



**A Submission on Bill C-277 An Act to establish a national strategy on  
brain injuries to the House of Commons Standing Committee on  
Health**

## **The Case for a National Strategy on Brain Injury**

Brain Injury Canada believes it is time to tackle one of the most prevalent yet underrecognized health conditions affecting Canadians. In Canada, many brain injuries are still seen as a single event such as a car accident, an assault, a stroke, or an overdose. For many people, it is the start of a chronic, complicated and progressive condition that will impact them and their family for the rest of their life.

A national strategy will provide a unified approach and improvement in health outcomes for those living with brain injury now and in the future by ensuring:

- Coordinated and consistent efforts across provinces/territories.
- A reduction in health care disparities.
- Enhanced access to care and standardized data collection on incidence and prevalence to better inform policy and resource allocation to where it is needed.

National strategies exist for mental health, diabetes, HIV/AIDS and cancer. The time is long overdue for a national strategy on brain injury to support the millions of Canadians living with it everyday.

## **The Impact of Brain Injury**

By 2031, traumatic brain injury (TBI) is expected to be among the most common neurological conditions affecting Canadians, along with Alzheimer's disease and other dementias, and epilepsy.<sup>i</sup>

TBI occurs at an annual rate of 500 out of 100,000 individuals. That is approximately over 190,000 in Canada. This equals over 500 people every day.<sup>ii</sup>

When injury due to stroke or other non-traumatic causes is included, close to 4% of the population lives with brain injury. That equates to over 1.5 million Canadians living with acquired brain injury.<sup>iii</sup>

This number does not include concussion. A study found that in 2022, just over 573,000 Canadians aged 12 and older (about 2%) reported they suffered a concussion in the past year.<sup>iv</sup>

Brain injury does not discriminate by age, religion, sex, gender, or socioeconomic status. Brain injury can impact every aspect of a person's life. This includes changes to their independence, abilities, work, and relationships with family, friends, and caregivers. Many people experience long-term disability due to cognitive, physical, emotional, behavioural and communication impairments.

Brain Injury is also highly intersectional, which means that it contributes to and is affected by personal circumstances & systemic barriers.

### **Mental health**

- An individual has a significantly greater chance of developing a diagnosable mental illness after sustaining an acquired brain injury.<sup>vii</sup>

- A Canadian longitudinal cohort study found adults with concussion committed suicide at three times the population norm.<sup>vii</sup>

#### Homelessness

- One in two (53% of) homeless people experience a TBI, and one in four (25%) experience a TBI that is moderate or severe.<sup>viii</sup>
- This population is more likely to:
  - Report unmet health care needs
  - Have contact with the criminal justice system
  - Be suicidal or have previously attempted suicide
  - Use emergency departments<sup>ix</sup>

#### Intimate Partner Violence (IPV)

- 35-80% of women affected by IPV experience symptoms of traumatic brain injury.<sup>x</sup>
- Up to 92% of IPV incidents involving hits to the head and face, and strangulation.<sup>xi</sup>
- It is reported that up to 75% of women do not seek medical care for suspected brain injury.<sup>xii</sup>

#### Problematic Substance Use

- About 20% of people who survive a traumatic brain injury will develop a new problem with substance use.<sup>xiii</sup>

#### Incarceration

- The incidence of incarceration is higher among those with prior traumatic brain injury (TBI) compared with those without a prior TBI. Men and women who had sustained a TBI were about 2.5 times more likely to be incarcerated than men and women who had not sustained a TBI.<sup>xiv</sup>

When you add in the invisible nature of brain injury, the lack of appropriate services and supports, as well as lack of awareness in the general population, even more barriers are created.

### Recommendations

A national strategy on brain injury is a key part of the solution. The incidence, prevalence, burden, and economic impact of brain injury can no longer be ignored. The following recommendations should be considered by the committee:

#### Guided by lived experience:

- The government is encouraged to establish a task force inclusive of policy makers, medical/allied health, community agencies, brain injury associations and Indigenous

groups, and **most importantly individuals and families with lived experience to guide the development of a national strategy.**

#### Focus on Long-term Support and Care:

- Current policies mostly focus on acute injury response and rehabilitation. A national strategy will necessitate a shift towards a health care system that provides ongoing care and support for individuals throughout their lifetime.

#### Reallocation of Health care Resources:

- Informed and appropriate reallocation of health care utilization dollars to better support those living with the effects of brain injury, including funding for specialized care, support services, and rehabilitation programs specifically designed for the person's long-term needs.

#### Standardized Data Gathering and Surveillance:

- Improve data collection of both incidence and prevalence of brain injury. Data can then be used to drive policy decisions and health care strategies at the provincial and territorial levels of government.
- Designate moderate to severe traumatic brain injury as a chronic condition under the Canadian Chronic Disease Surveillance System.

