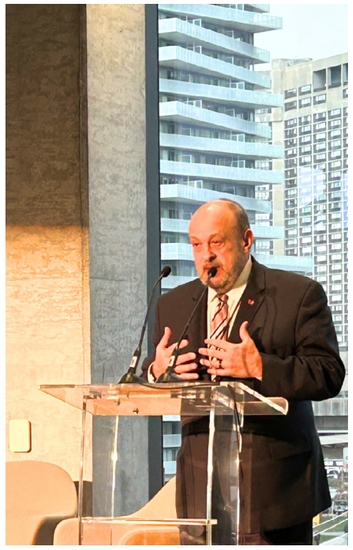
Daymark Foundation

National Perinatal Mental Health Policy Symposium

Proceedings Report

November 22, 2023



Executive Summary

Perinatal mental health is a significant issue in Canada, impacting not only mothers and birthing people but also their children and families. On November 22nd, 2023, the Daymark Foundation brought together 72 perinatal mental health leaders, government representatives and field allies with a single goal in mind: to equip government decision-makers with the knowledge and strategies to effectively and cost-efficiently advance perinatal mental health in their jurisdictions.

Through a combination of expert presentations, panel discussions, organizational pitches and table discussions, this event brought to bear some key insights about how to advance perinatal mental health in Canada:

- **The solution is not more psychiatrists.** Overreliance on psychiatry is creating system bottlenecks. Stepped care models are needed to better leverage lower-intensity interventions such as peer support and psychotherapy.
- **The social determinants of mental health are significant.** The data shared by Daymark, combined with the presentations and table discussions, highlighted the challenges Canadian mothers and birthing people are facing in meeting basic needs that are the foundation of mental health.
- **The perinatal population is not homogenous.** Women and birthing people have varying experiences based on their race, identity, geographic location, personal circumstances and more. There is no “one size fits all” approach that will work for everyone.
- **Communities know what they need.** There is tremendous work happening in communities to support mothers, birthing people and families. Frontline workers and grassroots organizations need to be sufficiently resourced to do what they do best.
- **We need more, better data.** A lack of perinatal mental health data, and race-based data in particular, impedes us from understanding the magnitude and nature of this issue.
- **Connections are vital.** Perinatal mental health leaders and organizations are passionate about this issue, and benefit from spaces to connect and learn from one another. Improving field cohesion is key.

In conclusion, perinatal mental health is not a new issue or population of concern: it is a strategy for improving population-level mental health. By integrating mental health into perinatal and maternal/infant healthcare policy and practice, and improving availability of and access to perinatal mental health services and supports, we are investing in the health and wellbeing of generations to come.

Introduction

The perinatal period (pregnancy through one-year postpartum) is the highest risk time in a woman's life for developing a mental illness. Even for those who don't meet the diagnostic criteria for a mental illness, the transition to parenting can be an incredibly challenging and stressful time. Layered on top of this are the social determinants of perinatal mental health, such as income instability, food insecurity, isolation and violence.

Despite everything we know about perinatal mental health and how to address it, mothers and birthing people in Canada continue to struggle. There is limited awareness about the importance of perinatal mental health and how to maintain positive wellbeing, providers are not regularly inquiring about mental health as part of standard perinatal care, and those who are experiencing mental health challenges are not consistently able to access the support they need.

