Daymark Foundation

DISCUSSION PAPER: A Holistic Approach to Stepped Care in Perinatal Mental Health

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CONTEXT

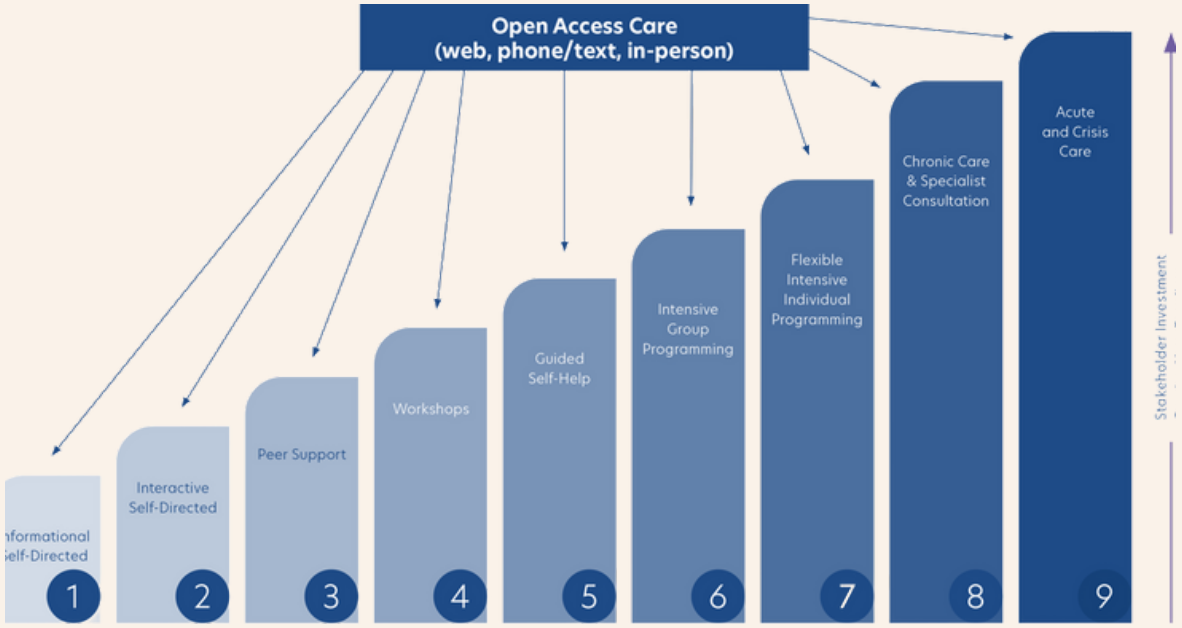
Originating in the UK, stepped care is a concept for organizing mental health services that recognizes the full range of levels and types of supports, and how these may serve people with varying levels of need and readiness. While a stepped care approach to mental health has been pursued in many jurisdictions, perinatal mental health is a unique context that warrants more specific discussion on how its concepts might be applied. In July 2021, Ontario's Provincial Council for Maternal and Child Health - in collaboration with stakeholders - proposed a Care Pathway for the Management of Perinatal Mental Health, which outlined the first line of services and supports to be used based on an individual's level of severity. The Daymark Foundation sought to build upon this work - and other prior efforts - to advance a stepped care approach to perinatal mental health.

To this end, the Daymark Foundation initiated discussions with Stepped Care Solutions, a not-for-profit consultancy group that collaborates with organizations, communities and institutions to support their transition to a stepped care model. While a key tenet of stepped care has always been matching the level of intensity of services to the level of need, Stepped Care Solutions evolved the concept further through its Stepped Care 2.0 (SC2.0) model, which is grounded in the principles of flexibility, access, choice, and readiness.

A note on terminology

The Daymark Foundation recognizes that not all people who give birth identify as women. This discussion paper uses gender neutral terminology such as "women and birthing people" or "perinatal people" to reflect the gender diverse nature of this issue.

