



**CANADIAN
PERINATAL
MENTAL
HEALTH
COLLABORATIVE**
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**Written Submission for the Pre-Budget Consultations
in Advance of the Upcoming Federal Budget**

By:

The Canadian Perinatal Mental Health Collaborative
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August 2021

RECOMMENDATION:

The Canadian Perinatal Mental Health Collaborative (CPMHC) urges the government to allocate appropriate funding to consult with representatives of provincial and territorial governments, Indigenous governing bodies and other relevant stakeholders including perinatal health care providers, perinatal mental health care specialists and researchers, representatives of advocacy organizations and individuals with lived experience - **in the development of a National Perinatal Mental Health Strategy.**

Introduction:

CPMHC is pleased to present its 2022 federal budget recommendation to the House of Commons Standing Committee on Finance on the development of a National Perinatal Mental Health Strategy. CPMHC is a national, non-profit organization of perinatal mental health clinicians and persons with lived experience.

Perinatal mental illness refers to the range of issues a woman or birthing person may face during pregnancy and in the year after giving birth. It is a critical issue affecting nearly 1 in 4 Canadian families and **rates of self-reported perinatal depression and anxiety have doubled during the COVID-19 pandemic period.**

The Government of Canada's 2018/2019 survey on Maternal Mental Health showed that an average of 23% of Canadian women experienced postpartum depression alone. Rates are higher for marginalized people. Indigenous mothers are 20% more likely to suffer from prenatal and postpartum depression than white, Caucasian mothers in Canada. In the US, 40% of Black mothers will suffer from postpartum depression and Black mothers are four times more at risk of maternal mortality than white mothers. Ten percent of fathers experience perinatal mental health issues.

Perinatal mental illness can have dire consequences across the family. Untreated perinatal mental health issues can lead to chronic depression. **Suicide is the 4th leading cause of maternal death in Canada.**

Maternal mental health is the single greatest determinant of their child's health over the life course. Perinatal mental illness negatively impacts parental-infant attachment and can impair the child's cognitive and psychosocial development.

The risk factors of perinatal mental illness are well understood. Early intervention at the pregnancy stage can prevent the onset of postpartum depression and anxiety. With the right treatment and support, perinatal mental illness is curable. Low-intensity interventions such as cognitive behavioural therapy (CBT) are highly effective for mild to moderate issues. Medication and psychotherapy can resolve even the most severe cases.

Unlike the United Kingdom, Australia, and many parts of the US, **Canada does not have a comprehensive national strategy**, mandate, or directive to guide how health care practitioners should assess, diagnose, treat, or provide follow-up to individuals suffering from perinatal mental illness.

Programs and policies have not kept up with best practices, research, or the overarching science. Services currently available to those experiencing a perinatal mental illness in Canada are largely inadequate and **issues have been magnified during the COVID-19 pandemic**.

Addressing the psychosocial needs of families to enhance ongoing mental, maternal/child health disparities is a major public health issue.

Survey:

Only 1 in 5 women with perinatal mental health issues are currently accessing treatment.

With the goal to learn about screening and treatment practices across Canada to identify gaps as well as what's working in different jurisdictions, CPMHC created a first-of-its-kind national online survey (reviewed and approved by the Conjoint Faculties Research Ethics Board [CFREB] at the University of Calgary) to understand the state of perinatal mental health care in Canada. Four hundred and thirty-five health care practitioners participated.

Critical findings include:

- 95.8% of health care practitioners believe that perinatal mental health services are insufficient in Canada.
- 87% of health care practitioners in Canada do not have mandated screening for perinatal mental illness at their workplace.
- When people are screened and have symptoms indicative of needing intervention, 27% of health care practitioners indicated that patients were able to access their referral within a month, 31% waited between 1-2 months, while 42% had to wait for >2 months for access.

- Perinatal mental health services differ across health regions. More than half of health care practitioners surveyed (57.3%) reported that they have not received specialized training in PMADs or were unsure if they received specialized training.
- 87% of practitioners believe people from diverse backgrounds encounter barriers to accessing perinatal services. These include language, cultural, and cost barriers.
- 69% of practitioners reported that COVID-19 has complicated access to care, including reduced in-person visits and overall services.

Conclusion:

The survey findings underscore a critical need for a National Perinatal Mental Health Strategy to address gaps in screening and treatment. CPMHC is calling on the federal government to work with provincial and territorial governments as well as key stakeholders to develop a strategy that integrates screening for perinatal mental illness into routine practice and ensure accessible and culturally safe treatment of people experiencing perinatal mental illness in Canada.

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