



Daymark  
Foundation



2021/22  
Funding  
Review

Championing **brighter, bolder, more human** solutions to improve mental health in Canada.

To be  
better, we  
must dare  
to do  
better.



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## OUR MISSION

# We seek to champion brighter, bolder more human solutions to improve mental health in Canada.

Founded by the Michael H. McCain Family in 2020, the Daymark Foundation aims to transform the way we think about and address mental health in Canada. We are united in our resolve to measurably improve outcomes at scale.

We recognize the complexity of the issues we seek to address, and understand the limits of traditional grantmaking. More than just a funder, we seek to work closely with our partners and grantees towards shared goals, and we walk alongside organizations and leaders who share our passion for improving mental health in our two priority areas: Women's Mental Health and Bipolar Disorder.

Think Systemically

Play the Long Game

Unblinking Funding

Engage Meaningfully

Impact

Measure

Learn and Reflect

# Message From Our Leadership



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Vani Jain & Lauren Jones-Davies

The Daymark Foundation was founded on October 19, 2020. On that day, we opened our laptops, rolled up our sleeves, and began creating a new family foundation from the ground up.

Starting with a blank slate is both wonderful and daunting: we knew that we had two priorities (women's mental health and bipolar disorder) along with an ambitious drive for transformative change, but the rest was yet to be determined.

We are so thankful to all the stakeholders, leaders and experts in both those fields who have lent us their time as we tried to find a niche for ourselves in these two incredibly underserved fields. Among these we found our initial partners and grantees, who came with us on this journey as we explored ways to achieve population-level impact in perinatal mental health and bipolar disorder. Hearing the stories through these organizations' own words (as you will read in this Review), we continue to be inspired and in awe of their work.

To say that our 15 grantees and partners are diverse is an understatement. They range from small grassroots groups founded by people with lived experience, to professional associations changing clinical practice, to clinician-scientists developing and testing new interventions – and everything in between. But the one thing they have in common is their passion: each and every one of them has a deep, personal commitment to improving mental health.

We are pleased to give you a glimpse into their worlds.

