

Brain Injury and Homelessness

Brain Injury and Homelessness are highly interrelated.
Brain Injury is both a cause and a consequence of homelessness.

51-92%

As many as 92% experience their 1st TBI before becoming homeless

50%

Over 50% of people who are homeless or in an insecure living situation have a Traumatic Brain Injury (TBI)

25%

Of that 50%, 25% were moderate to severe brain injuries. This is 10 TIMES higher than the general population.

TBI in people who are homeless is associated with poorer physical and mental health, higher suicidality and suicide risk, memory issues, more health service use and higher criminal justice system involvement. People with cognitive impairment are likely to spend more time unhoused than those without cognitive impairment

Best Practice

The Homelessness and Housing System should:

- SCREEN for prior history of Brain Injury
- ASSESS Cognitive & Functional Impairment
- EDUCATE staff on Brain Injury
- EDUCATE the person about their Brain Injury
- PROVIDE and TEACH Accommodations
- CONNECT person served with Community Resources

COMMON PROBLEMS

After Brain Injury, we often see problems with:

Attention, memory and new learning
Slowed speed of processing
Organization, problem solving & impulsivity
Irritability, frustration & agitation
Balance, dizziness & headaches
Poor awareness of deficits & difficulties
Difficulty being flexible, poor self-monitoring

What to look for

Homelessness and Housing personnel may see:

Looking uninterested because they cannot pay attention
Forgetting appointments, rent paying & new information
Slow to understand and respond
Getting into fights because of irritability, anger and impulsivity
Falling into things, often getting hurt
Refusing help because they do not realize they need it
Gets stuck on an idea or a way of doing something, does not recognize mistakes

“Many who meet the definition of homelessness do not consider themselves homeless or do not disclose their housing status due to stigma and discrimination.” -nhchc.org

Common Accommodations for Brain Injury Challenges

Here are some common and simple accommodations:

Working for shorter periods of time
Getting rid of distractions around you, like noise or movement
Taking notes (on paper, in a notebook, on a phone or computer)
Using a phone to set timers to remember appointments
Repeating information to the person
Slowing down when talking; giving them more time to respond
Giving the person a list of house rules, written directions, or pictures to help them understand and remember
Coaching the person with the injury to “Stop, think and plan” then act
Coaching the person to take deep breaths when feeling angry or anxious

Tools for Best Practice

Brain Links' Strategies & Accommodations Tool: <https://www.tndisability.org/rehabilitation>
Symptom Questionnaire: <https://mindsourcicolorado.org/adult-symptom-questionnaire/>
Cognitive Strategies Guidebook: <https://mindsourcicolorado.org/wp-content/uploads/2019/05/Strategies-and-Accommodations-Guidebook-CJ-Professionals-5.6.19.pdf>

Brain Injury Screening Resources:

OSU TBI Identification Method: <https://wexnermedical.osu.edu/neurological-institute/neuroscience-research-institute/research-centers/ohio-valley-center-for-brain-injury-prevention-and-rehabilitation/osu-tbi-id>

NASHIA's OBISSS: <https://www.nashia.org/obisssprogram>

Tennessee Resources

Brain Links' Website with many resources: <https://www.tndisability.org/brain>

Brain Links' Toolkits (for Service Professionals and Survivors):
<https://www.tndisability.org/brain-toolkits>

TN Department of Health TBI Program:
<https://tinyurl.com/3v5jrdt3>

Tennessee Brighter Futures' Resource Pages & Training for Brain Injury:
<https://www.tndisability.org/tbf-brain-injury>

Resource Pages & Training for Homelessness:
<https://www.tndisability.org/tbf-homelessness>

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References:

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