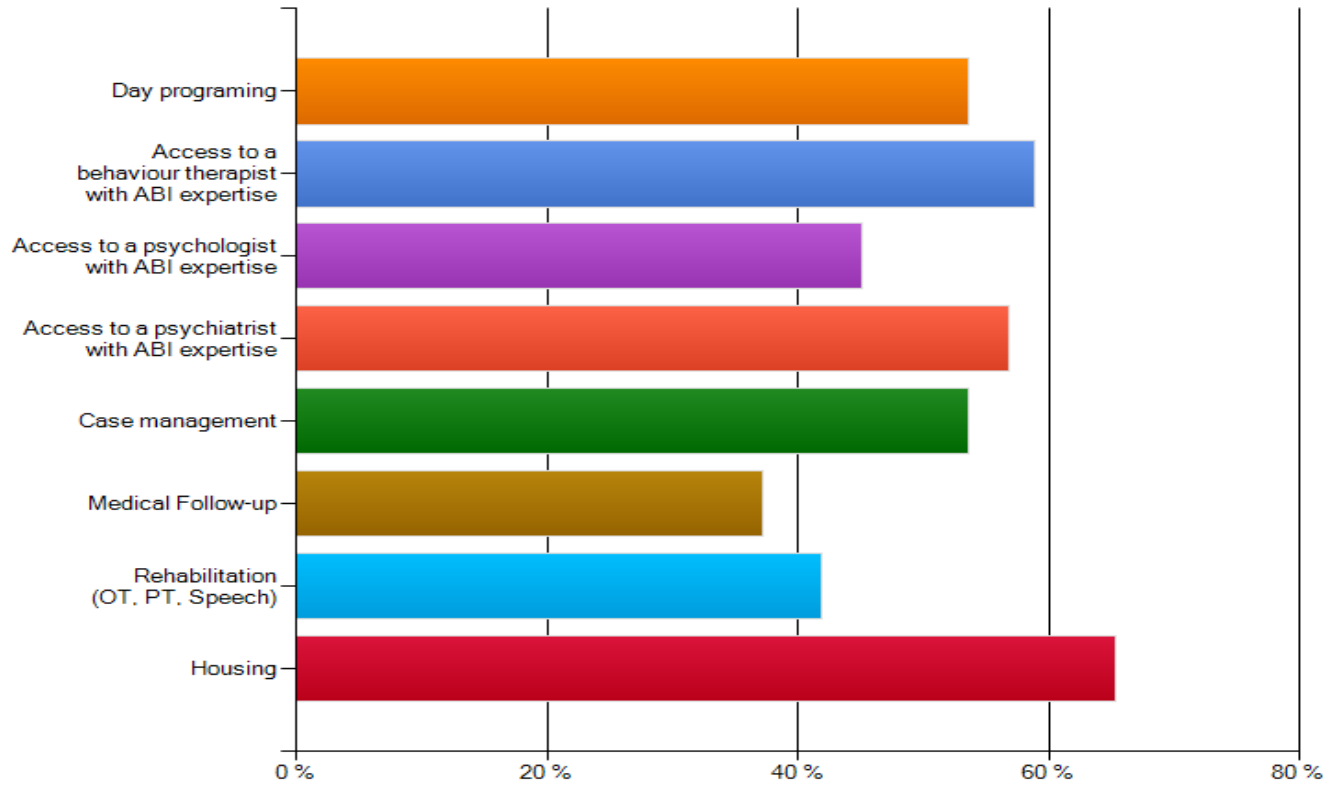


Themes:

1. Develop resource guide (especially for resources available outside of Toronto area).
2. Support development of outreach/clinical consultation models to support service provision for clients with MH and ABI diagnoses.
3. Coordinate a service resolution table (to be webcasted in order to enable service providers from outside of Toronto to participate).

