

Traumatic brain injury issues among the maori



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Introduction

Traumatic Brain Injury is one of the health issues that Maori people face nowadays. Traumatic brain injury or TBI is caused by a blow or by a traumatic shock to the head or body. The extent of harm may vary on numerous aspects, including how it occurred and the severity of impact. According to Brain Injury Support, 90 New Zealanders per day, suffer from mild to severe brain injury and most of them doesn't seek medical attention. In New Zealand, the large population that suffer from this injury are Maori clients and the most common causes of traumatic brain injury are falls, vehicular accidents and assault. The issue on TBI cases is not only for the increasing mortality rate for children but with the consequences of non-fatal TBI cases for adults as well.

Abstract

Traumatic head or brain injury is one of the leading cause of fatality and hospitalisation among rich and fast growing countries like New Zealand. This is more prevalent among Maori and Pacific children. This paper aims to help New Zealanders specially Maori clients to be more aware of the importance of seeking medical treatment after accidents that may result to serious head trauma. This is also to promote the existing practices and provisions that are accessible to Maoris and other ethnic group. This will help the healthcare providers check for improvements on health services concerning trauma and how they can better serve the Maori people.

Topic Definition

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Traumatic Brain Injury is best define as an injury acquired from severe jolt or impact to the head that cause brain dysfunction. This type of injury is commonly a result of a violent blow on the head, an object that penetrates the head like a bullet, accidents like fall and vehicular accidents. It may as well include one or more of the following factors; damage to brain cells just below the area of the impact, multiple joint damage that caused the brain to move backwards and forward, bleeding in or around the brain, swelling or blod clot and unrepairable damage to brain cells caused by an explosive device. People that are more susceptible to TBI are newborns to four years of age, young adults between 15 to 24 and elderly aging 75 and older.

The sign and symptoms of Traumatic Brain Injury or TBI depends on the level of trauma. TBI can be classified as mild, moderate to severe categories. The common physical symptoms of mild TBI are; loss of conciousness for few minutes, being dazed, confused or disoriented, headache, nausea and vomitting and change on sleep pattern. This can be associated by mental issues like agitation, sensitivity to light and sound. They may also display cognitive issues such as memory and concentration problem, mood changes and depression. Where as mild TBI clients may show signs like, persistent headaches that worsens, repeat nausea and vomitting, seizures, dilation of one or both pupils, appearance of clear fluid on nose or ears, numbness or weakness of fingers and toes. Cognetive or mental symptoms such as agitation, unusual behavior, slurred speech, coma or other disorders of conciousness. Although TBI can be categorized into 3 stages depending on their signs and symptoms, it is still essential to consult or visit a doctor. The term mild or moderate doesn't mean a client is safe or won't suffer any other

consequences in the future. Traumatic Brain Injury can cause a person to have difficulty with social interaction and may have family relationship problems if not treated or was not given a proper attention.

Traumatic Brain Injury can lead to several complications if its' not assessed and treated correctly. TBI can lead to distorted consciousness like coma, locked in syndrome and brain death. It can also cause seizures, fluid build up infection for those who have skull breakage and damaged on brain cells or nerves that can lead to paralysis of face.

The test and assessment of TBI is done with the aid of Glasgow Coma Scale. This scale helps healthcare professional to assess the severity of the injury. Further tests like computerized tomography scan or what we commonly call " CT Scan" and Magnetic resonance imaging (MRI) provides a detailed view of the brain for healthcare personnel to rapidly see any signs of TBI.

Significance of the Discussion

Since the number of Maori clients who suffer from traumatic brain injury is increasing and most of them don't seek medical treatment or are not aware of how traumatic brain injury can affect their lives as well as how and what help they get from New Zealand Government. There are concerns that explain on why traumatic brain injury among Maori is significant. Currently, the statistics of TBI cases here in New Zealand are still inaccurate due to the fact that some of the healthcare providers don't have the proper coding of the injury. There are times that mild TBI injuries don't seek further medical attention which means there's a huge possibility that they won't make ACC claims and won't be identified by ACC.

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Among children, unintentional head injuries are the leading cause of death in New Zealand specifically for children aging 1 to 14 years old. On the other hand, non-fatal head injuries cause a huge impact not only to the child's life but their families as well. The family members' level of stress and accessibility of trauma services are the main concern.

Adults, according to different studies 91% of Maori prisoners here in New Zealand suffered at least 1 head injury in their lives. The issue of Maori offenders in relation to behaviour issues that somehow connected to traumatic brain injury is increasing. Traumatic Brain Injury can incorporate serious public safety risks. Since, brain trauma can affect the behaviour of an individual, the Department of Corrections now provides programmes that support the rehabilitation and corrections of any cognitive and mental issues of prisoners with TBI. These programmes aim to reduce the re-offenders specially among Maori.

It is also essential that health care services will be well equipped and develop strategies to empower Maoris with the relevant oral and written information to cope with the difficulties brought by traumatic brain injuries.