Yours in service,

Vani Jain  
Executive Director

Lauren Jones-Davies  
Executive Chair

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# Grants Snapshot

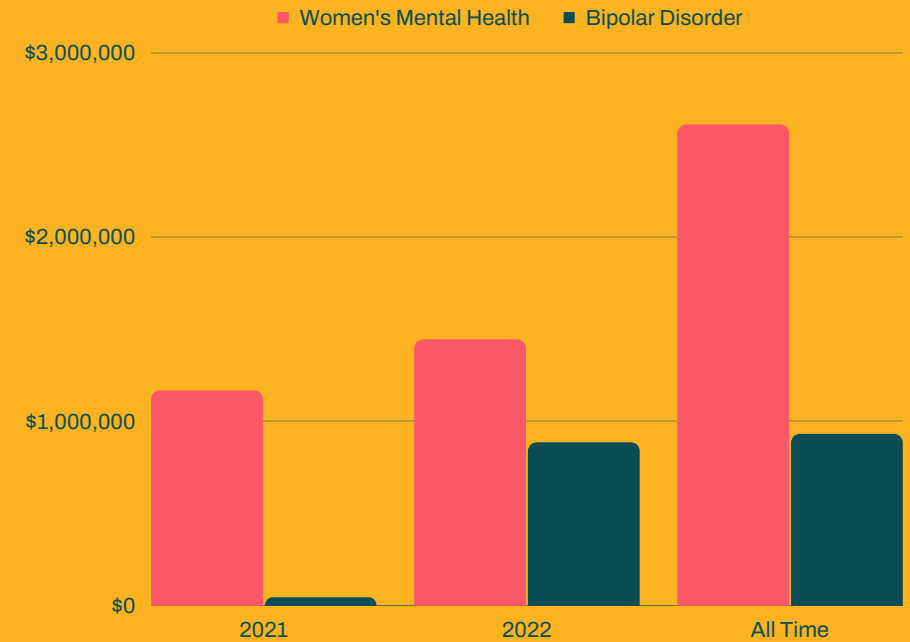
**17**  
Grants Awarded

**15**  
Partner Organizations

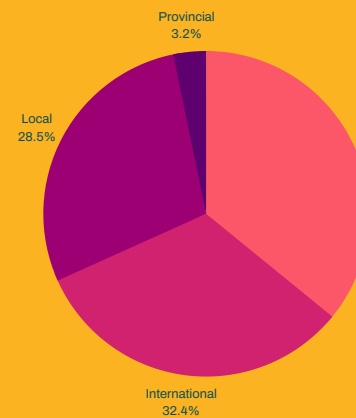
**\$208,207**  
Average Grant Size

## Granting Breakdown

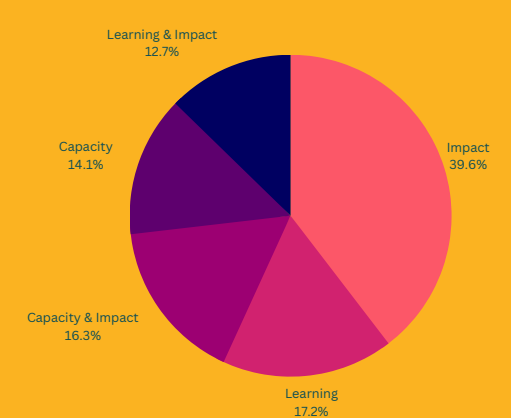
By Priority Area



By Geographic Scope



By Granting Stream



# Our Partners in Women's Mental Health

## Piloting a virtual perinatal mental health platform



“Mental health issues during and around the time of pregnancy are so unbelievably common, yet as few as 20% actually receive treatment,” explains Simone Vigod, women’s health psychiatrist and clinical researcher. “I’ve worked for years as a perinatal mental health specialist – I know the literature, I know we have effective existing treatments. So, if we can make sure that people get those treatments, we should be able to help way more than that 20%.”

Instead of putting their focus on creating new treatments, Simone and her team started by asking themselves whether and how they could increase access to and uptake of existing treatments by creating a more coordinated system of care. This led them to develop MOVIN: a virtual screening, referral, and care platform for perinatal women to be able to access the right intensity of care based on their level of need.

“In our pilot study, 75% of women were in remission at the end of six months, and only two of them needed to see a reproductive psychiatrist,” shares Simone. “In our control group who didn’t use the platform, 50% were unwell.”

For Sara Byrnell, VP of Philanthropy & Partnerships at Women’s College Hospital Foundation, this approach is “Really about getting to the heart of the issue and optimizing and innovating how we use what’s already at our disposal.”

To make the platform more inclusive, the team set up a diversity committee and conducted a diversity audit. “Our pilot project had already been funded, and the additional support from Daymark was crucial in enhancing how we included and appealed to a diverse group of pregnant and postpartum people,” says Simone.

Women's College Hospital



## Uniting Newfoundland and Labrador to advance perinatal mental health

“Newfoundland and Labrador has the second highest rate of perinatal mood and anxiety disorders in the country,” says Dr. Archana Vidyasankar, perinatal psychiatrist and chair of the Perinatal Mental Health Alliance of Newfoundland and Labrador. “We realized that there were individuals and organizations that wanted to do more for perinatal mental health or were already doing great work, and there was an opportunity to unite our efforts.”

After several years of informal conversations, PMHANL launched in 2020 to formalize a coordinated approach among perinatal mental health stakeholders. “There are institutional and community supports but no real bridge to know what others are doing between these two worlds,” explains Archana.

“This issue impacts so many groups across government, healthcare, and community, and communicating the same message is so important to advancing the issue.”

Last year, the Alliance developed a strategic plan and formed a new Board of Directors. They were also pivotal in including perinatal mental health in the province’s suicide prevention strategy and in the formation of a government task force. “What’s amazing about our province is the relationships that can be built – it’s not a far reach to communicate with those in government or high up healthcare positions.”

For Maria Gentle, Executive Director at PMHANL’s backbone organization, YWCA St. John’s, the Alliance’s work is far-reaching. “When we lift up the voice of women and gender-diverse people, we know the ripple effects this can have on the wellbeing of communities and families across the province. Our collaboration works because of our shared values and vision for gender equity.”