CHART VIII:

ABI SERVICES MOST NEEDED AS IDENTIFIED BY MH SERVICE PROVIDERS



Themes:

1. Suggested that agencies work in unison to support clients with both the ABI and Mental Health issues.
2. Case management must be long term, not time limited.
3. Medical resources do not seem to know what to do with ABI patients.
4. Psychiatry with ABI expertise to provide consultation to our psychiatrists.

COMPLEX CLIENTS AND THE JUSTICE SYSTEM: PART TWO

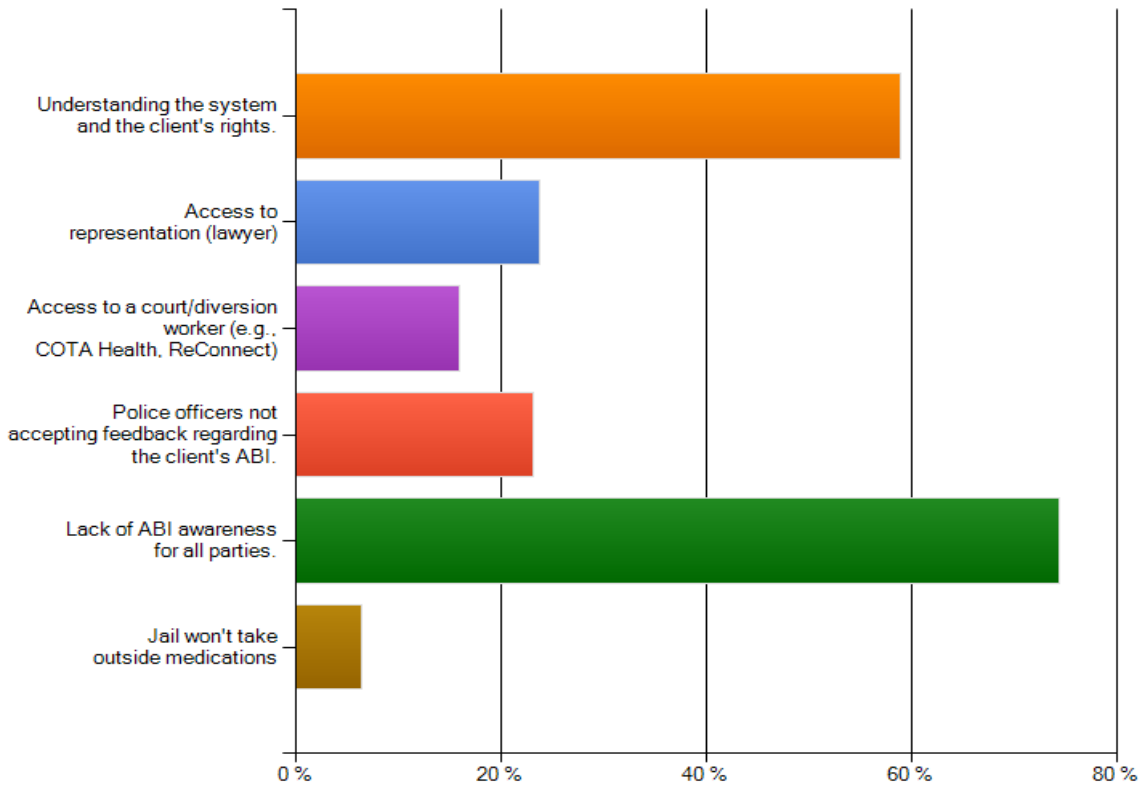
In addition to asking service providers about their experience with supporting clients with ABI and MH issues, the survey asked more general questions about the challenges faced by ALL complex mental clients on the occasions they intersected with the justice system. The ABI providers were asked two questions about the challenges their clients experienced on the occasions they intersected with the justice system. Mental Service providers were asked additional questions to get a sense of which of their clients experienced the most challenges.

Given that this section maybe viewed separately from the full report, basic contextual information is repeated here for ease of reference.