Barriers in improving services for Traumatic Brain Injury

Though New Zealand Government and Ministry of Health know the importance of making sure that TBI clients get the proper attention, barriers to implement the procedures is one of the aspects that needs to be addressed. The Kaitiaki and Pacific Support is a group that helps Maori and Pacific Islanders by providing them with practical and emotional support. The main issue that they face in providing provision is the limit when it comes to

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their budget because they don't have their own funds or resources and they often need to get an approval from social workers. There are times that families are hesitant to approach or accept help from Kaitiaki and Pacific Support because they mistake them as social workers and Maoris and Pacific are worried that they might take their child away. Language barrier is another factor why Maori and other ethnicity like Pacific don't get the right help for a family member with TBI. These ethnic group are often cautious of their confidentiality. They think that if they'll get an interpreter their privacy will be snatch from them. Another barrier that is connected to language is gathering the correct information. The key workers of the Kaitiaki and Pacific Support knows the significance of accurate information to ensure that the TBI client and family members are given the correct support, treatment and rehabilitation. Precise data not only save the clients and their family from wrong treatment but it also helps the healthcare personnels and be certain that the client and family members understand what needs to be done and the process of rehabilitation to accelerate the clients' recovery. Printed or written information like booklets that are given to parents and children also needs to be comprehensive, to ensure they grasp the facts that they need.

The increasing population and healthcare provision demands influence the delivery of health and disability services as well. Shortage on healthcare personnels and poor staff continuity becomes a burden. The process of transferring of a TBI client from one healthcare provision to another, from one hospital to other facility and the collection and administration of care methods from one staff to another. There are also times where family members are frustrated that they need to repeat the same information to

different healthcare professional staffs and they receive conflicting data from different health personnels that confuses them. The last difficulty that most client and families experience are the issues they undergo after hospital discharge. Since in most cases where TBI was classified as mild trauma, it is often overlooked by healthcarers that parents or guardians are not yet equiped with enough knowledge to handle or provide the proper care that the client needs. This can affect the speed or process of the clients' recovery or can even worsen the situation.

Current BestPractice to manage Traumatic Brain Injury in New Zealand

The current practice in New Zealand to manage Traumatic Brain Injuries are the acute phase provision and rehabilitation. In most cases, TBI clients are cared by general practioners, emergency departments, accidents and medical provisions, ambulances, sport coaches and teachers at schools. Any suspected serious brain injuries are assessed in the nearest hospitals that provide services for assessment and treatment immediate results of TBI. There are still small number of TBI clients who are trasnported to tertiary hospitals for neurosurgical procedures. Most cases are assessed in the Emergency Department where patients are not admitted or only stay in the hospital for a short period or time.

The next stage of TBI management is rehabilitation. There are several range of rehabilitation available in all major centers in New Zealand. The rehabilitation depends on the care the client needs. Clients who suffered from mild TBI are given assessment and Residential rehabilitation. This type of service provides support for mild TBI clients at the comfort of their own

home. The aim of this programme is to help clients gain their maximum independence. There are DBH and Non DHB provisions that operates in New Zealand to support people with mild TBI for an early and timely assessment and rehab. Nowadays, there are seven concussion clinics in New Zealand for clients with mild TBI. On the other hand, people with moderate to severe TBI can access Non- Residential Rehabilitation. ACC offer two provisions for clients with severe TBI. These are Active Rehabilitation and Residential Support Services.

Active Rehabilitation Services means client with moderate serious TBI are being cared in a community based facility. These are for clients that are medically stable but need support due to their cognitive or physical disabilities. This service is not age specified except the Wilson Center that only caters TBI cases among children. The aim of this provision is to help clients to eventually re-enter or to go back to community. The duration of care on this type of rehabilitation may vary from few weeks to few months.

Residential Support Services let clients to live in a home like environment as they get medical assistance 24 hours a day. This provision offer care for those who have serious TBI and are expected to recover on long period of time. The goal of this rehabilitation is to encourage independence while maintaining a safe environment for people who can't live independently due to the consequences of TBI. This type of of rehabilitation is also called as "slow-stream" rehabilitation. Clients in these type of rehab are not necessarily expected to improve their levels of independence in a rapid or fast phase.

Healthcare professional in this setting supports not only the medical needs of the clients but the physical and emotional needs as well. This provision is not

mainly focus on severe cases of TBI but for those who are unable to rehabilitate to the society. This type of rehab is only accessible to New Zealand residents who are under 65 years old and doesn't have a long term disability that is not covered by ACC.

Recently, a new project to best handle TBI rehabilitation was created. The Traumatic Brain Injury Residential Rehabilitation (TBIRR) project. This project replaced the Active Rehab services and Residential Rehab services. TBIRR have 3 vendors that brings a more qualified and rapid interventions. The North and upper South islands of NZ have two sites in Auckland and Wellington. The Canterbury and West Coast have a center based in Christchurch which is the Laura Ferguson Trust and the ISIS Center which is located in Dunedin covers the lower South Islands. According to Mr. Miller, "The new service recognises that early, intensive rehabilitation is crucial to a successful recovery, but the support provided must also be individually tailored and reflect clients' changing needs as they become less dependent on full-time care."

Best Practice to manage the issues related to Traumatic Brain Injury

Ministry of Health conducted researches and surveys to identify the gaps or rooms for improvement in providing care for trauma cases. According to MOH, the survey suggested that a specialisation in Traumatic Brain Injury will be the best practice to properly address the treatment and rehabilitation issues. More consumers supported the idea that it will be better if there will be TBI experts that will focus on TBI clients' needs rather than the convenient widespread services that healthcare facilities currently offer. However, New

Zealand healthcare providers are still reluctant to follow this practice because it suggests “ centralization”.

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