

EDITORIAL

Brain Impairment in Indigenous Populations

This special issue on brain impairment in Indigenous populations represents a significant advancement in the field. The contributions will help us understand the causes of brain injury in Indigenous communities, the impacts and the development of culturally safe models of brain injury rehabilitation and education that are supported and work for Indigenous people. The broad spectrum of research presented here will stimulate further focus on culturally inclusive brain injury research and enhance international collaborations tackling issues or questions of mutual importance.

In this issue, we publish papers from Canada and Australia covering different types of brain impairment ranging from concussion to severe traumatic brain injury, dementia and complex neurocognitive disability. First, in partnership with Indigenous leaders, Hunt et al. investigated concussion knowledge in First Nations hockey players, generating recommendations for tailoring concussion education according to gender. This is followed by a paper by Armstrong et al., who used a qualitative case study approach to document stories of Aboriginal Australians with traumatic brain injury. This paper is essential reading for understanding the importance of the cultural context of rehabilitation.

Two papers from a study of transition from hospital to home for Aboriginal and Torres Strait Islander Australians with traumatic brain injury identify the transition support needs of this group (Fitts et al.), and showcase the potential of creative methods to understand personal stories and enhance outcomes (Bohanna et al.). Next, Hocking et al. document the dementia diagnoses of Aboriginal people in the residential aged care in Central Australia and the prevalence of associated factors.

A qualitative study by Townsend et al. describes the life experiences of homeless Aboriginal and Torres Strait Islander people with neurocognitive disability, noting the ‘complex disablement’ experienced by participants. Another marginalised group with traumatic brain injury are Indigenous women injured by violence from an intimate partner. The final paper (Haag et al.) focuses on understanding this complex and serious problem from the perspective of key stakeholders in Canada. A common theme throughout these studies is the need for culturally informed and safe community-driven approaches to service delivery.

Excited by the important brain injury research being conducted in partnership with Indigenous communities around the world, we suggest several priorities for future research. Acknowledging that many Indigenous people may not present to emergency departments following a brain injury, evidence-based approaches to engage people in the community setting for improved diagnosis, rehabilitation and secondary prevention are needed. It will also be important to address the causes and impacts of brain injury across the lifespan, from childhood to old age.

We are beginning to understand the intersection between Indigenous brain injury and social justice issues; however, further research is needed that includes often marginalised groups, including those experiencing homelessness and violence.

Better tools and approaches are also needed to ensure Indigenous people have equitable access to effective diagnosis, assessment and models of support and treatment, including cognitive and mental health assessment and functional impairment.

In closing, we are excited about the knowledge presented in this special issue, giving voice to the experiences of Indigenous people. We are sure it will stimulate many ideas and opportunities to progress this exciting field of research.

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