**Perinatal Mental Health Alliance of Newfoundland and Labrador (PMHANL)**



## Improving perinatal mental health from the top down and bottom up

Improved perinatal care requires change at both the top and at the grassroots. For policy makers, objective data is critical to demonstrating the extent of the issue and the cost of the status quo. For practitioners, practical guidance is needed to influence improvements to care. Led by Jocelynn Cook, Chief Scientific Officer, the Society of Obstetricians and Gynaecologists of Canada (SOGC) has undertaken two projects aimed at these core elements in the trek towards achieving the ideal perinatal mental healthcare system.

“The biggest challenge with data collection is that it’s inconsistent across Canada,” explains Jocelynn. “Provinces collect different perinatal data and manage their data differently.” Through its data project, SOGC’s ultimate goal is to paint a clearer picture on the state of perinatal mental health by improving data surveillance and making recommendations for standardized data capture.

“Another big challenge we have is developing care guidelines for women’s healthcare providers that are relevant, feasible, and don’t get lost in the paperwork,” Jocelynn adds. In its clinical guidelines project, SOGC is setting the standard of care for its members, who include OBGYNs as well as midwives, perinatal nurses, and family doctors.

“There’s increasing recognition that we need to pay attention to perinatal mental health and there is a huge opportunity to do better,” explains Jocelynn. “There’s a push to have data that shows what’s happening, and there’s also a push for healthcare providers to be equipped to respond to patients’ needs.”

**Society of Obstetricians and Gynaecologists of Canada (SOGC)**

## Bringing together community, culture, and care to advance Black maternal health



It still takes a village to raise a child – thankfully, that village is growing

Elsie Amoako was a graduate student when she first began looking more deeply into the perinatal health experiences of equity-deserving groups. “I spent many years learning about the challenges that women and especially African, Caribbean, Black (ACB) and Latina women face in accessing perinatal health services, including the challenges they experience with receiving care that encompasses the wholeness of their experiences and contexts.”

In 2017, Elsie founded Mommy Monitor to improve Black and racialized maternal health and birth outcomes in Canada. First launching as an educational source and smartphone app, Mommy Monitor has evolved into a holistic virtual perinatal healthcare centre, offering access to a range of customized culturally safe perinatal health care services and social supports.

### Mommy Monitor

“This idea of bringing together community, culture, and care into one place is what led to the development of Mommy Monitor,” says Elsie.

Elsie recalls Mommy Monitor’s first client. “She was a young 24-year-old woman who had severe fibroids, had been pregnant several times before, had multiple miscarriages, and now found herself pregnant once again in an unsafe relationship while also experiencing housing insecurity,” she explains. “There were all these factors, and we provided a whole team of care providers to meet her specific situation, with ongoing support and monitoring. This young woman ended up giving birth to a healthy baby boy, and it was at that moment that we realized, ‘Oh, this is actually possible in healthcare.’”

Mommy Monitor is looking forward to a rebranded launch in 2023, as well as growing its team and capacity to be able to care for more African, Caribbean and Black and racialized women.

In 2008, Claire Zlobin founded a parent peer support network called Life With A Baby (LWAB) following her experience with postpartum depression and the feelings of isolation, anxiety, and loneliness that came with it. Through everyday supports like coffee meet-ups, stroller walks, and workshops, LWAB provides a gateway to peer-led mental health supports for pregnant and new parents who need it.

“This is a volunteer-led organization, and for many moms, their prior experience was lonely and isolating,” explains Claire. “This is an early and low-cost intervention to catch you before you fall through the cracks.”

Foundation Manager Allison Flynn-Bowman sees the value in connection between new moms and parents. “We had a coffee meet-up for the first time in a long while since the onset of the pandemic. There were six moms there, and we had the opportunity to catch up and share updates about how our kids have progressed over the years. There was just an amazing sense of camaraderie in that moment.”

This year, the team is working to resume their in-person programming and also have their eyes on furthering their reach. “The pandemic has been long and challenging for us, and many of the programs and community events we had planned had to be halted or shifted to virtual interactions,” notes Claire. “We can finally take our foot off the break and are starting to see rejuvenation in our programming, including a new peer train-the-trainer program.”

During the pandemic, Life With A Baby worked on a new strategic and sustainability plan, as well as a communications and engagement strategy, to support their expansion across Canada.

### Life With A Baby (LWAB)





## Two Barrie moms on a mission to advance perinatal mental health

Access to care is a major issue in perinatal mental health. Looking for a solution, two moms from Barrie, Ontario teamed up in 2019 to form the Canadian Perinatal Mental Health Collaborative (CPMHC): an organization that advocates for and raises awareness about the need for increased access and more timely perinatal mental health services.