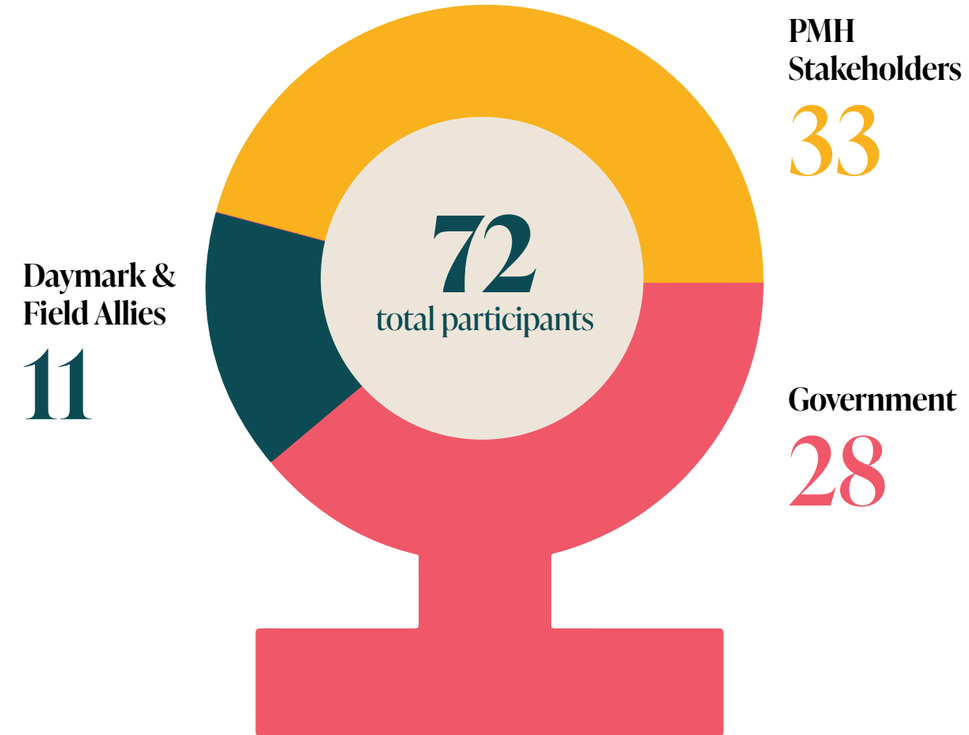
This has an impact not only on women as individuals, but on their children as well. Indeed, a mother's mental health during pregnancy and postpartum is one of the leading determinants of a child's physical and mental health throughout their life course.

The Daymark Foundation organized Canada's first-ever National Perinatal Mental Health Policy Symposium as a way to bring government representatives and key stakeholders together around ideas, research and best practices for addressing perinatal mental health.

The goal of the event was to equip government decision-makers with the knowledge and strategies to effectively and cost-efficiently advance perinatal mental health in their jurisdictions. To achieve this, the agenda featured remarks from key federal and provincial Cabinet Ministers, presentations from subject matter experts, panel discussions representing a wide range of views and experiences, lightning-style pitches from community organizations and programs, and small-group table discussions.

The quality of the presentations, the insights from the dialogues and the connections that were made between participants were tremendous.

Participation



Agenda & Presentation Links

8:30 Registration & Breakfast

9:00 **Welcome & Introduction**
Lauren McCain, *Daymark Foundation*

Government of Ontario Opening Remarks
The Honourable Michael Tibollo, *Associate Minister of Mental Health and Addictions*

Government of Canada Opening Remarks
The Honourable Ya'ara Saks, *Minister of Mental Health and Addictions*

Survey Results & Event Overview
Vani Jain, *Daymark Foundation*

9:35 **The Case for Perinatal Mental Health**
- **Simone Vigod**, *Women's College Hospital*
- **Chaya Kulkarni**, *Sick Kids*

10:05 **Access to Perinatal Mental Health Care: Lived Experience and Provider Perspectives**
- **Patricia Tomasi**, *Canadian Perinatal Mental Health Collaborative*
- **Crystal Clark**, *Women's College Hospital*
- **Gabrielle Griffith**, *Ontario Black Doula Society*
- **Anuschka Naidoo**, *Anuna Therapy*

Moderated by **Archana Vidyasankar**, *Perinatal Mental Health Alliance of Newfoundland and Labrador*

11:00 Break

11:15 **Policy Table Discussions**
Topics selected in advance

12:00 **Lightning Talks**
- Pacific Post Partum Support Society
- Mino Care
- SmartMom
- Birth Mark
- Parkdale Queen West CHC

12:30 Lunch

1:30 **Afternoon Introduction**
Michael McCain, *Daymark Foundation*

1:40 **Effective Management of Health Human Resources to Address Perinatal Mental Health**
- **Ryan Van Lieshout**, *McMaster University*
- **Diane Francoeur**, *Society of Obstetricians and Gynaecologists of Canada*
- **Cindy-Lee Dennis**, *University of Toronto*
- **Olivia Scobie**, *Canadian Perinatal Mental Health Trainings*