SC2.0 Framework



On July 22, 2022, the Daymark Foundation worked with Stepped Care Solutions to convene an initial group of 18 stakeholders for a discussion on how to optimize and operationalize a stepped care approach in the perinatal mental health context. These participants (see Appendix A for full list) each provided a unique perspective on perinatal health and related issues. Together, the group explored ways to build upon existing assets and touchpoints along the pregnancy and postpartum journey, with the goal of producing a more holistic framework for organizing perinatal mental health and wellbeing supports.

Convening objectives

- Gain an understanding of Stepped Care 2.0 framework
- Explore the full spectrum of resources, supports and services that people interact with during the perinatal period and how these could be mapped onto a stepped care model
- Discuss the extent to which mental health currently is and potentially could be integrated into these perinatal touchpoints

INSIGHTS

1 There are existing perinatal mental health services and supports to consider.

Participants went through an exercise where they brainstormed existing mental health supports in the low, medium, and high intensity categories, resulting in options across the spectrum. While access to these services (geographic, financial or otherwise) was not discussed, it was important to know options already exist.

2 Perinatal people interact with a wide range of supports, information sources, and spaces that are not currently considered part of the perinatal mental health system.

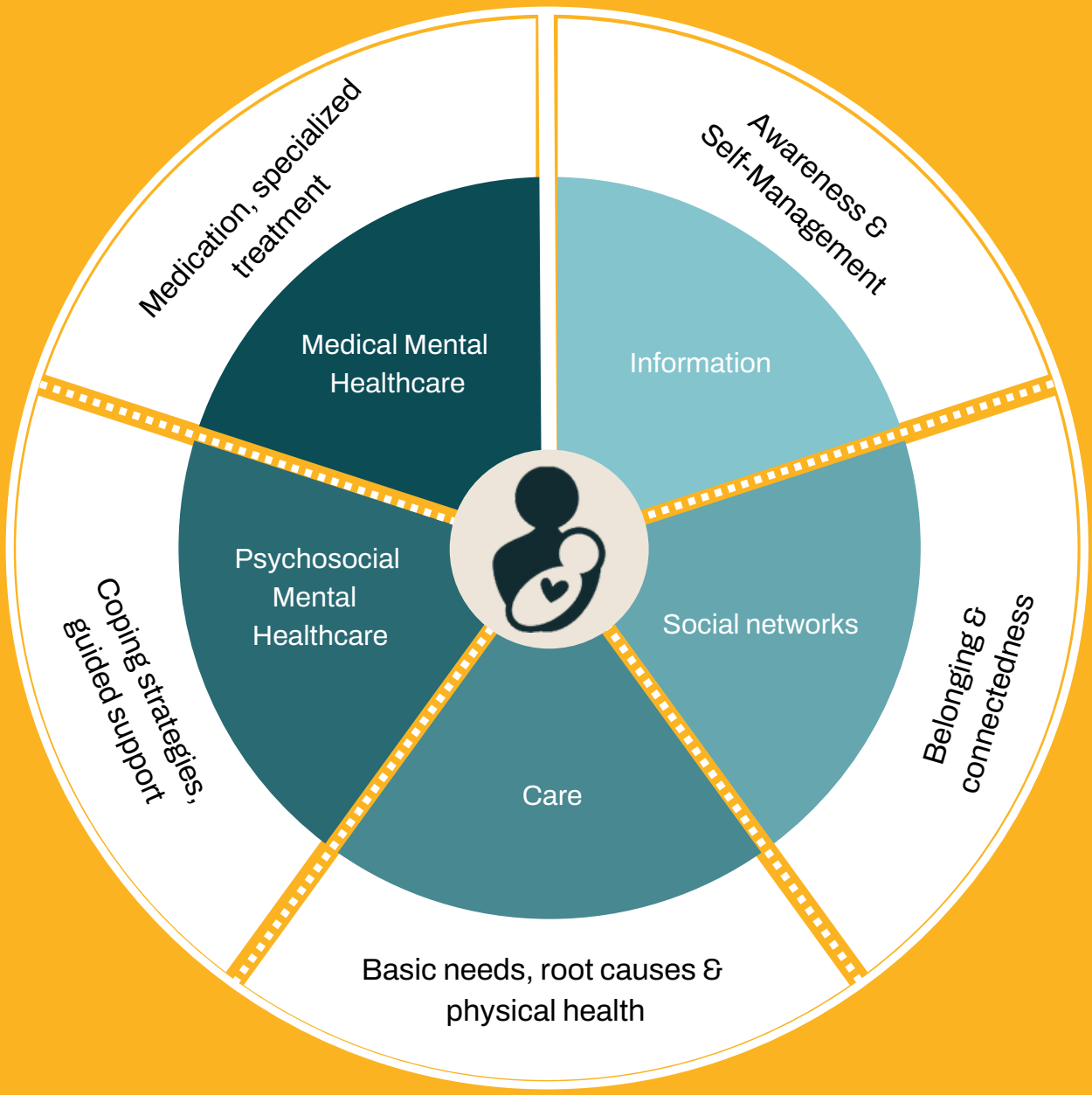
Participants surfaced a plethora of touchpoints along the perinatal journey that could be better leveraged to address and support mental health.