#### Research and Treatment Development:

- Focus research across the spectrum of brain injury from acute care to community-based services and interventions.

#### Addressing Health Disparities:

- Highlight and address health disparities among different population groups, such as Indigenous Canadians, who face a disproportionate impact of TBI due to systemic issues like poverty and limited health care access.

#### Socio-Economic Policies:

- Strengthened policy development to address intersectional challenges such as housing insecurity, homelessness, mental health, addictions, intimate partner violence and unemployment/underemployment to ensure people have the supports they need to live well.

## Education and Awareness:

- Foster education and awareness in both: health care professionals related to brain injury treatment and the rehabilitation and recovery of persons living with a brain injury; and the general public to increase understanding and empathy and decrease stigmatization providing an overall increase in health outcomes and community engagement.

## Conclusion

Brain injury is a lifelong, complex health condition that affects not just the individual, but the people around them. With proper supports and recognition of the challenges associated with brain injury, we can all work together to improve the health outcomes of the brain injury community. A national strategy on brain injury will not solve every issue—but it will be a positive, momentous step towards meaningful support for the millions of Canadians affected by brain injury. It will be a clear message that the Government of Canada is committed to working with the community to improve care.

## About Brain Injury Canada

The mission of Brain Injury Canada is to empower and connect the brain injury community through education, advocacy and collaboration, creating lasting positive impacts.

The Board, Staff and volunteers of Brain Injury Canada are dedicated to facilitating post-trauma research, education, awareness, and advocacy in partnership with national, provincial, territorial, and regional associations and other stakeholders/partners.

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<sup>i</sup> Public Health Agency of Canada, “Mapping Connections: An Understanding of Neurological Conditions in Canada,” Ottawa, 2014.

<sup>ii</sup> Langois JA, Rutland-Brown W, Thomas KE, *Traumatic Brain Injury in the United States, Emergency Department Visits, Hospitalizations, and Deaths*. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2006.

<sup>iii</sup> The United States Centers for Disease Control. *The USCDC underestimates the actual rate as their data does not include data for over 500,000 treated by physicians during office visits in outpatient setting, unreported injuries (25% of all mild to moderate TBI's) and data from federal, military, or Veteran's Administration hospitals. The US data is compatible and relevant for Canadian population estimates.*

<sup>iv</sup> <https://www.statcan.gc.ca/o1/en/plus/5563-concussions-happen-home-too>

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- <sup>v</sup> Hibbard et. al, Axis 1 psychopathology in individuals with traumatic brain injury. *Journal of Head Trauma Rehabilitation*, 1998;13, 24-39.
- <sup>vi</sup> Koponen S et. al, Axis 1 and 11 psychiatric disorders after traumatic brain injury: a 30-year follow-up study. *The American Journal of Psychiatry*, 2002; 159: 1315-1321.
- <sup>vii</sup> Fralick M, Thiruchelvam D, Tien HC, Redelmeier DA. Risk of suicide after a concussion. *CMAJ*. 2016; 188(7):497-504.
- <sup>viii</sup> Jacob L Stubbs, Allen E Thornton, Jessica M Sevick, Noah D Silverberg, Alasdair M Barr, William G Honer, William J Panenka. Traumatic brain injury in homeless and marginally housed individuals: a systematic review and meta-analysis. *The Lancet Public Health*, 2019; DOI: 10.1016/S2468-2667(19)30188-4
- <sup>ix</sup> [Health outcomes research on homelessness, brain injury. St. Michael's Hospital](#)
- <sup>x</sup> Kwako LE, Glass N, Campbell J, Melvin KC, Barr T, Gill JM. Traumatic brain injury in IPV: A critical review of outcomes and mechanisms. *Trauma Violence Abuse* 2011; 12:115–126
- <sup>xi</sup> A. S. Ivany and D. Schminkey, "Intimate partner violence and traumatic brain injury: State of the science and next steps," *Fam. Community Heal.*, vol. 39, no. 2, pp. 129–137, 2016
- <sup>xii</sup> E. Valera and H. Berenbaum, "Brain injury in battered women," *J. Consult. Clin. Psychol.*, vol. 71, no. 4, pp. 797-804, 2003
- <sup>xiii</sup> Corrigan, J. D. (1995). Substance abuse as a mediating factor in outcome from traumatic brain injury. *Archives of Physical Medicine and Rehabilitation*, 76 (4), 302-309
- <sup>xiv</sup> McIsaac KE, Moser A, Moineddin R, et al. Association between traumatic brain injury and incarceration: a population-based cohort study. *CMAJ Open*. 2016;4(4):E746-E753. Published 2016 Dec 6. doi:10.9778/cmajo.20160072