A major disadvantage for people with acquired brain injury is that there is no legislated form of assistance as there is for people with mental illness. Unless people with acquired brain injury have the ongoing support of a good network of family and friends, they find it difficult to obtain any form of assistance. As a consequence, their psychosocial functioning may be affected and many end up living in psychiatric hospitals, boarding houses, prisons¹ and resorting to SAAP services.

Across Australia, people with acquired brain injury have difficulty accessing mental health/psychiatric services even though they “have a greater risk post-injury of developing depressive illness and schizophrenia than the general population”².

The Victorian Coalition of ABI Service Providers encapsulates these difficulties, which include psychiatric services:

- deciding that clients do not meet psychiatric service criteria,
- not feeding back to referring service or case manager the information gained from assessment of client
- refusing admission to people with acquired brain injury manifesting psychosis or behavioural problems due to a belief that it is not possible to have an acquired brain injury and a psychiatric condition,
- in some cases not having sufficient knowledge of acquired brain injury,
- refusing clients because of problems with alcohol,
- not following through with clients post-discharge and/or arranging for ongoing management.

Mental health services are particularly necessary for people with acquired brain injury who are experiencing severe mood and behavioural changes, psychiatric episodes and suicidal thoughts and actions. In most states of Australia there are no services dedicated to responding to people in these situations. Where these services do exist, for example, in Victoria, they do not provide crisis response or access to acute care.

(Footnotes)