3 Mental health should be an integral part of the perinatal experience.

Participants reflected on the value of an upstream approach and the role of perinatal providers, social networks, and community (virtual and physical) in promoting and supporting mental health.

PROPOSED FRAMEWORK

DRAFT FRAMEWORK



Based on the discussion that took place on July 22nd, 2022, the Daymark Foundation has developed and proposed a tailored stepped care framework for perinatal mental health (SCPMH). This model reflects the basic notion of stepped care that people do not necessarily need the most formal, scarce, or costly service available. This is depicted using a colour gradient to represent increasing levels of intensity. Like SC2.0, it also acknowledges that readiness and trust are major influencers of the type of support a person will access, regardless of their perceived “need”. The SCPMH framework then aims to adapt this model to the perinatal mental health context by:

1. Including supports and touchpoints that are not specifically directed at mental health, but nevertheless have an important role to play in perinatal wellbeing.

2. Visually representing the individual/family at the centre to demonstrate that a person could access any of these touchpoints at any time - and in fact, are likely to be interacting with several components at once.

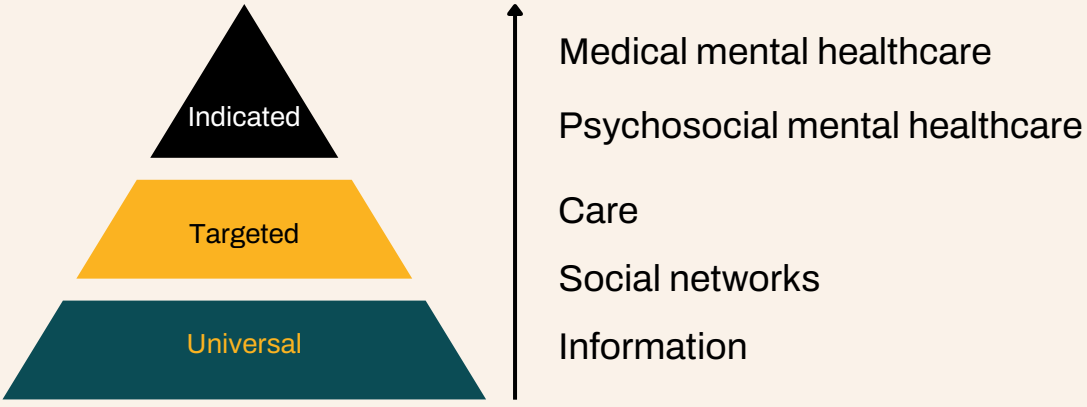
3. Reflecting the non-linear, fluid relationship between severity of illness and level of care through dotted lines in between the components. It is also implicit that interactions within a component may serve more than one purpose.

