



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Parachute

PREVENTING INJURIES. SAVING LIVES

Revealing Connections: The link between preventable injury & mental health

Suicide Prevention Webinar:
Tuesday March 11, 2014
1 to 1:45 p.m. ET

Presented By:
The Mental Health Commission of Canada
& Amy Padro, Parachute Canada



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Agenda

1. Mental Health Commission of Canada

- Who we are
- Our role in suicide prevention
- Overview of Webinar Series

2. Revealing Connections: The link between preventable injury and mental health

- Amy Padro, Parachute
- Presentation
- Q&A



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Mandate (2007-2017)

“The Mental Health Commission of Canada (MHCC) is a catalyst for improving the mental health system and changing the attitudes and behaviours of Canadians around mental health issues. Through its unique mandate from Health Canada, the MHCC brings together leaders and organizations from across the country to accelerate these changes.”



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Program areas and priorities 2013-2015



Mental Health Strategy of Canada



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Suicide Prevention Webinar Series

Purpose

- Focus on suicide prevention, postvention and intervention across the lifespan;
- Share knowledge, resources and lessons learned with Canadians; and
- Showcase promising practices from across Canada and abroad.

Learning Objectives

- Create and exchange knowledge about the topic;
- Understand link between suicide and mental illness;
- Increase levels of comfort and confidence in addressing and discussing suicide;
- Increase awareness of resources and how to access them.



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Amy Padro, MA

- Amy Padro is the Manager of Government Relations for Parachute, the national voice for injury prevention in Canada.
- In her role, she manages all aspects of government relations initiatives, including influencing public policy and legislation, public awareness campaigns, and interacting with federal, provincial and municipal governments and decision-makers.
- Amy holds a Masters in Interdisciplinary Studies from York University. Amy is an instructor in Ryerson University's Chang School of Continuing Education where she teaches advocacy and government relations within its Non-Profit Management program.



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Amy's Agenda

- Brief introduction to Parachute
- Guiding definitions
- Bi-directional relationship between injuries and mental health
- How do we bridge this gap?
- Discussion



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Background

2009

Recognition that four national injury prevention organizations were not having the desired impact in preventing injuries

2009

Conducted a study examining how organizations could achieve more impact

2010

One Voice – Safer Canada report calls for national, unifying entity to mobilize support and gain momentum for injury prevention, elevate Canada’s international ranking in the field, and deepen and broaden access to the resources

2012

Parachute officially comes into being in July 2012 to achieve these goals



Our case

Preventable injury costs **\$20 billion** every year, is one of the leading causes of hospitalization, and unnecessarily devastates the lives of thousands of Canadians.

\$16 billion are attributable to unintentional injuries.

\$3.3 billion are attributable to intentional injuries.

Parachute envisions a future without injury.



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Guiding definitions

Unintentional injuries

- Transportation
- Falls
- Drowning
- Fire/burns
- Unintentional poisoning
- Sport
- Recreation-related

