

BrainLine Talks With Michael Paul Mason

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Video Link: <http://www.brainline.org/content/multimedia.php?id=809>

Brain Injury Case Management

Michael Paul Mason: As a brain injury case manager what I do is I travel all around the country evaluating people with moderate to severe injuries who have developed a pretty severe behavioral problem as a result of those injuries. My job is to try to help them find a rehabilitation center that will accept them and provide treatment to them, and most of the time I fail at this job. It's—it's a impossibility practically. There are a tiny number of beds in all of America. There really aren't enough beds to go around, and there are waiting lists at almost every facility. But the person is in genuine need and they are—they're benefited by simply sometimes being given a direction to go in as opposed to no direction.

In many cases by the time they get to me a lot of times they're very close to giving up hope that there's anything at all, and my hospital assigns me the task of finding some kind of loophole somewhere that they can grab onto to maybe give them that little bit of hope. So when the rare event does happen that I'm able to find a rehab that will accept someone or even get them into the hospital that I work for there's often a lot of tears on the other line of happiness and joy because they've managed to overcome such great odds.

Michael Paul Mason: In most hospital settings a case manager facilitates and discharges. So they will actually be assigned to a particular patient and look for the next stage of treatment. So in the case of a brain injury case manager that case manager would typically say okay, after we're done treating him this person maybe will be able to return home and they will need to contact this physician and work with this therapist and do this kind of thing. I worked in a reverse kind of role in the sense that I worked at the front end helping patients to get admitted to places that they hadn't found, so in many instances I was filling a void that existed just because there simply aren't services to go around.

Michael Paul Mason: What happens in many cases is that the person simply is not able to access the care that they need, and so they will tend to stay at wherever they're at. Sometimes this is at home, and so the burden of care is placed on the family. At an average lifetime cost of something like four to six million dollars per injury you can imagine the kinds of financial strain that this puts on family members. They may have to quit their jobs in order to care for the person. And once they quit the job they may have to sell the home in order to afford getting by. So many people with brain injuries make tremendous sacrifices just to sustain life, not necessarily to improve, but just to get by. This is a very aggravating thing about our healthcare system that a lot of individuals are actively trying to advocate for greater reform and understanding.

Michael Paul Mason: I became a brain injury case manager through a series of mistakes basically. What I did is I began working in mental health, and I became very interested in peoples' psychological conditions and the troubles that they were having and eventually was hired on by a hospital that had a brain injury unit on it and they needed someone who could understand mental health issues but also felt comfortable in settings talking about neurological conditions, being able to read medical records and then writing reports based on these evaluations in hopes of getting individuals treatment. So I had this skill set of being able to write as well as being able to navigate medical records, and that proved to be a good fit for them.

Michael Paul Mason: I had been a freelance writer for many years in Tulsa, and the more I began writing for the advertising industry the more disinterested I became in copy writing and so I wanted to

leave that field and go into a field where I felt that I could do a little bit of writing. So that at the time was purely mental health. I didn't know that there was even an industry involving brain injury. I did not [sic] really hear the term much prior to working in mental health. But as I began to experience different scenarios in which people were in mental health settings with obvious neurological problems then I began to look at those stories a little bit more closely because it just didn't make sense to me why a person with a physical injury was being placed in a mental health unit. It seemed unjust.

Michael Paul Mason: I've had a lot of memorable experiences. But one that really stands out to me is that I had one family member come up to me after I'd met their loved one with a brain injury, and the person—she kind of sat down right next to me and I'd been working this case for about a year and a half and she said I don't know how often you get told this but thank you. I mean I don't look for thanks but it's nice when I have it.