RECAP: CONTEXT

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- The most frequent challenge, as cited by ABI service providers, facing their clients in relation to their interaction with the justice system was "lack of awareness about ABI" (74.4%): CHART I
 - 59% noted a lack of understanding on their own part about the system and their client's rights contributed to challenges navigating the system.
 - 23.7% cited access to lawyers and 23.1% noted that police officers were not accepting of feedback about the client's ABI.
 - 93% of Mental Health service providers indicated that they have worked with clients with complex mental health issues that have become involved in the justice system: CHART II
 - Clients with Concurrent Disorder (MH and Substance Use) were most frequently cited as the population that experiences challenges with the justice system, followed by clients with substance use issues, and those with personality disorders: CHART III Note: this was the response from MH service providers and would be influenced by the make up of their case load.
 - The most frequently cited explanation for the situation becoming complex was "lack of resources to support the client" (80%), followed by repeated interactions with the justice system (62.3%): CHART IV
 - According to MH service providers the challenges faced by their clients are caused by a disconnect between the two sectors. Respondents gave equal weighting to challenges caused by "a lack of awareness about mental illness and a lack of understanding on the part of service providers about the justice system and their clients rights (60.3% respectively). This is largely consistent with the experience of ABI service providers as noted above: CHART V

CHART I: CHALLENGES EXPERIENCED BY ABI CLIENTS IN RELATION TO THEIR INTERACTION WITH THE JUSTICE SYSTEM



Themes:

1. Many (police, court workers, MH service providers) do not recognize or understand the implications of brain injury.
2. Have found the police to be responsive and open to assistance.
3. Have had no difficulty accessing supports within the justice system (representation at the Human Services and Justice Coordinating Committee has helped).
4. Inability to make supports available within jail system (including medications).
5. System can be rigid and unrelenting at times.

CHART II: PREVALENCE OF CLIENTS WITH COMPLEX MENTAL HEALTH ISSUES WHO HAS BECOME INVOLVED WITH THE JUSTICE SYSTEM

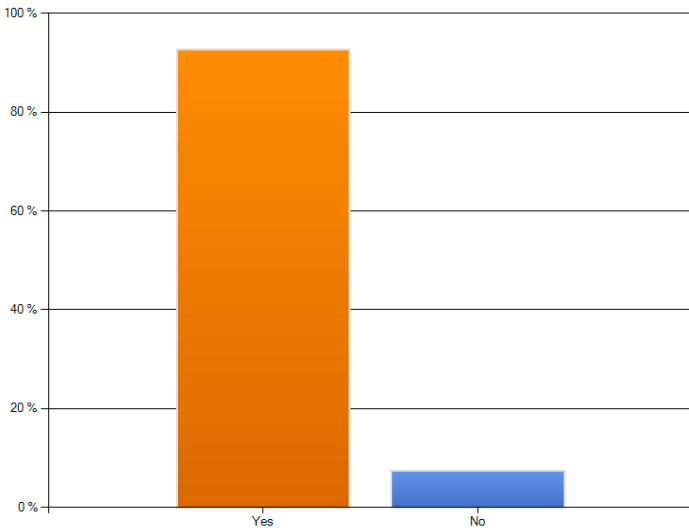


CHART III: POPULATIONS MOST FREQUENTLY REPORTED TO EXPERIENCE CHALLENGES WITH THE JUSTICE SYSTEM (ACCORDING TO MH SERVICE PROVIDERS)