Intentional injuries

- Suicide/self-harm
- Interpersonal violence
- Homicide
- Wars

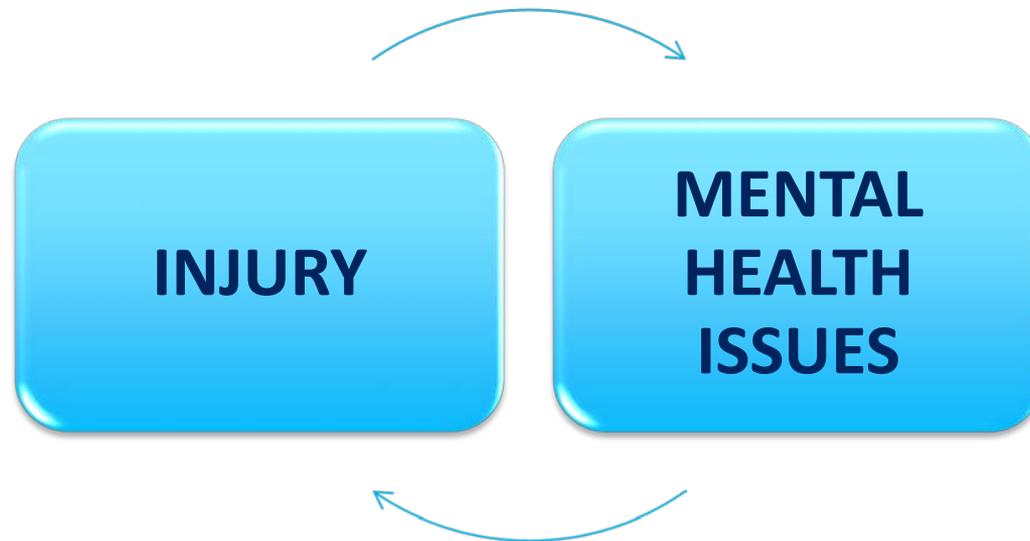


Most Frequent Causes of Injury

Cohort	Most frequent cause of injury deaths	Most frequent cause of injury hospitalizations
Children aged 1-9	Falls, fire and flames, drowning, suffocation	Falls, poisoning, being struck by or against objects, and burns and scalds
Children aged 10-14	Motor vehicle crashes, suicide, drowning and homicide	Falls, being struck by or against objects, self-inflicted injury, motor vehicle crashes
Youth aged 15-19	Motor vehicle crashes, suicide, homicide, poisoning	Self-inflicted injuries, falls, motor vehicle crashes, being struck by or against objects
Adults aged 20-64	Suicide, motor vehicle crashes, poisonings, falls	Falls, self-inflicted injuries, motor vehicle crashes, struck by or against objects
Adults 65+	Suicide, motor vehicle crashes, poisonings, falls	Falls, self-inflicted injuries, motor vehicle crashes, poisoning, being struck by or against objects

Source: Public Health Agency of Canada

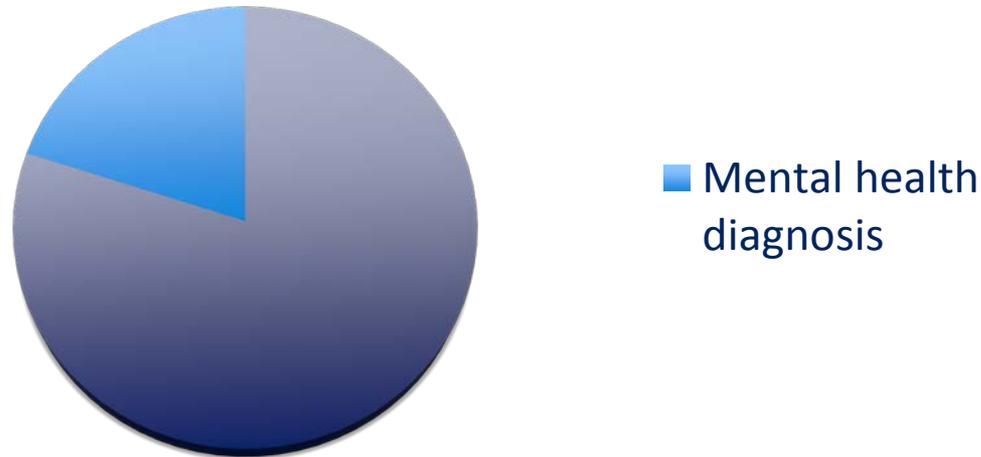
The Bi-Directional Relationship



*Risk taking Alcohol misuse Cognitive impairments Medication use
Self-harming ideation Trauma Depression Anxiety Isolation
Feelings of Hopelessness Recovery periods*

Statistics

**Of 1,709 patients admitted for
unintentional injury, 20% had a diagnosis
of mental illness**



Trauma of physical injury



Long-term psychological effects of trauma



The mechanism of depression





Post-traumatic stress disorder

- Common consequence of physical trauma
- Detrimental to short and long-term healing of physically injured individuals
- Associated with increased risks of
 - Not returning to pre-injury work
 - Decreased ability to carry out activities of daily living
 - Poorer coping mechanisms in general
 - Reduced quality of life
 - Depression
 - Anxiety
 - Alcohol abuse
 - Suicidality

