Positive Mental Health & Suicide Surveillance Indicator Frameworks

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Public Health Agency of Canada
Objectives

- Present the Public Health Agency of Canada’s **Positive Mental Health & Suicide Surveillance** Indicator Frameworks

- Provide an overview of the development of the Frameworks

- Demonstrate the Infobase data tool
Definition of public health surveillance:
“the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice.” (WHO)
Surveillance Indicator Frameworks

Canadian Chronic Disease Indicators (CCDI)
The Canadian Chronic Disease Indicators (CCDI) provide information on chronic diseases, their determinants, and their risk and protective factors in Canada. Using an intuitive Data Tool, pan-Canadian estimates, time trends and data breakdowns by demographic and socioeconomic variables are provided for each indicator and their specific measures.

View

Positive Mental Health Surveillance Indicator Framework (PMHSIF)
The Positive Mental Health Surveillance Indicator Framework (PMHSIF) provides information on positive mental health outcomes and its associated risk and protective factors. Positive mental health is a state of well-being that allows us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face.

View

Physical Activity, Sedentary Behaviour and Sleep (PASS) Indicators
The Physical Activity, Sedentary Behaviour and Sleep (PASS) Indicators provide surveillance information on physical activity, sedentary behaviour and sleep behaviour risk and protective factors among Canadians. They are grouped by movement behaviour and three key domains: Individual, Family/social environment, and Built/society environment.

View
Development Process

1. Environmental scan of relevant publications and existing data sources
2. Develop a conceptual framework and inclusion criteria for indicator selection
3. Apply inclusion criteria to prioritize & finalize indicators
4. Identify measures and data sources; identify data gaps
5. Ongoing validation of indicators and dissemination activities
Framework Structure

- Individual
- Family
- Community
- Society

Outcomes
Guiding Principles:

- Socio-ecological Model
- Outcomes for all Canadians
- Lifecourse Approach
- Risk and Protective Factors
- Evergreen
Surveillance Indicator Frameworks

**Indicators**

The Indicator Frameworks are pan-Canadian resources that provide measures of chronic diseases, mental health, risk and protective factors and associated determinants. Combined with the Data Tools platform, each measure within a Framework can be visualized.

- Positive Mental Health Indicator Framework - Adults
- Positive Mental Health Indicator Framework - Youth
- Suicide Surveillance Indicator Framework – Youth & Adults
Positive Mental Health Indicator Framework
Positive Mental Health Surveillance Indicator Framework (PMHSIF): Youth

• 12-17 years of age
• Good mental health is important for maintaining good physical health and wellbeing, building healthy relationships, developing the ability to cope with unexpected difficulties
• Positive mental health has been found to reduce the risks of mental illness and related disorders
• Strengthening data collection on mental health important to inform programs and policies for improving mental health status
### Positive Mental Health Indicator Framework - Youth

<table>
<thead>
<tr>
<th>INDICATOR GROUP</th>
<th>INDICATOR MEASURE(S)</th>
<th>LATEST ESTIMATE</th>
<th>DATA SOURCE (YEAR)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POSITIVE MENTAL HEALTH OUTCOMES</strong></td>
<td>% of population who self-rate their mental health as &quot;excellent&quot; or &quot;very good&quot;</td>
<td>75.4%</td>
<td>CCHS (2014)</td>
</tr>
<tr>
<td></td>
<td>% of population who report being usually &quot;happy and interested in life&quot;</td>
<td>77.7%</td>
<td>CCHS (2014)</td>
</tr>
<tr>
<td></td>
<td>% of population who report they are &quot;very satisfied&quot; with their life in general</td>
<td>47.7%</td>
<td>CCHS (2014)</td>
</tr>
<tr>
<td></td>
<td>Mean life satisfaction rating (0–10 scale) among Grade 6–10 students</td>
<td>7.34</td>
<td>HBSC (2013–2014)</td>
</tr>
<tr>
<td>Psychological well-being</td>
<td>% of Grade 6–12 students who have high autonomy</td>
<td>74.7%</td>
<td>CSTADS (2014–2015)</td>
</tr>
<tr>
<td></td>
<td>% of Grade 6–12 students who have high competence</td>
<td>81.5%</td>
<td>CSTADS (2014–2015)</td>
</tr>
<tr>
<td>Social well-being</td>
<td>% of Grade 6–12 students who have high relatedness</td>
<td>83.1%</td>
<td>CSTADS (2014–2015)</td>
</tr>
<tr>
<td><strong>INDIVIDUAL DETERMINANTS</strong></td>
<td>In development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resilience</td>
<td>% of population aged 15–17 years who report a high level of coping</td>
<td>43.3%</td>
<td>CCHS-MH (2012)</td>
</tr>
<tr>
<td>Coping</td>
<td>% of Grade 6–10 students who report having dinner together with their family five or more times per week</td>
<td>69.8%</td>
<td>HBSC (2013–2014)</td>
</tr>
<tr>
<td>Nurturing childhood environment</td>
<td>% of Grade 6–10 students who report their family is willing to help them make decisions</td>
<td>74.2%</td>
<td>HBSC (2013–2014)</td>
</tr>
<tr>
<td>Control and self-efficacy</td>
<td>% of population aged 15–17 years who report a high level of perceived control over life chances</td>
<td>45.0%</td>
<td>GSS Social Networks (2008)</td>
</tr>
<tr>
<td>Violence</td>
<td>% of Grade 6–10 students who report they were in a physical fight at least once in the past 12 months</td>
<td>28.3%</td>
<td>HBSC (2013–2014)</td>
</tr>
<tr>
<td></td>
<td>% of Grade 6–12 students who report they have been bullied by other students in the past 30 days</td>
<td>25.1%</td>
<td>CSTADS (2014–2015)</td>
</tr>
</tbody>
</table>
Positive Mental Health Surveillance Indicator Framework