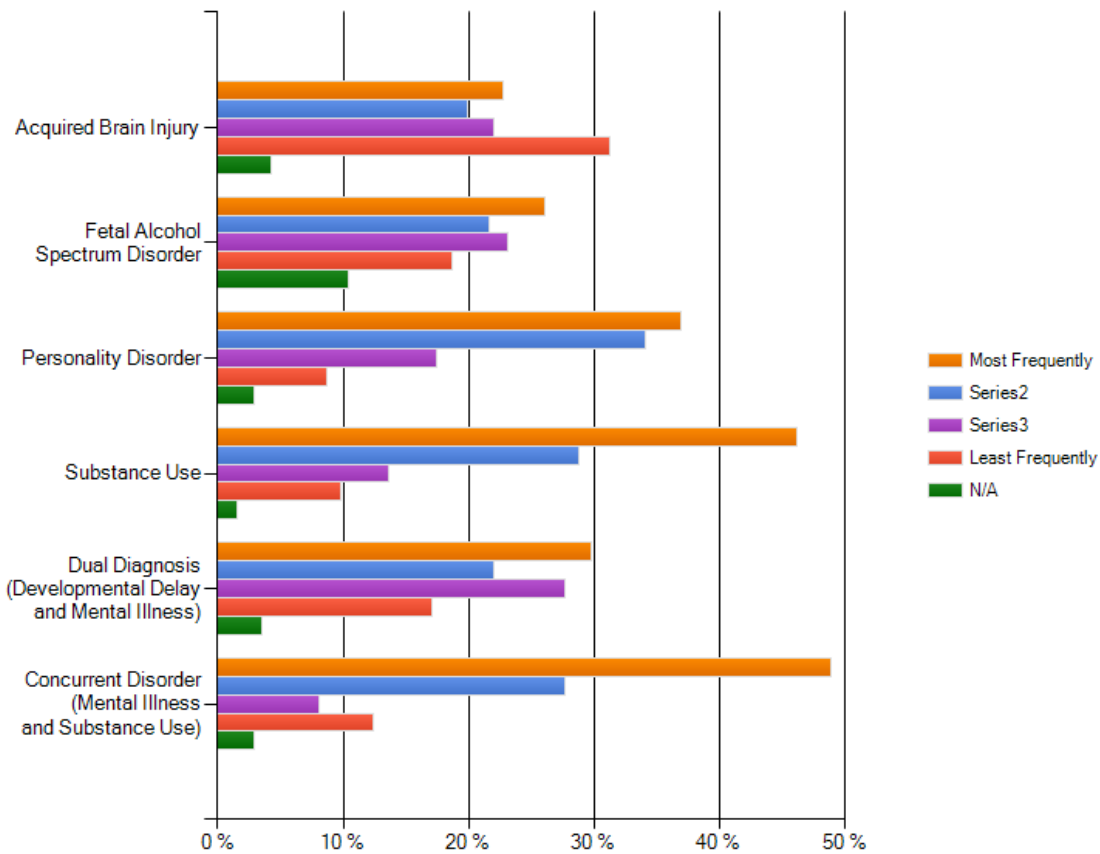
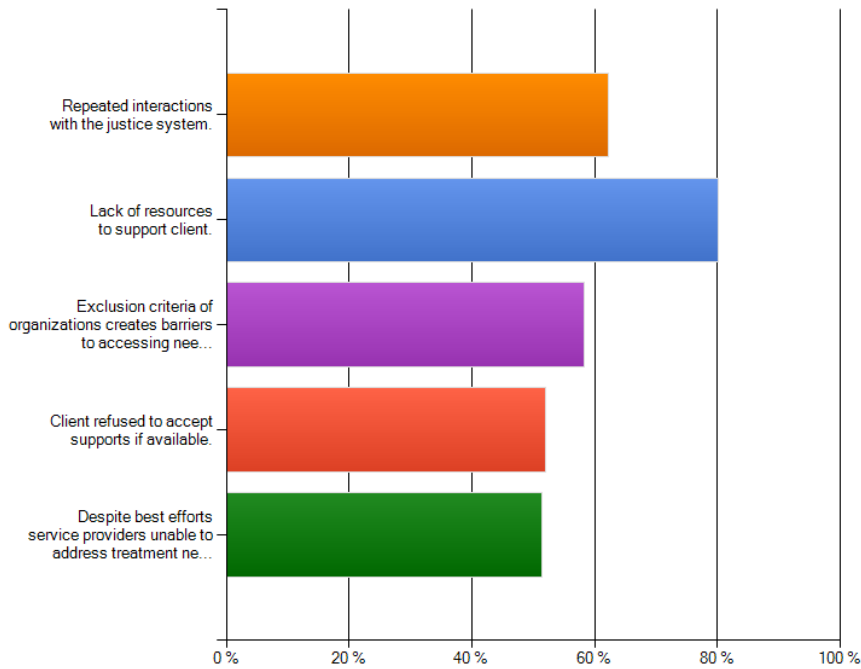