Moderated by **Christina Cantin,** *Champlain Maternal Newborn Regional Program*

2:45 **Lightning Talks**
- AskMasi
- Life With A Baby
- La Maison Bleue
- Aunties on the Road
- Saskatchewan 811 Maternal Wellness Line

3:15 Break

3:30 **Policy Table Discussions**
Topics selected in advance

4:30 **Enhancing Perinatal Mental Health Data Collection**
Jocelynn Cook, *Society of Obstetricians and Gynaecologists of Canada*

4:45 **Closing Remarks and Next Steps**
Vani Jain, *Daymark Foundation*

5:00 Sunset Social

POLICY TABLE DISCUSSIONS

Perinatal mental health as a strategy to advance infant, child and family mental health

There was significant government interest in this topic, with discussions spread across four different tables. Across these groups, the following insights emerged:

Prevention

- A prevention approach is important, with supports starting at preconception. Economic evaluations may help to justify preventative approaches
- Upstream mental health and wellbeing should be incorporated into every level of maternal and infant care and policy – it should not exist within a silo.

Framing & Approach

- Language and framing are important – the connection between maternal and infant/child mental health can be interpreted as blaming, with a tendency towards punitive approaches rather than supportive ones. This is especially the case for marginalized populations, with mothers being stigmatized and judged for their mental health challenges and their children being at risk of apprehension as a result
- The social determinants of health are at the root of many perinatal mental health challenges – in this case, what is needed to promote infant and child mental health is security around basic needs
- It is important to recognize the impact of perinatal mental health issues on infants and children, but that can't be the only reason to address it. This frames the mother as only a vessel, and does not recognize their inherent worth
- Infant mental health and brain development are concepts that need to be more widely understood – by frontline providers, decision-makers and politicians.

Services

- Grassroots community organizations have a vital role to play in supporting maternal, infant, child and family mental health, but they are often under-resourced, leaving frontline workers on the edge of burnout. These services need to be better valued and funded at the required levels
- Trauma-informed care is an effective response to perinatal mental health issues that can help prevent or reduce transmission to the child
- Currently, the mother is one patient (of the OBGYN or family doctor) and the baby is another (of a family doctor or pediatrician). Our systems need to enable dyadic care, where the family is cared for as a unit rather than separating the two
- Programs and interventions that are shown to be effective in supporting maternal and infant mental health need to be sustained. Currently, most pilots are not widely implemented, and new knowledge is not consistently translated into everyday practice.

Multi-Stakeholder Networks and Collaborations

In general, participants felt that they did not know enough about each other's work and that this Symposium was one of the few – if not only – opportunities for them to meet and understand what else is happening in this field.

They noted that informal networks do exist and are generated organically – these types of grassroots networks create beautiful collaborations that lead to increased awareness and access to funding. In the case of formal neworks, such as the Perinatal Mental Health Alliance of Newfoundland and Labrador or the Quebec Perinatal Mental Health Alliance, structures and roles (and funding to create these) are needed to work sustainably. Formal networks were seen as useful in galvanizing multiple stakeholders around action (rather than just networking), as well as creating a forum around which to collaborate on shared goals, mission and vision. Community connections and relationships were seen as essential elements of a strong network.

In a strong network, members have a shared understanding of the problem definition, what they want to achieve and how to measure success. It was noted that networks create a space to develop agreement on priorities, and that stakeholders need to work together and not be held back by differences. "If we wait for consensus we will be paralyzed."

Stepped care approaches to perinatal mental health

Stepped care was seen as an essential organizing system for perinatal mental health, but one that is difficult to put into practice due to fragmented, uncoordinated systems and services. Public health was seen as having an important role to play, but it was noted that their connections to hospitals and community agencies are limited. Suggested enabling conditions for a stepped care approach included:

- A whole-of-government approach that doesn't silo sectors and agencies
- Public education about the importance of perinatal wellbeing and the effectiveness of lower intensity services
- Clear, continually updated referral pathways
- Consistent use of tools to measure severity of needs, such as the Edinburgh Postpartum Depression Scale
- Fidelity of modes of intervention across the stepped care spectrum.

