



CANADIAN PERINATAL
MENTAL HEALTH
COLLABORATIVE

Strategic Plan

2023-2026



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Message from Leadership

We are thrilled to present to you the Canadian Perinatal Mental Health Collaborative, Strategic Plan for 2023-2026. This is the first time the CPMHC has formally engaged in strategic and sustainability planning since its inception in the fall of 2019. At that time, the young organization was founded by myself, Patricia Tomasi, and Jaime Charlebois, two “Barrie moms on a mission” as local media liked to call us. Both of us suffered from perinatal mental illness and vowed to make a difference so that future moms, dads, partners, birthing persons and families wouldn’t have to suffer as they had. In attempting to navigate the health care system for help, we discovered that Canada lacked a perinatal mental health strategy and so the two combined efforts to advocate for Canada’s first strategy.

The CPMHC became an official non-profit organization in May 2021 and its inaugural Board of Directors were put in place in early 2022. The CPMHC also received its first grant from the Daymark Foundation in August 2021, a capacity grant to help the organization with developing a governance, strategic, and sustainability plan.



2022 was a momentous year for CPMHC not only structure-wise. The organization held its first walking fundraiser-Flora’s Walk, named after Flora Babakhani. Flora was a Toronto woman who died by suicide due to undetected postpartum psychosis. Flora’s Walk was extremely successful with 20 walks held in cities across Canada. The walk held in Ottawa culminated in the Honorable Carolyn Bennett, Minister of Mental Health and Addictions speaking on the importance of perinatal mental health along with MPs Pam Damoff, Don Davies, and Heather McPherson. Following the walk, Co-Executive Directors Patricia and Jaime met with Prime Minister Justin Trudeau in his office on Parliament Hill to commemorate World Maternal Mental Health Day and discuss the need for a perinatal mental health strategy. The Prime Minister promised to do more for perinatal mental health and tweeted a photo of Jaime and Patricia and himself chatting in his office, doubling-down on his promise to improve timely access to perinatal mental health services as is stated on Minister Bennett’s mandate letter.



Message from Leadership, continued

Background and Canadian Context

During the perinatal period, individuals and families in Canada have limited or non-existent access to quality, affordable, preventative, and proactive mental health services, including guidelines, screening, assessment, resources, support, and care.

At least one in five Canadian families suffer from symptoms of one or more perinatal mental health disorders (PMHDs). The pandemic saw rates soar to one in three for perinatal depression and one in two for perinatal anxiety. Unfortunately, 85% of families do not receive treatment. Further, equity-deserving groups have PMHD rates at or above the national average. For example, Indigenous women are 20% more likely to experience PMHDs, 2SLGBTQIA+ have significantly higher rates of PMHDs, and Black women experience PMHDs at twice the rate of the general population.

Our strategy for the next three years is to expand upon the advocacy work we began in earnest in the fall of 2019.

Our priorities over the next three years (2023–2026) are to:

- **Inspire**
- **Mobilize**
- **Advance**
- **Grow**



Firstly, we want to not only inform and educate our elected leaders and the public about perinatal mental health, we want to Inspire them to see the true importance of it and its effect over future generations. We will do this by both sharing data and facts and by continuing to tell the stories of people with lived experience as we have done through our anthology, You Are Not Alone. We will ensure that marginalized groups and identities are represented across Canada in our communications and efforts. We intend to make our anthology a series and publish volume two and resurrect one of our early and successful social media campaigns, This Is My Story where we regularly share stories.

Secondly, we want to not only build on our advocacy efforts but also Mobilize our members to advance the mission of the CPMHC and take action.

Message from Leadership, continued

One of our first acts as an organization was to send a letter to each party leader vying in the 2019 federal election asking for their commitment to a perinatal mental health strategy. We believe all parties working together in a bi-partisan way to make this happen, is what will truly bring lasting change to families across Canada. Over the next three years, we plan to create advocacy chapters in each province and territory and equip our members with advocacy skills in order to make legislative changes and improve perinatal mental health at a provincial and territorial level as well as a federal level. We believe all governments at all levels working together is crucial to ensuring improved access.

Thirdly, we not only want to advance perinatal mental health care, we want to **Advance** and transform the health care system into one that fully integrates perinatal mental health care into all aspects of health care, no matter which door you enter. To that end, we will advocate to directly assist with policy making with the executive and legislative branches of government federally and provincially/territorially. We will also conduct important public opinion polling to support and influence perinatal mental health policy.

And finally, we want to **Grow** and expand our operational structure, expand its organizational capacity, and increase funding so that we are able to carry out all of our activities moving forward. We plan to finance our activities by applying for grants and financial opportunities through family foundations who are interested in funding advocacy work.



We also plan to start a paid membership which will offer benefits in the realm of perinatal information to our members if they join as an individual or an organization. We will be using the funds to pay for staff including two co-executive directors (currently volunteer), communications coordinator, operations manager, fundraising coordinator, and government relations/advocacy consultant. We will also be using the funds for daily operations such as banking and communications tools and services such as newswire services, PR firms, and online subscriptions.

We are proud of the awareness we've created since forming the CPMHC and we look forward to making lasting change and ensuring our political leaders keep their promise of ensuring timely access to perinatal mental health services.