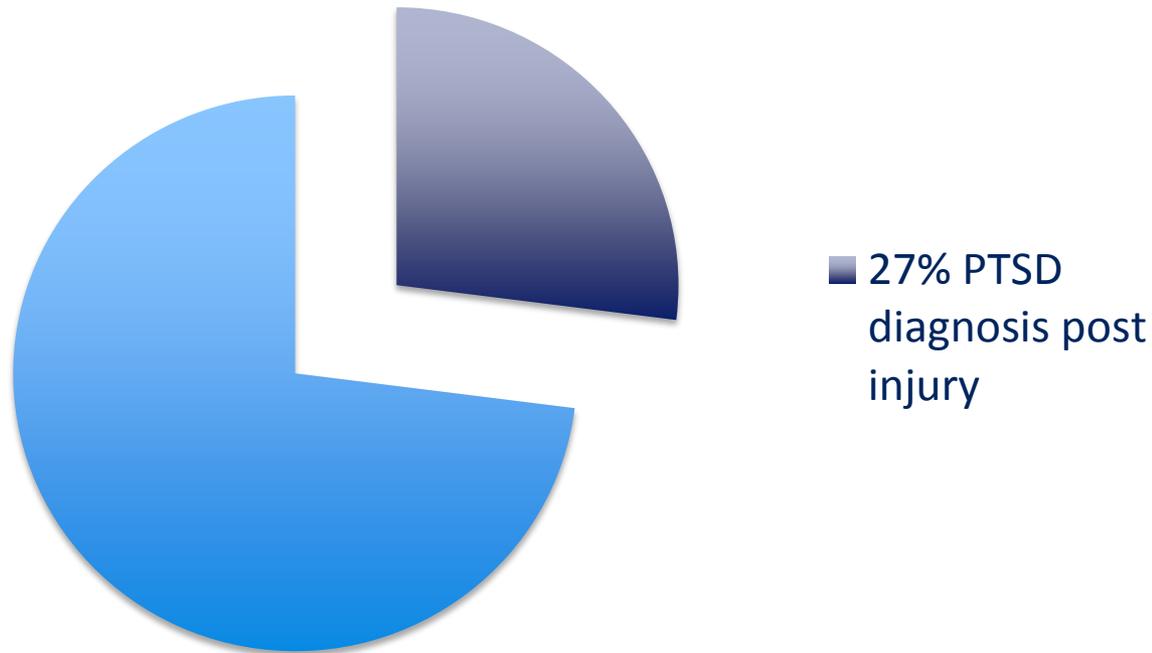
Post-traumatic stress disorder

PTSD symptoms 6 months after injury



Post-traumatic stress disorder

PTSD diagnosis following TBI and CSI





Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Depression & Anxiety

Spinal cord injury survivors up to **19 years later**, revealed **21%** of participants showed depressive symptoms at this time.

Three years following a motor vehicle related injury, **26%** described symptoms of mental health disorders, including depression.

A case study of 1560 traumatic brain injury patients found **40%** exhibiting anxiety symptoms.



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Work place injury

Three month prevalence of occupational injury was **37%** greater among workers with serious psychological distress than those without.

Being male, service and 'blue collar' occupations and activity limitation by co-morbidity were strong **risk factors** for occupational injury.

First Nations Youth

Injury rates are **four times** that of the general Canadian population.

