



**CANADIAN
PERINATAL
MENTAL
HEALTH
COLLABORATIVE**
www.cpmhc.ca

**Platform Proposal
to all Canadian Political Parties
in Advance of the Upcoming Federal Election**

**By:
The Canadian Perinatal Mental Health Collaborative**
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Recommendation:

The Canadian Perinatal Mental Health Collaborative (CPMHC) urges all political parties of Canada to support the creation of a National Perinatal Mental Health Strategy by including the initiative as part of their election platforms.

We envision the development of a national strategy to include consultation 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.

Introduction:

CPMHC is a national, non-profit organization of perinatal mental health clinicians and persons with lived experience. We are pleased to present our proposal to all political parties of Canada in advance of a federal election regarding support for the development of a National Perinatal Mental Health Strategy.

In Recommendations 18 and 19 of its 2021 Policy Brief: *COVID-19 and Early Childhood Mental Health: Fostering Systems Change and Resilience*, the Mental Health Commission of Canada and the Canadian Paediatric Society recommend policy and decision makers “conduct an SGBA+ of gaps in perinatal mental health, health, and social services, ensuring long-term follow up, virtual service, and in-person service coverage that works and is culturally appropriate” and that they **“utilize gaps in perinatal mental health coverage as a basis for action and for systems and quality improvement on the impending national perinatal mental health strategy.”** The Policy Brief was reviewed by the Canadian Academy of Child and Adolescent Psychiatry, and the Public Health Agency of Canada.

Issue:

Perinatal mental illness refers to the range of issues a woman or birthing person can face during pregnancy and in the year after giving birth. This includes prenatal and/or postpartum anxiety, depression, post traumatic stress disorder, panic disorder, obsessive compulsive disorder, bipolar disorder, and psychosis.

Perinatal mental illness 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.

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.**

Impact:

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 a 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.

Other Jurisdictions:

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.

Access to Care: Only 1 in 5 women with perinatal mental health issues are currently accessing treatment.

Prevention: 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.

What Health Care Providers Are Saying:

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.

CPMHC Survey Findings:

- 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 perinatal mental health 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.

Appendix A: Endorsements

The following organizations and individuals endorse a National Perinatal Mental Health Strategy:



Infant and Early Mental Health Promotion (IEMHP), Sick Kids Hospital, ON
Women's College Hospital, ON
Society of Obstetricians & Gynaecologists of Canada
Registered Nurses' Association of Ontario
Canadian Association of Midwives
Pacific Post Partum Support Society, BC
Ludmer Centre for Neuroinformatics & Mental Health, PQ
Women's Health Research Cluster, BC
Perinatal Mental Health Alliance Newfoundland & Labrador
University of Toronto
Daymark Foundation
Alliance québécoise pour la santé mentale périnatale
Doula Canada
Life With A Baby
Partners for Children, YT
Alberta Children's Hospital Research Institute
K'Tigaaning Midwives, ON
Canadian Perinatal Mental Health Trainings
Maternal Health Niagara
The Well Parents Centre, ON
World Maternal Mental Health Day
Canadian Alliance for Maternal Mental Health
Lilium Health, SK

Dr. Ariel Dalfen, MD, FRCP(CP), Psychiatrist, Perinatal Mental Health Program, Mount Sinai Hospital, Toronto, ON

Dr. Cindy-Lee Dennis, PhD, FCAHS Professor in Nursing and Medicine, Dept. of Psychiatry, University of Toronto; Women's Health Research Chair, Li Ka Shing Knowledge Institute, St. Michael's Hospital; Fellow, Canadian Academy of Health Sciences

Dr. Christina DeRoche, PhD, Manager of Research, Canadore College, ON

Dr. Nichole Fairbrother, PhD, Registered Psychologist, Clinical Associate Professor, Director of the Perinatal Anxiety Research Lab, University of British Columbia

Dr. Liisa Galea, Ph.D., Professor, Health Research Advisor to VP Research, Lead Women's Health Research Cluster, Scientific Advisor WHRI, Djavad Mowafaghian Centre for Brain Health, Psychology, The University of British Columbia, Vancouver, BC

Dr. Anne TM Konkle, PhD, Associate Professor/Professeure agrégée, Interdisciplinary School of Health Sciences, École interdisciplinaire des sciences de la santé, University of Ottawa

Dr. Chaya Kulkarni, BAA, M.Ed, Ed.D, Director, Infant and Early Mental Health Promotion, SickKids Learning Institute, The Hospital for Sick Children, Toronto, ON

Melissa Maidment, RSW, Indigenous Perinatal Mental Health Worker, Chigamik Community Health Center, Midland, ON

Dr. Robert Meeder, Medical Director, Child and Youth Mental Health at Waypoint Centre for Mental Health Care, Pediatrician

Dr. Sachiko Nagasawa, PhD, C Psych, Clinical Director, Founder, Bay Psychology, North Bay, ON

Dr. Tuong Vi Nguyen, MD, MSc, FRCPC, Assistant Professor, Department of Psychiatry, Department of Obstetrics and Gynecology, McGill University Faculty of Medicine and Health Sciences

Dr. Christine Ou RN, PhD, Assistant Professor, School of Nursing, Faculty of Human and Social Development, University of Victoria

Dr. Jodi Pawluski, PhD, HDR, RPC-C, Canadian Professional Counselors Association, Neuroscientist/Therapist, University of Rennes 1, France, Associate Editor, Women's Mental Health, Frontiers in Global Women's Health

Dr. Vivian Polak, MD, FRCPC, BMedSc, HBA, Co-Founder of the Canadian Alliance for Maternal Mental Health, Co-Founder of World Maternal Mental Health Day, Perinatal Psychiatrist, Maternal Wellness Clinic, Assistant Clinical Professor (Adjunct), McMaster University

Dr. Gail Erlick Robinson MD, FRCPC, CM, O.Ont, Professor of Psychiatry and Obstetrics/Gynaecology, University of Toronto, Co-Founder of the University of Toronto's Women's Mental Health Program

Dr. Leslie Roos, PhD, Assistant Professor, Department of Psychology, Investigator, Children's Hospital Research Institute of Manitoba

Dr. Deirdre Ryan, MB, FRCPC, Psychiatrist, Medical Director, Reproductive Mental Health Program, BC Children's and Women's Hospital, Co-Founder of the Canadian Alliance for Maternal Mental Health

Dr. Daisy R. Singla, PhD, C. Psych, Centre for Addiction and Mental Health; Lunenfeld Tanenbaum Research Institute and the University of Toronto

Dr. Lesley A. Tarasoff, PhD, Postdoctoral Research Fellow, Department of Health and Society, University of Toronto Scarborough, and Azrieli Adult Neurodevelopmental Centre at the Centre for Addiction & Mental Health, Lead, Qualitative component of a NIH-funded project on the perinatal health of women with disabilities in Ontario

Dr. Lianne Tomfohr-Madsen, Ph.D., R. Psych., Associate Professor and Director of Clinical Training, Department of Psychology, Visiting Associate Professor, Department of Educational and Counselling Psychology and Special Education (ECPS), University of British Columbia

Dr. Simone Vigod, MD, MSc, FRCPC, Professor, Department of Psychiatry, Temerty Faculty of Medicine, University of Toronto, Vice-President, Academics (Interim) Chief, Department of Psychiatry, Shirley A. Brown Memorial Chair in Women's Mental Health Research, Women's College Hospital

Dr. Danielle Watson, ND, Canadian Association of Naturopathic Doctors, Ontario Association of Naturopathic Doctors, The Mother Doctor, ON

Appendix B:

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