4. Going more upstream through a stronger focus on mental health promotion and everyday interactions that influence a perinatal person's mental health and wellbeing.

5. Incorporating root causes of poor mental health such as social isolation, domestic violence, or poverty with insight aimed at addressing these directly.

6. Recognizing the role of self-care and the importance of cultural narrative and information on why taking care of one's own mental health is ultimately beneficial to the child.

Based on the above, the proposed SCPMH framework adds three new components to the stepped care model: information, social networks, and care. This draws from the public health prevention model, which suggests primary prevention for the entire population, targeted prevention for at-risk groups, and indicated interventions for the smaller percentage of people with symptoms of mental illness. In the proposed framework, the lighter components are universal and the darkest components are more indicated.



COMPONENT DESCRIPTIONS

1. INFORMATION

Rationale/Considerations

- People seek out information for different reasons from pre-conception through postpartum
- Information can be obtained through a variety of sources - formal and informal
- This generation of perinatal people (Millennials/Gen Z) are more likely to access information through digital sources than previous generations
- Information and expertise have been democratized. Mainstream and social media have the power to shape dialogue about the perinatal period
- Though much of the current information on the perinatal period may not be specifically targeted at mental health, these sources contribute to the mental health experience by influencing one's priorities and preoccupations during this time

Examples

Social media
(e.g. Instagram, TikTok, Pinterest)

Podcasts

Parenting books and blogs

Bulletin boards

Timed emails

Pregnancy and parenting apps

Pamphlets

Blogs

Posters

Newsletters and mailing lists

Prenatal classes

Mainstream media

INSIGHT

2. SOCIAL NETWORKS

Rationale/Considerations

- New parents often rely on social networks as lifelines - asking for advice, tips, or help
- Virtual and face-to-face groups are important places for perinatal people to ask questions and share experiences
- When perinatal people are concerned about their mental health, the majority will first turn to a partner, friend or family member
- Though social networks or settings may not be specifically targeted at mental health, they can have a preventative or mitigating effect on mental ill-health.

Social networks can suport mental health by:

Social networks contribute to mental health by:

- Reducing isolation
- Providing assurance through shared experiences and normalization
- Creating space to address issues that may be causing stress and ask for help
- Increasing connection to cultural roots
- Enabling a “village” mentality

Examples

Partners/co-parents	Group SMS chats	Coffee shops
Family members	Churches/faith groups	Exchange forums
Friends	Playgrounds and parks	Parent-baby classes/groups
Facebook groups	Aunties/Elders	
EarlyON centres	Friendship Centres	

3. CARE

Rationale/Considerations

- Perinatal people already interact with a variety of care providers throughout their journey
- Healthcare providers have a role in inquiring about mental health as part of routine care
- Doulas are key support people, advocating for their clients, acting as cultural interpreters, and attending to basic needs
- The social determinants of health can be a root cause of mental health concerns - addressing housing, food, and safety needs are key to improving mental health
- Breast/Chestfeeding can be sources of stress and anxiety
- Care providers can discuss mental health in the context of other matters, making it feel more relevant and acceptable
- Community organizations are important places where families access related supports

Examples

Doulas	Breast/Chestfeeding support	Childcare centres
Midwives	Friendship Centres	Food banks
OBGYNs	Healing circles	Shelters
Public Health Nurses Nurse Practitioners	Welcome centres	Social services
Family doctors	Family Resource Centres	Home visiting programs
Pelvic floor physiotherapists	Hospitals	

4. PSYCHOSOCIAL MENTAL HEALTHCARE

Rationale/Considerations

- The key difference between information/social networks and psychosocial mental healthcare is the expertise, intentionality and focus on mental health
- There are many psychosocial supports along the stepped care spectrum that can benefit perinatal people with mental health concerns
- Psychosocial supports may be more acceptable or suitable in mild to moderate cases
- Even people with severe mental health issues can benefit from psychosocial supports
- Though people may access these supports upstream, they more typically turn to them when they are struggling