“We started out as just the two of us in a coffee shop, but have evolved into a movement of experts, advocates, and leaders in perinatal mental health from across Canada,” says Patricia Tomasi, co-Executive Director. “We’re already starting to see policy and practice changes.”

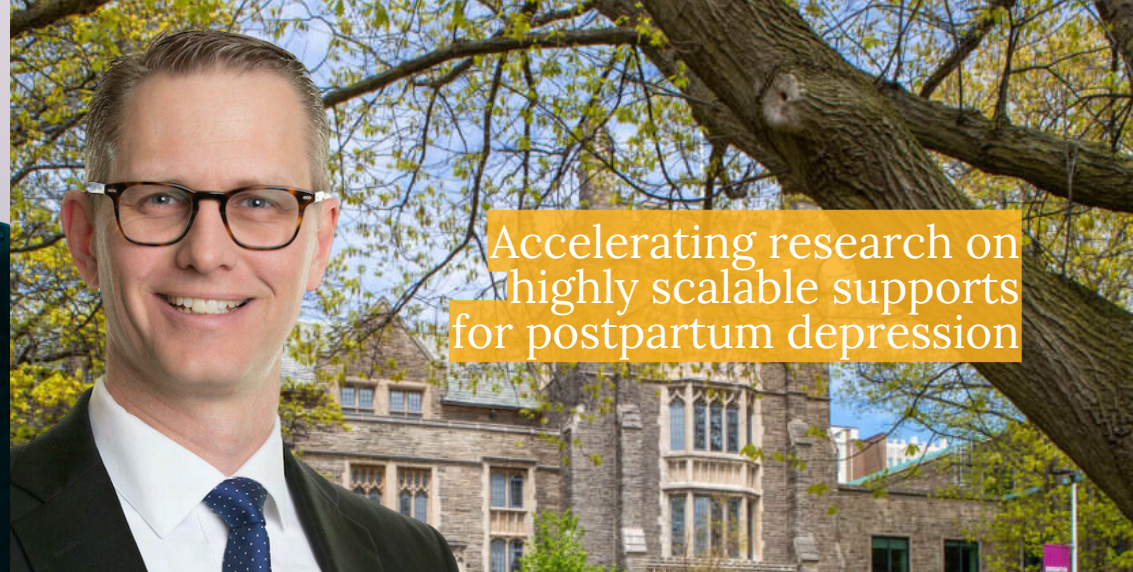
In 2022, CPMHC led its first Flora’s Walk campaign in 20 Canadian cities. Named after a woman who died as a result of postpartum psychosis, this event is a rallying cry for leaders and people with lived experience alike.

**Canadian Perinatal Mental Health Collaborative (CPMHC)**

At the Ottawa walk, there was government recognition for World Maternal Mental Health Day, as well as an in-person meeting with the Prime Minister. In 2023, Flora’s Walk will take place in 40 cities.

As a young organization, CPMHC is trying to build its capacity to advocate effectively. “It can be really difficult when you finally get an issue before government and it gets dismissed or there isn’t any follow-through,” notes Jaime Charlebois, co-Executive Director. “There are so many competing priorities like COVID and the opioid epidemic, and we just need to take more time to speak with decision makers and build awareness.”

This past year, CPMHC developed a new strategic plan, formed a new Board of Directors, and strengthened their skills in government relations. Looking ahead, they plan to catalyze and train provincial and territorial advocacy chapters. “We want to help increase the capacity of advocates at the local level as they communicate with MPs and MPPs, while strengthening our collective voice nationally.”



## Accelerating research on highly scalable supports for postpartum depression

On average, it takes 17 years for new research to be adopted in real-life settings. For perinatal mental health in particular, where timely access to care can make all the difference between a mild case becoming a severe case, this lag in research to practice is a significant roadblock.

For Ryan van Lieshout, perinatal psychiatrist and principal investigator of the EPOCH Lab research group, the translation of research on new, more efficient models for service delivery is critical. “The healthcare system is experiencing a resource crunch now more than ever before,” says Ryan. “Shifting tasks to non-specialists has the potential to increase access to care.”