% of population who self-rate their mental health as being "excellent" or "very good", adults aged 18+ years

Source: Canadian Community Health Survey - Mental Health 2012
Suicide Surveillance Indicator Framework
Suicide Surveillance Indicator Framework (SSIF): Adults & Youth

• The PHAC-led Federal Framework on Suicide Prevention set out Canada’s strategic approach to suicide prevention in accordance with An Act Respecting a Federal Framework for Suicide Prevention (“the Framework”), which became law in December 2012.

• The Framework included a commitment to publicly report statistics on suicide-related behaviours and associated risk factors.

• PHAC developed a set of indicators necessary for comprehensive suicide surveillance to inform suicide prevention initiatives.
## SUICIDE SURVEILLANCE INDICATORS
### QUICK STATS, CANADA, 2017 EDITION

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<th>DATA SOURCE (YEAR)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUICIDE AND SELF-INFlicted INJURY OUTCOMES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide mortality</td>
<td>Mortality rate due to suicide, total population</td>
<td>11.5 per 100 000 people</td>
<td>CVS (2013)</td>
</tr>
<tr>
<td>Self-inflicted injuries, hospitalizations</td>
<td>Hospitalization rate for self-inflicted injuries (excluding Quebec)</td>
<td>50.2 hospitalizations per 100 000 people</td>
<td>DAD (2014/2015)</td>
</tr>
<tr>
<td>Self-inflicted injuries, emergency department</td>
<td>Emergency department (ED) presentation rate for self-inflicted injuries, Ontario</td>
<td>113.9 ED visits per 100 000 people</td>
<td>NACRS (2014/2015) (ON)</td>
</tr>
<tr>
<td></td>
<td>Emergency department (ED) presentation rate for self-inflicted injuries, Alberta</td>
<td>160.5 ED visits per 100 000 people</td>
<td>NACRS (2014/2015) (AB)</td>
</tr>
<tr>
<td></td>
<td>Proportion of emergency department (ED) presentations for self-inflicted injuries of total eCHIRPP cases among 10- to 24-year-olds</td>
<td>1072.8 ED visits per 100 000 eCHIRPP cases</td>
<td>eCHIRPP (2011–2016)</td>
</tr>
<tr>
<td>Suicidal thoughts</td>
<td>% of the population aged 15+ who report ever having serious thoughts of suicide or taking their own life (lifetime)</td>
<td>12.3%</td>
<td>CCHS (2015)</td>
</tr>
<tr>
<td></td>
<td>% of the population aged 15+ who report having serious thoughts of suicide or taking their own life in past 12 months</td>
<td>2.5%</td>
<td>CCHS (2015)</td>
</tr>
<tr>
<td>Suicide plans</td>
<td>% of the population aged 15+ who report ever making a suicide plan (lifetime)</td>
<td>4.5%</td>
<td>CCHS (2015)</td>
</tr>
<tr>
<td></td>
<td>% of the population aged 15+ who report making a suicide plan in past 12 months</td>
<td>0.8%</td>
<td>CCHS (2015)</td>
</tr>
<tr>
<td>Suicide attempts</td>
<td>% of the population aged 15+ who report ever attempting suicide or to take their own life (lifetime)</td>
<td>3.4%</td>
<td>CCHS (2015)</td>
</tr>
<tr>
<td></td>
<td>% of the population aged 15+ who report attempting suicide or to take their own life in past 12 months</td>
<td>0.4%</td>
<td>CCHS (2015)</td>
</tr>
</tbody>
</table>
At-a-glance

A contextual analysis of the Suicide Surveillance Indicators

Robin Skinner, MSP; Brittany Irvine, MA; Gabriela Williams, MSc; Caryn Pearson, MA; Jaskiran Kaur, BHSc; Xiaoquan Yao, MSc; Lee Merklinger, MA; Tanya Lary, MA

• Having symptoms consistent with a mood or an anxiety disorder was significantly associated with suicide-related behaviours 
  (OR = 18.1, 95% CI: 14.3–23.0)

• Reporting a diagnosis of schizophrenia/psychosis was also significantly associated with suicide-related behaviours 
  (OR = 10.6, 95% CI: 6.9–16.1)

• Reporting a diagnosis of an eating disorder was also significantly associated with suicide-related behaviours 
  (OR = 13.0 (95% CI: 5.6–30.3)
Further Reading:


