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Falling between the 'service cracks': women living with Alcohol-Related Brain Injury (ARBI)

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Recommended Citation

Brighton, Renee; Moxham, Lorna; and Traynor, Victoria, "Falling between the 'service cracks': women living with Alcohol-Related Brain Injury (ARBI)" (2013). *Faculty of Science, Medicine and Health - Papers: part A*. 956.

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Abstract

Abstract of paper that presented at the 1st Australasian Mental Health and Addiction Nursing Conference.

Keywords

between, related, falling, arbi, brain, injury, alcohol, living, women, cracks, service

Disciplines

Medicine and Health Sciences | Social and Behavioral Sciences

Publication Details

Brighton, R., Moxham, L. & Traynor, V. (2013). Falling between the 'service cracks': women living with Alcohol-Related Brain Injury (ARBI). 1st Australasian Mental Health and Addiction Nursing Conference (pp. 1-1). New Zealand: NZCMHN and DANA.

Falling Between the ‘Service Cracks’: Women living with Alcohol-Related Brain Injury (ARBI)

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The purpose of this project is to gain a greater understanding of the issues and challenges faced by women living with Alcohol-Related Brain Injury (ARBI). Women, when compared to men, are at higher risk of developing ARBI, but are less likely than men to engage with professional services. In Australia and New Zealand, the rates of women drinking to excess have grown significantly over the past decade, seeing a dramatic increase in the number of women experiencing alcohol-related health conditions including ARBI (NHMRC 2009, Ministry of Health 2009).

Despite this, it was found that professional support and women-centric services appear completely inadequate and women with ARBI continue to fall between the ‘service cracks’. Whose problem is this given that no single authority has overall responsibility for the co-ordination, planning and delivery of services? An overall theme of social exclusion was found to explain the experience of women with ARBI. Within contemporary mental health policy, recovery is a transcending value-base for mental health practice and women with ARBI would benefit from being part of this value-base.

This presentation argues that women living with ARBI are even more marginalised than mental health services users as they do not fit neatly into an existing category or model of care. Before a woman with ARBI can satisfactorily live with her injury, the issue of providing her with appropriate and collaborative drug and alcohol and mental health services must be addressed.

This presentation provides a voice for women living with ARBI and calls into question the oft heard health service catchcry that “they are not one of ours”. The presentation will help the audience understand the impact that segregated practice has on this population and how social and service exclusion can be addressed to improve the quality of life for women living with ARBI.