Currently, Ryan and his team are conducting several studies to test task shifting in the context of treating postpartum depression, with the aim of developing low-cost, low-intensity, highly scalable interventions that could be delivered by nurses or even peer supporters.

“One of the biggest joys in my career has been training peers, watching them grow into outstanding facilitators, and seeing them help hundreds of women recover,” says Ryan.

For Nancy Lloyd, clinical research coordinator, these studies have a personal connection. “I personally experienced postpartum depression with my first child, and it was a very difficult thing to get through,” she says. “I want to do my part to help other women.”

This year, the team is continuing to test the effectiveness of different treatment models, and scale the ones that already have a strong evidence base. So far, they’ve received interest from Public Health Units across Ontario and major healthcare organizations in the US and Europe. “It’s amazing to think that ideas I developed could have a real-world impact not only in Canada but also internationally, and that these workshops could help people who need it most,” says Ryan.

**EPOCH Lab**



## Enhancing perinatal mental health capacity in family support centres across Canada

## Enabling primary perinatal care providers to address mental health

Family support centres – which are also known as family resource centres, Indigenous friendship centres, or early years centres, among others – are community-based organizations where families with young children can seek support including women in their reproductive years. Maternal-child health and parenting programs are some of the most common supports offered in these spaces.

For Families Canada, the national association of family support centres, the COVID-19 pandemic increased demand for perinatal mental health support. “Staff told us that they didn’t have the training or capacity to provide mental health support to women who are pregnant or in the postpartum period,” recounts Zindu Salih, President and CEO of Families Canada.

“The family support sector isn’t as well-recognized as other sectors such as childcare, but they really are a key touchpoint in a woman’s perinatal journey.”

Families Canada is conducting an assessment to better understand the needs of family support centre staff in supporting perinatal women and birthing people. This will inform the identification of evidence-based supports, which could then be implemented in family support centres across the country.

For Zindu, this work is just the beginning. “I hope this year we can finally look beyond meeting the immediate needs caused by the pandemic, and instead shift our focus towards how we can set families up for sustainable, long-term success.”

One of the biggest challenges in perinatal mental health is access to care. Many women and birthing people experiencing mental health challenges are referred to specialty psychiatrists with long wait lists.

“A psychiatrist isn’t necessarily needed for mild-to-moderate mental health concerns,” says Beth Tupala, Project Coordinator for the Ask Masi project. “Our goal with Ask Masi is to build the capacity of perinatal care providers to support their patients’ mental health where possible while allowing specialist services to see those with more severe or urgent mental health concerns in a timely manner.”

Ask Masi provides a “phone-a-friend” service whereby perinatal care providers can speak to a psychiatrist in real-time to get advice on patient care. Beyond the phone service, Ask Masi also builds capacity through educational workshops and toolkits for care providers.

“Healthcare is a complex machine,” says Jasmine Gandhi, psychiatrist and Principal Investigator for Ask Masi. “A key challenge is culture and structural change – even once this phone service is in place, we still need perinatal care providers to willingly take on mental health as part of the routine care they provide. They will require the time and conditions in place to do so.”

Based on the highly successful MCPAP for Moms program in the US, Ask Masi has a strong evidence base. By the fall of 2023, they hope to have the service up-and-running among care providers connected to The Ottawa Hospital, before then expanding to other regions.

*“Ask Masi” project by  
The Ottawa Hospital, Ottawa  
Birth & Wellness Centre, and  
Champlain Maternal  
Newborn Regional Program*

Families Canada



## Texting to promote expecting and new moms' health and wellbeing

We live in a world with no shortage of information, yet getting timely, evidence-based guidance on pregnancy and parenting can still be a challenge. Less than 30% of Canadian parents attend prenatal classes due to cost of classes, transportation barriers, or even stigma. Those who rely on the internet for guidance may suffer from information overload and even faulty information.

For Dr. Patricia Janssen, a UBC Professor in Public Health who developed SmartMom and SmartParent, this challenge in connecting with high-quality information poses serious issues for both mom and baby. "If expecting or new moms have been making poor health decisions or experiencing health issues for quite some time before seeing a care provider – that's too late," she says. "If we want to promote physically and mentally healthy pregnancies, postpartum experiences and newborn health, then we need to proactively give people the right information at the right time."

This can include guidance on lifestyle changes, help-seeking, and even simple things like remembering when to book an appointment.