The unique perinatal mental health needs of equity-deserving groups

Participants raised concerns about the term "equity-deserving groups," which, in addition to being viewed as "othering," lumps many distinct populations together. Concerns expressed at table discussions included:

- The lack of alignment between communities' knowledge of their own needs and the parameters of government funding
- The overemphasis on research as a focus of new funding, which is geared towards developing new solutions rather than scaling what is already known to be effective. Related to this were conceptualizations of what types of research are valid, and the lack of knowledge mobilization of existing research to communities that are directly impacted
- The negative experiences of people from racialized and marginalized communities with the healthcare system, including racism and discrimination, lack of cultural safety, use of tools that were not designed with diversity in mind, retraumatization and lack of trust
- The negative experiences of frontline workers serving people from marginalized communities, including vicarious trauma, credentialism, low compensation and the expectation to meet complex and rising needs within limited budgets.

Suggested strategies for improved engagement of racialized and marginalized communities included:

- Flexibility in use of funds to meet community needs (as opposed to prescriptive approaches)
- Relationships with communities that enable transparent communication and mutual trust
- Alternatives to standardized programming and evaluation, which inherently assumes that every community is the same. Suggestions included "standards" and "accountability," which set clear expectations but allow for some flexibility in how they are achieved
- Articulation of specific communities that are being addressed, rather than grouping all equity-deserving groups together
- Training for healthcare providers on health equity and anti-racism
- More community empowerment and community-driven solutions.

Expanding and harmonizing perinatal mental health data collection

The current state of perinatal mental health data collection in Canada was viewed as poor, with participants lamenting key deficits in the areas of baseline data on key indicators, longitudinal data to measure the impact of interventions, race-based data, connected data sets and more. Promising examples of perinatal mental health data collection include: the new StatsCan Parental Experiences Survey (which follows from the 2007 Maternal Experiences Survey, but is broader and will include mental health data); the Canadian Obstetric Surveillance System, which is working towards the establishment of a Canada-wide survey system for pregnancy-related morbidity; and Australia and the UK, which were both generally cited as having strong perinatal mental health data.

Some ideas for improvement on data collection and harmonization included:

- Real-time data access: Participants noted that it is less helpful to find out many years later that an intervention was effective or ineffective
- Connection to administrative data: Participants cited examples of patient data collection (e.g., by public health nurses as part of the Healthy Babies, Healthy Children program) and the missed opportunity to link this to administrative data sets. Linking responses to provincial health insurances numbers would provide rich contextual information about perinatal mental health experiences.

Similarly, linking health data with social services data would provide greater insight into the social determinants of health
- Collection of race-based data: Participants noted the importance of understanding varying experiences across racial and ethnic groups. At the same time, they acknowledged the lack of trust among racialized communities, who may fear that their data will be used in the wrong way or that it won't reflect their experiences
- Gender identity-based data: Participants noted that little is known about the unique experience of gender diverse people
- Releasing data that does exist: Participants cited examples of certain data being guarded or stalled for political reasons, and encouraged that all available data be shared.

Optimizing the Perinatal Mental Health Workforce Capacity

An optimized perinatal mental health workforce is essential to ensuring that those with more severe cases can swiftly access higher levels of care, and others with milder cases can access lower-intensity supports. An overreliance on specialty psychiatry creates system bottlenecks and negates the potential contributions of a wider range of providers. Participants felt that mental health challenges are often rooted in stressors such as unstable income, housing or food. As a result, optimizing the perinatal mental health workforce requires providers to have a broader understanding of the social determinants of health. Suggested strategies included:

- All perinatal providers should have a fundamental understanding of mental health indicators, the ability to identify concerns and knowledge of referral pathways
- Healthcare providers should be thinking about mental health and not just mental illness. Shifting this mindset involves moving from a focus on treating illness to promoting health, with an emphasis on prevention
- The social determinants of health should be broadly understood and acknowledged. Providers should be knowledgeable about community supports related to income security, housing, and food, as well as social programs that reduce isolation and increase belonging
- Access to psychotherapy is key. This can be achieved through public funding for these services, and/or through task shifting models that train publicly funded healthcare professionals (such as nurse practitioners) to deliver psychotherapy
- Mental health education must be part of the foundational training of new healthcare professionals. Once they are in practice, they are too busy – this education should begin at the base training level.