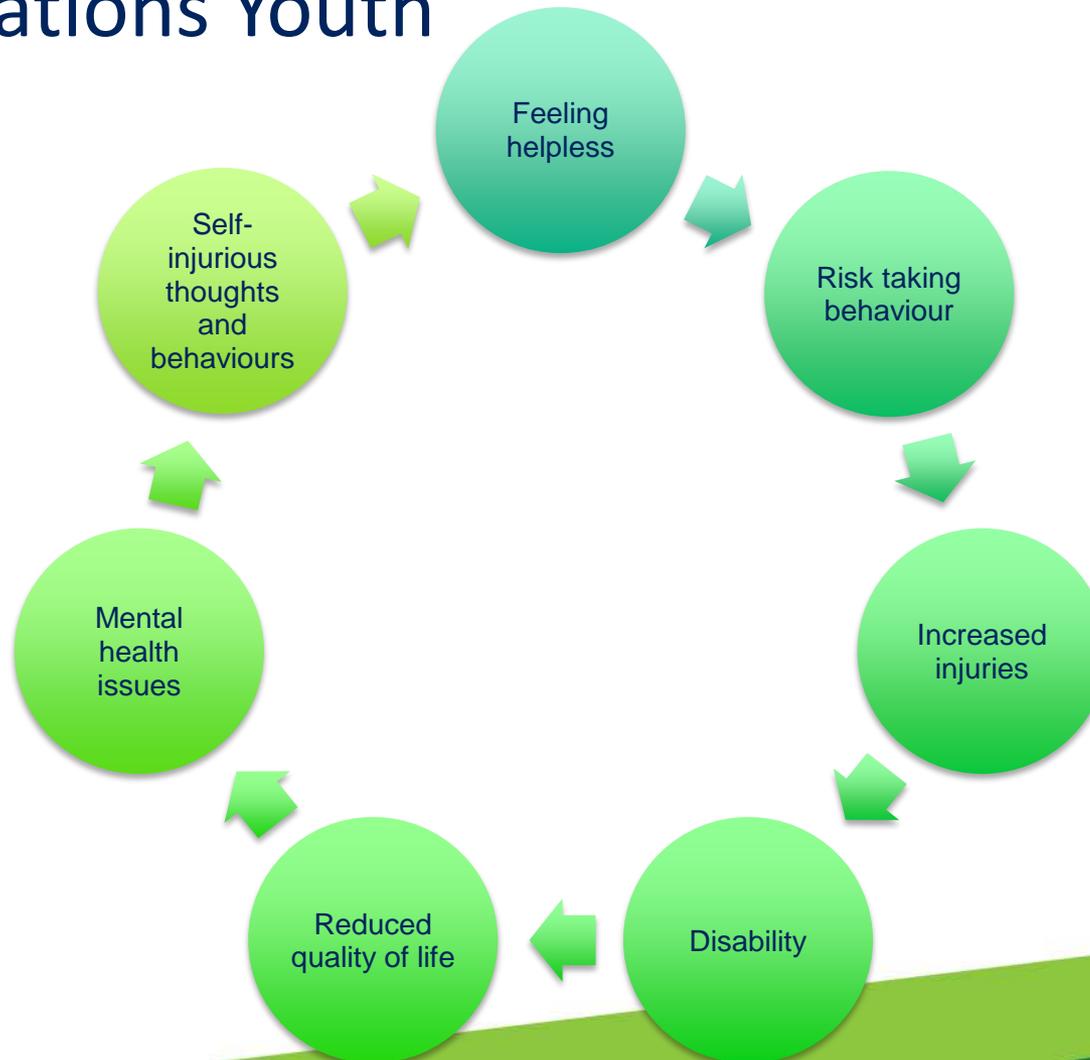
Five to seven times more likely to die from suicide than their peers in other populations.

Motor vehicle collisions, suicide, and unintentional poisoning/overdose are the most common causes of injury.

The disability rates among Aboriginal adults have been found to be roughly **double the national rate** and a large percentage of these are related to injury.

First Nations youth experience injuries **more often** and **more fatally**.

First Nations Youth





Bridging the gap

- Strong partnership development between mental health and injury prevention professionals.
- Program/treatment integration
- Service offerings to injured individuals and their families
- Including mental health strategies within all levels of prevention (primary, secondary, and tertiary)
- Routine screening, early identification and referral to treatment.
- Involvement of other community groups: public health units, school boards, and mental health treatment and counselling centres



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Bridging the gap

There can be no health without mental health.



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Questions for Amy?

More Information:

Amy Padro, MA

Manager, Government Relations

Email: apadro@parachutecanada.org

Twitter: [@ampadro](https://twitter.com/ampadro)

Parachute Website: <http://www.parachutecanada.org/>
[@parachutecanada](https://twitter.com/parachutecanada)

Continue the conversation by visiting MHCC's Collaborative Spaces:
<http://www.mentalhealthcommission.ca/English/mhcc-collaborative-spaces>

Meg Schellenberg, Knowledge Broker, MHCC

Office: 613-683-3739

Email: mschellenberg@mentalhealthcommission.ca



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Thank you!

Contact us: info@mentalhealthcommission.ca

Visit: www.mentalhealthcommission.ca

Follow us:    

*The views represented herein solely represent the views of the Mental Health Commission of Canada.
Production of this document is made possible through a financial contribution from Health Canada.*

*Les opinions exprimées aux présentes sont celles de la Commission de la santé mentale du Canada.
La production de ce document a été rendue possible grâce à la contribution financière de Santé Canada.*