SmartMom is an automated one-way text messaging service that launched in 2017 as a means to deliver information to Northern British Columbians who couldn't access prenatal classes. "Most people have a mobile phone" says Patti. "So we thought, why not try sending them some of the information they'd receive in prenatal classes by text?" SmartParent, started in 2020, offers similar messages to new parents throughout baby's first year. Expecting and new parents sign up with their mobile phone number and start receiving customized text messages based on the user's gestational period or their baby's age.

SmartMom/Parent has been used by more than 14,000 people in BC, and versions for remote Indigenous communities and teen parents are under development. This year, the SmartMom/Parent team is conducting a large-scale randomized controlled trial and working with strategists at Spring Impact to develop a strategy for scaling across Canada.



## Exploring the therapeutic benefits of psychoeducation via social media

Researchers Dr. Molly Waring of the University of Connecticut and Dr. Cindy-Lee Dennis of the University of Toronto have teamed up to explore how moms and moms-to-be are interacting with psycho-educational social media and digital content, and whether these could have positive mental health benefits.

"Social media can be a wonderful place to connect with other moms, share realistic experiences about the realities of motherhood, and disseminate useful information about mental health," says Molly. "Some studies say that more social media use leads to people being more depressed, but it really depends on the type of content they're interacting with."

Erica Djossa is the Founder of Momwell, whose platform reaches nearly 400k followers on Instagram and is the basis for the study.

"I had three boys back-to-back and I struggled with postpartum depression and anxiety," says Erica. "This generation of moms is on social media, so I began sharing posts about maternal mental health and the response was enormous. I came to realize that what I was doing was actually a form of care that was helping moms feel heard and less alone."

The team is interested in seeing whether this form of care can be validated scientifically. "We know anecdotally that women interacting with these types of content may seek help sooner," adds Molly. "This could have potential in preventing or reducing the severity of mental illness among mothers."

# Our Partners In Bipolar Disorder

## Empowering Canadians to self-manage their mental health



Founded in Quebec, Relief offers self-management workshops for those living with anxiety, depression, and bipolar disorder. “Everyone, and especially those with a mental health condition, need to be able to manage their own health,” says Martin Binette, Senior Director of Development and Growth. “Our self-management workshops provide tools to know the symptoms and signs to help people prevent the onset of mental illness or manage their condition through simple everyday strategies.”

While self-management has a deep evidence base, access to support on applying it to everyday life is few and far between. “We have a high success rate in helping people reach recovery and navigate the ups and downs of life,” explains Martin. “Our goal is to have the same success outside of Quebec and help as many people as possible across Canada.”

For Martin personally, self-management was key to managing his general anxiety disorder. “Ten years ago, I reached a low point and I desperately wanted a sense of control over my life, but I couldn’t do it alone. Most people think they need to be on a waiting list to get help, but Relief is able to deliver services in a very short time and has been shown to complement the effectiveness of psychiatric treatment.”

Relief is currently working to train up other organizations to deliver self-management workshops. “This is one way that we plan on expanding outside of Quebec. Right now, we deliver about a hundred workshops each year out of our Montreal office, but we’ve been able to quadruple that by building capacity in others.”

Relief



## Advancing research and care with and for people with bipolar disorder

“People with lived experience are often left out of decisions about what research gets done to address bipolar disorder (BD),” says Dr. Erin Michalak, Founder and Director of the CREST.BD research network. “Research into biomedical treatments is important, but living a flourishing life also requires social support and empowerment.” The Daymark Foundation has funded CREST.BD on two projects: one aimed at co-creating a common agenda for research and care in Canada, and the other on digital self-management tools.

On the first project: “We’re looking to bring together clinicians, researchers, people with lived experience and their family members to better understand their priorities,” explains Erin.

“These groups often have different ideas about what positive outcomes look like, so our project looks to identify commonalities that could inform how we approach research and care through a common roadmap.”

Dr. Steven Barnes is the network’s Deputy Lead and has lived experience with BD. “Much of the research tends to focus on ‘which drug is better than which drug’”, he says. “Medication is half the battle as you’re often still grappling with high highs and low lows.” For their second project, the team is slated to release the PolarUs mobile app, which provides users with customized strategies to help people improve their quality of life.