Examples

Structured peer support

Mental health psychoeducation workshops

1:1 psychotherapy

Mental health apps

Group therapy

EAP programs

Virtual therapy

Asynchronous CBT

Hotlines/warm lines

5. MEDICAL MENTAL HEALTHCARE

Rationale/Considerations

- A smaller percentage of the perinatal population will require medical intervention for their mental health concerns
- Family doctors can act as care providers in an upstream context, inquiring about mental health during routine visits. They can also treat most perinatal mood and anxiety disorders through standard pharmacological interventions
- Specialty psychiatrists have a key role in supporting diagnosis and taking on clients with more complex mental health issues

Examples

Psychiatry

Pharmacy

Family medicine

Hospitals

KEY STRATEGIES FOR ADVANCING A HOLISTIC SCPMH FRAMEWORK

Integrating these upstream components into the perinatal mental health stepped care spectrum will enable a more seamless connection between mental health promotion and mental health care. Some key strategies to achieve this integration include:

1. Normalize Mental Health

There is a growing recognition that mental health is part of overall health. Rather than addressing mental health within a silo, there is value in bringing a mental health lens to all aspects of the perinatal experience. This could include:

- Moving from a binary approach of mentally healthy versus mentally ill, to one that recognizes the fluidity of mental health throughout the perinatal journey. This could mean going from an “opt-in” model (asking if someone has mental health concerns), to an “opt-out” mental model (starting with an acknowledgement that this period can be difficult, and asking what supports they may need).
- Reducing stigma around perinatal mental health by raising awareness about the prevalence of mental health issues and the inherent challenges of being pregnant or a new parent.
- Integrating mental health content into all pregnancy and new parenting materials.

Opportunities to integrate a mental health lens:

- Modules on mental health during prenatal classes
- Podcast episodes and social media posts on mental health within broader pregnancy/new parenthood topics
- Mental health facts in email subscriptions and mailing lists
- Information on mental health in post-birthing packages
- Promoting discussions about mental health in all settings, from the playground to the stroller, from the exercise class to the doctor’s office.

2. Build Capacity of Providers and Supporters

Part of the reason why mental health is not addressed outside of targeted settings is because carers and providers don't feel equipped to provide the right support. Building capacity of those that surround perinatal people to address mental health within the scope of their role can serve to operationalize a stepped care approach. For example:

- Informal supporters that fall within the "social networks" component could be educated on the basics of mental health and how to comfort someone (for example, helpful versus unhelpful responses).
- Care providers in the "care" component could be guided on how to ask about mental health, respond to someone in distress, and refer to higher intensity services.
- Primary care providers such as OBGYNs, midwives, family doctors and nurses should be trained on how to detect and address perinatal mental health concerns.
- Task-shifting approaches can enable non-specialist providers (e.g. nurses, doulas, peer supporters, midwives) to deliver brief mental health interventions (e.g. Cognitive Behavioural Therapy or Behavioural Activation).

3. Recognize the Contributors to Mental Health

Most people in a woman or birthing person's everyday life wouldn't see themselves as providing mental health support, but often just being there for someone goes a long way in promoting wellbeing. Social connection, belonging, and feeling part of a community all contribute to positive mental health. In some cases, the root of poor mental health may be a particular source of stress that could be addressed by a care provider or support person. Some ideas include:

- Validating and legitimizing the small acts of kindness (meal trains, hand-me-downs, doing dishes, holding the baby) in making new parents feel supported. These could be done by friends, family members, doulas, or anyone that a perinatal person sees as a support person.
- Acknowledging the social determinants of health that may be causing distress, such as housing, food insecurity, income instability, or family violence.
- Addressing the aspects of new parenthood that may be challenging. Providing support to new parents in feeding, sleeping, older children's care, and other stressors can promote wellbeing.