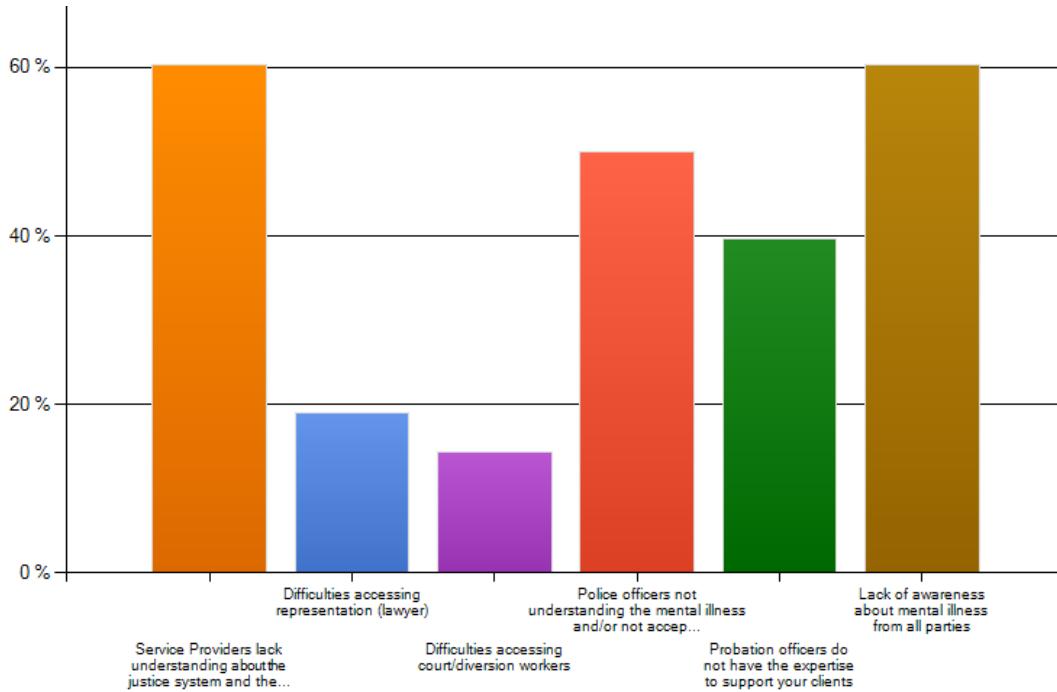
CHART IV: REASONS FOR THE SITUATION BECOMING COMPLEX



Themes:

1. Individuals with records are discriminated against by all sectors.
2. Inaccessibility. No interpretation or note-taking services/support provided.
3. You missed the verbal learning disabled population who have NO supports at all!
4. Many of these individuals have exhausted community resources through violent or disruptive behaviour.
5. Most of these clients require intense intervention which is not always available in every community. They often have resistance/barriers or difficulties up to follow with intense treatment.
6. Wait lists for service are too long.