INSIGHTS

The solution is not more psychiatrists.

Overreliance on psychiatry is creating system bottlenecks. Stepped care models are needed to better leverage lower-intensity interventions such as peer support and psychotherapy.

The social determinants of mental health are significant.

The data shared by Daymark, combined with the presentations and table discussions, highlighted the challenges Canadian mothers and birthing people are facing in meeting basic needs that are the foundation of mental health.

The perinatal population is not homogenous.

Women and birthing people have varying experiences based on their race, identity, geographic location, personal circumstances and more. There is no “one size fits all” approach that will work for everyone.

Communities know what they need.

There is tremendous work happening in communities to support mothers, birthing people and families. Frontline workers and grassroots organizations need to be sufficiently resourced to do what they do best.

We need more, better data.

A lack of perinatal mental health data, and race-based data in particular, impedes us from understanding the magnitude and nature of this issue.

Connections are vital.

Perinatal mental health leaders and organizations are passionate about this issue, and benefit from spaces to connect and learn from one another. Improving field cohesion is key.

Acknowledgements

Speakers

The Honourable Ya'ara Saks — Government of Canada
The Honourable Michael Tibollo — Government of Ontario
Simone Vigod — Women's College Hospital & University of Toronto
Chaya Kulkarni — Sick Kids
Patricia Tomasi — Canadian Perinatal Mental Health Collaborative
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Christina Cantin — Champlain Maternal Newborn Regional Program
Jocelynn Cook — Society of Obstetricians and Gynaecologists of Canada

Participants

Adrienne Lipsey — Springboard Policy
Amy Smith — Yukon Government
Ann Ciniglio — Municipality of York
Anju Sohal — Vancouver Coastal Health
Anne-Marie Newton — Centre for Addiction and Mental Health
Barbara Dominic — Ontario Ministry of Children, Community & Social Services
Blanca Serrano — Public Health Agency of Canada
The Honourable Carolyn Bennett — Government of Canada
Catriona Hippman — BC Provincial Health Services Authority
Christina Tonella — Perinatal Services BC
Claire Zlobin — Life With A Baby

Clare Zeschky	Pacific Post Partum Support Society
Colleen Kearley	Nfld & Labrador Health Services
Denise Lau	Ontario Ministry of Children, Community & Social Services
Elsie Amoako	Mino Care
Emily Garner	Pacific Post Partum Support Society
Fiona Main	Qikiqtani General Hospital
Fionnuala Donaghy	Ontario Ministry of Health
Gina Louttit	Aunties on the Road
Heather Percy	Nfld & Labrador Department of Health & Community Services
Jasmine Gandhi	The Ottawa Hospital
Jessica Zimmer	Parkdale Queen West Community Health Centre
Jordyn Gibson	CommUnity Doulas
Karen Clarke	Perinatal Mental Health Alliance of Nfld & Labrador
Kathleen Sullivan	Maple Leaf Foods
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Peggy Ainslie	Health Canada
Melaney Dasilva	Ontario Ministry of Children, Community & Social Services
Merryn Maynard	Maple Leaf Centre for Food Security
Michaela Rutherford-Blouin	Global Public Affairs
Michelle Harris-Genge	PEI Interministerial Women's Secretariat
Michelle Sipley	Toronto Public Health
Morag Granger	Saskatchewan Ministry of Health
Nicole Waithe	Association of Ontario Midwives
Olga Amza	Ontario Ministry of Children, Community & Social Services
Patice Romeo	Birth Mark
Patricia Janssen	UBC & SmartMom Mobile Health Education
Rebecca Hill	Ontario Ministry of Children, Community & Social Services
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Trish Wuschenny	Saskatchewan Ministry of Education
Valerie D'Paiva	York Region Public Health
Vania Jimenez	La Maison Bleue

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Lightning Presentation Organizations

Ask Masi
Aunties on the Road
Birth Mark
La Maison Bleue
Life With A Baby
Mino Care
Pacific Post Partum Support Society
Parkdale Queen West Community Health Centre
SmartMom
Saskatchewan 811 Healthline Maternal Wellness Outbound Call Program

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