

Screening for TBI in Mental Health and Substance Use Disorder Settings

- Mental health and substance use disorder (SUD) providers are likely unknowingly serving individuals with traumatic brain injury (TBI).
- The prevalence of TBI among those seen in behavioral health settings is unknown.
- Alabama Department of Rehabilitation Services (ADRS) and Alabama Department of Mental Health (ADMH) partnered to determine the need for and feasibility of screening for TBI in mental health settings and to examine the scope of TBI among mental health and SUD consumers.

What we did:

- Mental Health Advisory TBI Workgroup formed
- Pilot sites selected
- TBI screening data form developed
- Screening conducted (Sept 2020 – Mar 2021)
- Follow-up survey with screening employees (Apr 2021)

Pilot Sites

- East Alabama Mental Health Center (MCH) Chemical Addictions Program
- East Alabama MHC Outpatient Clinic
- Spectracare
- Bryce Hospital



186 people screened



Female



Non-Caucasian



22-59 years old



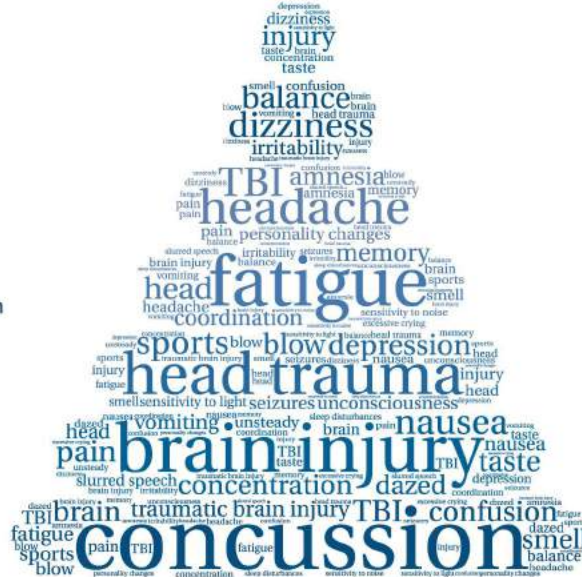
Employed



Uninsured



Veteran



History of TBI was associated with...

Diagnoses

- Childhood Mental Disorder
- Cognitive Disorder
- Dissociative Disorder
- Personality Disorder
- Psychotic Disorder
- Trauma/Stress Disorder

Drug Use

- Tobacco
- Over the Counter Drugs
- Cocaine
- Hallucinogens

Medications

- Antipsychotics
- Mood Stabilizers

Risk factors for TBI in pilot sample

- History of suicide attempt
- Severe mental illness and medications used to treat those illnesses
- NOT gender – In general population, men are 2x more likely than women to have history of TBI



Nearly 1 in 3 screened positive for TBI

Those with a suicide attempt were 2.6x more likely to have a history of TBI.

Those diagnosed with a trauma disorder were 1.14x more likely to have a history of TBI.

Screening for TBI in behavioral health settings should be routine



Screening for TBI in behavioral health settings should be routine

- High prevalence of TBI among those screened (32%)
- This is 3x more than in the general population in developed countries
- EAMH Chemical Addictions Program had more people screen positive for TBI than other pilot sites



Screeners were primarily therapists and all held a Master's degree



83% Were aware their facility treated individuals with head injuries

Were not aware of behavioral interventions/accommodations for those with TBI at their facility



46% Reported their facility intake does not currently include head injury questions

Were not aware of State of Alabama's TBI Helpline

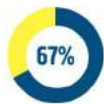


Screening Tools

Ohio State University (OSU) online screener training
 "What if There's A TBI?" online video training

- 67% completed OSU training
- 42% were trained by another employee on OSU screener
- 75% completed "What if..." training
- Almost all screeners thought both trainings were helpful

Support and Training



67% Unsure if they have support they need to work with head injury survivors

Somewhat disagree they currently have the updated training needed work with head injury survivors



75% Do not know next step in treatment if their patient screens positive for previous head injury



- > Almost all thought screener questions were easy to understand
- > Most thought adding the screener questions to their current intake would be easy



COVID-19 did affect the number of individuals that could be screened, but did not affect the way individuals were screened



What worked in screening process

- Meeting with clients individually
- Meeting with clients face-to-face
- Quiet area for screening
- Yes/No questions
- Questions that are easy to understand
- Check boxes
- General, not specific, head injury causes/ages

What did not work in screening process

- Questions that were too specific
- Not enough time for screening process
- Wasn't clear if medical chart could be used for info
- Questions were repetitive if no history of head injury
- Patients struggled to remember details

Implementation of a TBI screening tool in behavioral health settings is feasible. Pilot testing was successful in spite of COVID-19. Data pages were mostly complete and captured key TBI information with minimal training necessary.

Recommendations

Additional mental health staff training • Focus on patients with severe mental illness, history of suicide, and/or history of addiction • Establish ADMH's definition of head injury/TBI/acquired brain injury • Statewide implementation of TBI screening tools • Guidance on next steps after TBI identification

Future Directions

Create TBI Navigation System to assist with TBI education • Develop short, effective training on TBI, definition and resources • Distribute TBI screening tools along with training for next steps • Explore/expand best practices for those with severe head injury in MH/SUD setting • Establish policy on screening, identification, and definition of head injuries within ADMH • Create TBI peer/caregiver support/mentorship program

