Why Brain Injury Must Be Included

The Hidden Public Health Issue Affecting Every System

Brain injury is often called a "silent epidemic"—not because it is rare, but because it is frequently unrecognized, undiagnosed, and unaddressed across service systems.

Brain Injury affects:

- Students in classrooms
- People receiving mental health services
- Individuals in substance use treatment
- Survivors of domestic violence
- Individuals experiencing homelessness
- Veterans
- Older adults
- People involved in the justice system
- People with Adverse Childhood Experiences (ACEs)
- Those in chronic pain
- Residents in rural communities
- Those in ethnic and racial minorities
- People with disabilities
- Young children
- Teens and adolescents

Yet brain injury is rarely built into screening, assessment, service planning, or workforce training. **If brain injury is not intentionally included, outcomes suffer across every system.**

Brain Injury Is Common — and Often Missed

Key Realities

- Many brain injuries are mild and often not formally diagnosed.
- Brain injury often co-occurs with mental health, substance use, chronic health conditions, and social vulnerability.
- Cognitive, behavioral, and emotional changes may be misunderstood as:
  - Noncompliance
  - Lack of motivation
  - Treatment resistance
  - Behavioral problems
  - Personality change

- Without identification, interventions may fail—not because the individual is unwilling, but because the injury has not been addressed.

Brain Injury Changes How People Engage With Services

Brain injury can affect:

- Attention and memory
- Executive functioning
- Emotional regulation
- Processing speed
- Fatigue tolerance
- Impulse control
- Communication

These changes directly influence how individuals respond to:

- Therapy
- Case management
- Medication adherence
- Housing requirements
- Court orders
- Employment expectations
- Educational demands

If programs are not brain-injury-informed, they may unintentionally create barriers to success.

Why Including Brain Injury Matters Across the Lifespan

Early Childhood

Why brain injury must be included:

- Early brain injuries may not show full effects until later stages of development.
- Delays may be misattributed to behavioral or environmental factors.
- Early identification dramatically improves long-term outcomes.

Without including brain injury:

Missed developmental windows. Delayed services. Increased long-term cost. Potential challenges later with mental health, substance use, domestic violence and the justice system.

School-Age & Adolescents

Why brain injury must be included:

- Concussion and brain injury affect learning, behavior, and peer relationships.
- Students may be mislabeled as defiant or learning disabled.
- Adolescents have increased risk of mental health and substance use challenges.

Without including brain injury:

School failure. Discipline referrals. Justice involvement. Family dysfunction. Social isolation.

Young Adults

Why brain injury must be included:

- Executive function deficits emerge as independence increases.
- Transition from pediatric to adult systems is often fragmented.
- Identity disruption and isolation are common.

Without including brain injury:

College dropout. Employment instability. Mental health crises. Relationship challenges.

Adults (Working Age)

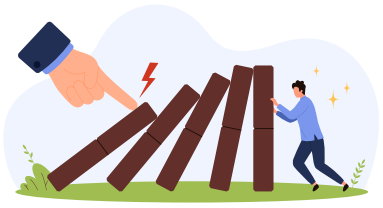
Why brain injury must be included:

High prevalence in:

- Behavioral health systems
- Substance use treatment
- Homeless services
- Domestic violence programs
- Criminal justice settings

Brain injury increases vulnerability to:

- Victimization
- Unemployment
- Housing instability
- Dependence



Without including brain injury:

Treatment non-response. Recidivism. Chronic system cycling.

Older Adults

Why brain injury must be included:

- Falls are a leading cause of brain injury.
- Brain injury may be misdiagnosed as dementia.
- Recovery needs differ from younger adults.

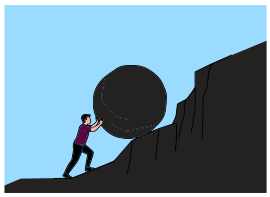
Without including brain injury:

Loss of independence. Caregiver burnout. Institutionalization.

The Family Impact

Brain injury does not affect one individual—**it affects the entire family system.**

Families often experience:



- Caregiver burnout
- Financial strain
- Relationship disruption
- Grief over personality and behavioral changes
- Confusion about "invisible" symptoms
- Difficulty navigating complex systems
- When systems fail to recognize brain injury, families are left to compensate alone

Cross-System Implications

Brain injury must be intentionally embedded into:

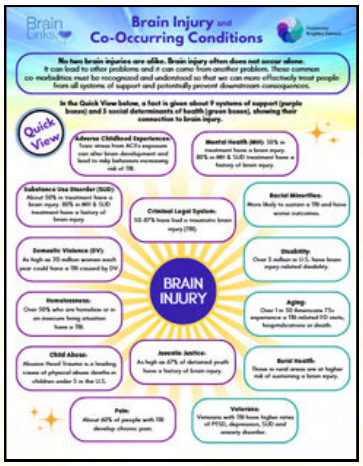
- Intake screening protocols
- Workforce training
- Co-occurring condition initiatives
- Resource facilitation models

- Social determinants of health strategies
- Policy design
- Funding allocations

Without including brain injury, programs may unknowingly exclude those most at risk.

What Including Brain Injury Looks Like

- **Routine brain injury screening in high-risk systems**
- **Training across systems (e.g.: mental health substance use, housing, justice, and healthcare)**
- **Brain-injury-informed service adaptations**
- **Integrated care models for co-occurring conditions**
- **Dedicated resource facilitation**
- **Lifespan follow-up and chronic care recognition**
- **Survivor education and support**
- **Family-centered support**



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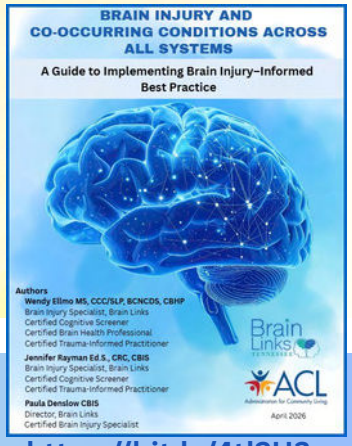
What Including Brain Injury Means for a Program

- Screen for prior history of brain injury
- Screen for cognitive and functional changes
- Educate staff about brain injury
- Educate the person and their family about their brain injury
- Teach simple accommodations
- Refer to community supports if needed



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The Cost of Excluding Brain Injury

When brain injury is not included:

- Systems spend more
- Outcomes worsen
- Families struggle
- Individuals become unemployed and cycle repeatedly through services
- Communities absorb preventable social and economic costs

The Opportunity

Including brain injury:

- Improves treatment engagement
- Reduces recidivism
- Enhances educational outcomes
- Stabilizes housing
- Strengthens workforce participation
- Supports family resilience
- Increases return on investment for existing programs

Conclusion

Brain injury is not a niche issue.

It is a cross-cutting condition that intersects with every major system of support.

If initiatives address mental health, substance use, homelessness, education, justice, aging, and social determinants of health—but do not include brain injury—they are incomplete.

Brain injury must be included.

Become brain injury-informed. Gain access to an electronic screening tool and receive educational resources for staff and clients. Contact Brain Links @ tbi@tndisability.org or visit tndisability.org/brain

Brain Links
https://www.tndisability.org/brain
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