CHART V: CHALLENGES EXPERIENCED BY CLIENTS WITH COMPLEX MENTAL HEALTH CLIENTS IN RELATION TO THEIR INTERACTION WITH THE JUSTICE SYSTEM



Themes:

1. Generally service providers understand that there are challenges but systemically there are difficulties that can't always be addressed.
2. Disconnect between what the courts assume is available in terms of support and what can actually be accessed. Courts can sometimes make stipulations that are not feasible — these resources just don't exist for people with multiple challenges.
3. One area lacking is on-going support for individuals with histories of violence and this is having a greater impact as more clients are refused service and charged as a result of Bill 168.
4. Lack of housing, poverty issues complicate the ability to provide service — hard to address core issues when you are homeless and poor and most do not have a family physician.
5. Lack of access to medications once released from jail.
6. This vulnerable client group has very real barriers and challenges in applying for a Legal Aid Certificate.
7. People with intellectual disabilities and no axis 1 mental health diagnosis are not served in our community. Do not meet criteria for Health funded Court Support, Court Diversion and justice system navigation programs and services.
8. Education is needed strongly in the Police Department for all staff not just the mental health officers.
9. Clients do not fare well if they do not have a specific case manager coordinating all aspects of case management.
10. More awareness of mental health and hearing loss (dual complications and barriers) is needed amongst service providers, lawyers, and the justice system.
11. Issues around capacity and consent: making use of services and programs like the court diversion program or mental health court workers is voluntary.

**APPROACHES REPORTED TO BE SUCCESSFUL IN SUPPORTING CLIENTS INVOLVED IN THE JUSTICE SYSTEM:
ACCORDING TO ABI SERVICE PROVIDERS:**

1. Collaboration and partnership:
 - Proactively develop relationships with community police, shared committees for building safety.
 - Identify specific point people on both sides of police-service relationship.
 - Partnerships between ABI providers and legal counsel.
 - Frequent liaison with officers of court (including probation and parole).
 - One district table has shared care model with a service agreement that all partners sign off on.
2. Education:
 - Providing information to the judge.
 - Partner with police and engage in mutual education process.
 - Education for the detention centers.
3. Using existing resources/system:
 - Diversion system/workers.
 - Creatively use of probation to enforce treatment.
 - CMHA court diversion.
4. Providing direct support when possible:
 - Accompanying client to court.
 - Support workers can assist in calming clients during interactions.
 - Staff can act as scribe and translator.
 - Need ability to continue to work with clients while incarcerated.

**APPROACHES REPORTED TO BE SUCCESSFUL IN SUPPORTING CLIENTS INVOLVED IN THE JUSTICE SYSTEM:
ACCORDING TO MH SERVICE PROVIDERS:**

1. Communication:
 - Right now the only solutions that work is when one is able to communicate effectively with all involved.
 - Communication and service agreements with community partners has been key.
2. Collaboration and partnership:
 - Good networking and collaboration with community partners and legal community, e.g., innovative projects with the detention centers (providing support while incarcerated, proper discharge planning etc.).
 - Creating a support network through case conferencing. This allows us to make the most of limited resources.
 - Sharing support of clients. Making commitment to provide some level of support to complex clients (We have accomplished this by having all local service providers sign an agreement that they will participate in providing some level of identified support to complex clients.)

3. Using existing resources/system:

- Court diversion is efficient and effective and is reported to go beyond and above their mandate when it comes to connecting people to services.
- Finding appropriate community services for them to be transferred to from the justice system. Clients remain in correctional facilities as they aren't enough secure treatment options in the community.

4. Providing direct support when possible:

- Having a youth mental health court worker present in the youth court and mental health court.
- Physical support in court and to lawyer visits.
- The presence of mental health courts and court workers have been fundamental to raising awareness and assisting clients.

5. Education:

- Providing on-going education to police and court personnel regarding special needs offenders.
- Learn how the justice system works (e.g., mental health court and support workers, diversion, when can see client and how to access that, contacting the social worker to arrange professional visits).
- In our community, we host annual LEAD Team training. Lead stands for “Local, Emergency, Ambulance, Diversion” and the training is geared towards our community first responders such as police, EMS, mental health crisis team, hospital based, ER physicians and hospital schedule 1 facility staff. The intent is to offer practical strategies for our officers so that they have an array of tools when responding to Mental Health Act related calls.