4. Leverage Existing Place-based Opportunities

Perinatal people have multiple interactions and touchpoints throughout their journey - all are a chance to educate about the significance of mental health. Participants suggested many physical and virtual touchpoints along the perinatal journey where there is potential to raise awareness and prompt people to think about their mental health. For example:

- Physical spaces (e.g. cafes, hospitals, doctor's offices, food banks, Friendship Centres) are opportune places for posters, pamphlets, or other educational materials that could signal people to think about their mental health and motivate them to adopt health promoting behaviours and/or seek help.
- Virtual spaces (e.g. podcasts, online groups, websites) could be used to share short messages that talk about the significance of mental health during this period, how to promote positive wellbeing, and when/where to seek help.

5. Take a Diversity & Equity Lens

Perinatal people are not a homogenous group. Operationalizing a stepped care approach means recognizing the unique context, barriers, norms and expectations of equity-seeking groups, and designing with these in mind. For example:

- Recognizing the role of systemic racism against BIPOC (Black, Indigenous, and people of colour) communities and its impact on to mental health.
- Acknowledging a perinatal person's family of choice and the role they may have in supporting their mental health.
- Using gender-inclusive and racially diverse language and images in all perinatal materials
- Supporting mental health through cultural teachings, connection to Elders, and care providers that share one's identity.
- Recognizing the value of doulas as cultural interpreters, advocates, and support people for those who experience systemic discrimination.
- Understanding who is showing up for formal mental health services and supports and who isn't, and using this data to design more inclusive supports, conduct proactive outreach, and meet people where they're at.
- Acknowledging that cultural norms and systemic racism may prevent some people from disclosing their mental health concerns, and designing inquiry/assessment approaches, and responses with these factors in mind.

CONCLUSION

This SCPMH framework and the operationalization strategies that accompany it are grounded in the rich discussion at the July 22nd gathering. Nevertheless, the Daymark Foundation recognizes that the contents of this Discussion Paper do not necessarily reflect all participants' views. As such, we share this with the perinatal community with an authentic invitation for input and feedback. The framework and strategies will be iterated and fleshed out based on these comments and shared back out in a more complete form.

Please feel free to reach out to Vani Jain, Executive Director, at vani@daymarkfoundation.ca to share your thoughts or arrange a discussion. You may also share your feedback using this form. We look forward to integrating all the input received over the remainder of 2022 and working on a second draft in early 2023.

APPENDIX

PARTICIPANT LIST

Name	Organization	Stakeholder Group
Elyse Banham	Ottawa Birth and Wellness Centre	Midwifery
Christina Cantin	Champlain Maternal Newborn Regional Program	Maternal/child health
Claudia Cardenas-Aranda	Parkdale Community Health Centre	Community
Jaime Charlebois	CPMHC	Advocacy
Jocelynn Cook	SOGC	Perinatal health providers
Emma Devin	Brood Care	Doula
Sanober Diaz	PCMCH	Maternal/child health
Erica Djossa	Happy As A Mother	Social media, psychotherapy
Ann Don Bosco	Canopie	e-Mental Health
Jasmine Gandhi	The Ottawa Hospital	Psychiatry
Jessica Johnson	Rooted in Resilience	Doula
Chaya Kulkarni	Infant and Early Mental Health Program, Sick Kids	Maternal/child mental health
Rina Lamba	York Region Public Health	Public Health
Annie Miller	Aunties on the Road	Doula
Josh Nesbit	Widespread Care	Care
Leslie Roos	University of Manitoba	Psychology
Zainab Suleiman	HealthConnect One	Doula
Claire Zlobin	Life With A Baby	Peer support

Facilitators	Alexa Bol, Alexia Jaoich, AnnMarie Churchill (Stepped Care Solutions)
Convenors	André Rebeiz, Lauren Jones-Davies, Vani Jain (Daymark Foundation)

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