“It’s been a pleasure working alongside people with lived experience as they bring their expertise to this work,” says Dr. Lisa O’Donnell, network member and collaborator. “They’re living full lives and are so passionate about being involved.”

CREST.BD



## Improving bipolar disorder case finding in primary care

“It takes an average of six years between symptom onset and receiving a diagnosis for bipolar disorder,” explains Brianne Kirkpatrick, Principal Advisor at The Behavioural Insights Team Canada. “We wanted to understand whether behavioural science could help family doctors and psychiatrists reduce this time lag and the negative impacts of this disease on people’s quality of life.”

Brianne’s team spoke with physicians across Canada to understand the barriers to identifying bipolar disorder in the primary care context. “Psychiatrists are specialists in diagnosing bipolar disorder, but family doctors are often the gateway to these more specialized mental health professionals,” says Brianne. “One of the things we looked at was simple ways to better connect psychiatrists and family doctors to make diagnosis quicker and more accurate.”

The team also looked at how administrative staff could play a role. “Family care practices differ so much, but there’s potential to improve bipolar disorder case finding across the board through the use of screening tools, lengthened appointment times, and shortened time span between follow-ups.”

From here, BIT is looking to partner with an institution to test whether these solutions could work in a real-world setting.

The Behavioural Insights Team Canada (BIT)



Deepening our knowledge on early intervention approaches for youth with bipolar disorder

“Our youth wellness hubs aren’t about delivering widgets of services,” says Dr. Jo Henderson, Executive Director of Youth Wellness Hubs Ontario. “They’re about bringing together a community who care for young people from all walks of life.”

As a one-stop shop for community and social programming, these hubs could be ideal settings for identifying and supporting youth with severe mental illnesses like bipolar disorder. To explore this further, YWHO is conducting a review to better understand ways that Integrated Youth Service Hubs could intervene early for young people with and at risk of bipolar disorder.

“We’ll be looking at the evidence on approaches that already exist, and we’ll be speaking with both youth and our service providers to understand their needs, what’s important to them, and what they think could be helpful,” says Jo.

Based on their findings, YWHO could help to prototype programmatic options within Integrated Youth Services not only in Ontario, but across Canada. “It’s amazing to see youth who walk through our doors at the most difficult time in their lives then go on to speak about what it’s been like to not only be supported by our hubs but co-design projects together to support more youth.”

Youth Wellness Hubs Ontario (YWHO)



# Additional Acknowledgements

Funding is only one way in which Daymark contributes to positive social impact. Since our inception, we have worked with numerous leaders, stakeholders, and organizations to advance perinatal mental health and bipolar disorder. Our thanks go out to the people below, who contributed their time and energy to one or both of our 2022 convenings: Stepped Care in Perinatal Mental Health and Expanding Access to Doula Care for Black, Indigenous and 2SLGBTQ+ groups.

Anna Balagtas, Pocket Doula & Cornerstone Birthwork

Elyse Banham, Ottawa Birth and Wellness Centre

Christina Cantin, Champlain Maternal Newborn Regional Program

Claudia Cardenas-Aranda, Parkdale Community Health Centre

Jaime Charlebois, Canadian Perinatal Mental Health Collaborative

Jocelynn Cook, Society of Obstetricians and Gynaecologists of Canada

Emma Devin, Brood Care

Sanober Diaz, Provincial Council for Maternal and Child Health

Erica Djossa, Momwell

Ann Don Bosco, Canopie

Jasmine Gandhi, The Ottawa Hospital

Cierra Garraway, Ocama Collective

Gabrielle Griffith, Ontario Black Doula Society & The Seed & Sprout Community (Birth Mark)

Alexia Jaoich, Alexa Bol & AnnMarie Churchill, Stepped Care Solutions

Jessica Johnson, Rooted & Resilient

Taylor Kangas, Pocket Doula

Chaya Kulkarni, Infant and Early Mental Health Program, Sick Kids

Rina Lamba, York Region Public Health

Suzanne Lim, Ocama Collective

Annie Miller, Aunties on the Road

Josh Nesbit, Widespread Care

Leslie Roos, University of Manitoba

Stacia Stewart, Ocama Collective & Ontario Black Doula Society

Zainab Suleiman, HealthConnect One

Krysta Williams, Odemin Ghizis Doulas & Call Auntie Clinic

Claire Zlobin, Life With A Baby

Be

Bold



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