

How can metropolitan rehabilitation services support remote area people with an ABI best?

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Aims

- To investigate how a specialised multidisciplinary brain injury rehabilitation service in Perth can improve the process for referrals, treatment and support for people with an acquired brain injury (ABI) and their care givers in remote areas.
- To engage with remote area service providers to understand how best to support them and caregivers of people with ABI.

Methods: Information sessions regarding ABI services in Perth were held with various service providers (disability service providers, allied health, nurses, teachers, legal aid lawyers, support workers) in three remote northern West Australian towns. 30 participants completed surveys investigating needs and required service assistance and considerations. This was followed by a focus group with a remote area ABI service provider which was transcribed and thematically analysed. This project was funded by a Brightwater Peter Lane Scholarship.

Relevance: High rates of brain injury, resulting from stroke or trauma, are evident in rural and remote communities however there is limited access to specialised ABI services.

People from remote areas are underrepresented in metropolitan services due to geographical distance involved, wanting to return home, a lack of understanding of cultural needs and resource limitations. In order to provide best rehabilitation services this needs to support remote area living environments.

Results: There are large numbers of service providers visiting communities who have existing relationships with clients and families and thus effective service models must support these service providers. Specialised ABI services must demonstrate cultural understanding of the people and region to enable effective service provision. There are large numbers of unidentified people with ABI in remote areas and further research is required to identify and support these people.

Key outcomes for specialised ABI services to effectively support regional service providers, clients and families are:

- mentorship programs between specialist health professionals and local therapists (through phone, video or email consultations)

- culturally and linguistically specific resources, in a range of literacy levels
- accessible training and education (via various media including videoconferencing and face-to-face)
- raising community awareness of ABI
- liaison between metropolitan and remote services for discharge support and follow-up
- advocacy services
- collaboration with families, health provision and communities
- remote community visits.

Conclusions: To provide effective support to people with an ABI in remote areas, service models must recognise cultural and geographical differences. Support can be provided via various communication, education and resource development. Metropolitan services providing statewide rehabilitation services need to consider appropriate alternatives to overcome barriers.