Sincerely,

Patricia Tomasi
Executive Director

Our Principles & Values

We believe and practice in the following values as an organization as we work toward bringing lasting change to perinatal mental health care services:

1 INTEGRITY

Acting with strong ethics is a priority for everyone representing CPMHC as well as the organization's behavior as a whole.

2 HONESTY

It's not just the best policy. It's a core practice to act in a transparent, trustworthy manner that earns the respect of colleagues and the public.

3 FAIRNESS

Treating everyone with the common decency we all deserve and expect.

4 ACCOUNTABILITY

Accepting responsibility for our actions is the ultimate way to build trust internally and externally.



5 DIVERSITY & INCLUSION

We succeed by bringing different lived experiences and a range of backgrounds into a shared environment where everyone has equal opportunity.

6 LEARNING

No one has all the answers. A culture of humility and continuous learning is a bedrock principle of the CPMHC.

7 COLLABORATIVE

When we work together, we can create something greater than ourselves as individuals.

8 PASSION

Having a joy not just for the work itself but also the people around us, so that everyone can be bold, innovative, and creative.

Environmental Scan

As part of its strategic planning, The CPMHC participated in a SWOT analysis in early 2022 and a Stakeholder Survey in May 2022 in order to obtain feedback on what the CPMHC has done well and where it should focus on for the future. The survey was sent out to practitioners and providers, the general public and persons with lived experience, researchers, organizational leads, and current or past CPMHC volunteers.

Most stakeholders were practitioners or providers, while the second largest group represented was members of the general public or those with lived experience. There were 80 submissions and 70 surveys were fully completed. The responses were analyzed based on the period of May 17-25, 2022.

The first question asked participants what unique value they thought the CPMHC currently brings to the perinatal mental health space in Canada. The number one answer was advocacy followed by awareness and information sharing, working on a national strategy and infrastructure, service provision, convening or collaborating, and training.

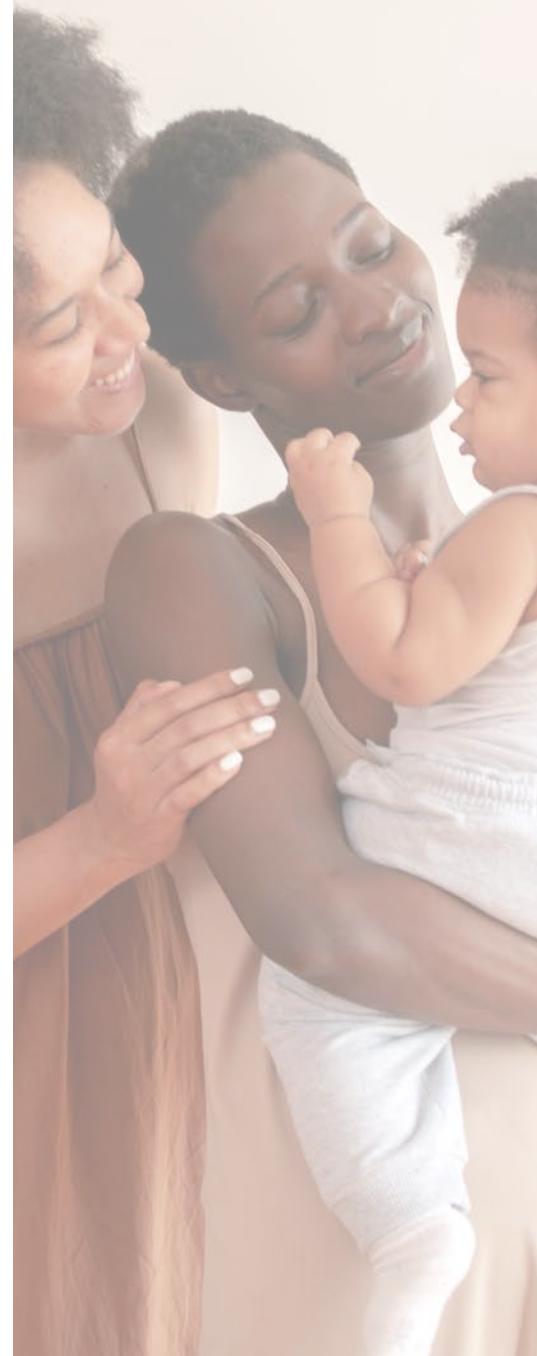
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I believe that this organization is highlighting real experiences and drawing attention to something that is very common in varying degrees but still a taboo topic.

The collaborative appears to be bringing the attention required to get the mandates in place to create the strategies that will result in organized, consistent and committed attention to this topic for all women, prenatal and postnatal moms.

-Survey participant

”





Environmental Scan, continued

The second question asked participants what role they saw CPMHC playing in the perinatal mental health space five years from now. Once again, the number one answer was advocacy followed by awareness and information sharing, training, building a national strategy, convening, service provision, research, and capacity building.

“

It is filling a need for a VOICE.

**While some supports may exist in some communities,
it is not coordinated and not amplified.**

***CPMHC is putting a real, human, mother's face to the
endemic of perinatal mental illnesses in Canada.***

**So many mothers go through this experience, but so
far no one has 'held the mic' as well or as passionately
as Jaime & Patricia/CPMHC.**

-Survey participant

”

Question three asked what the CPMCH's strengths and limitations are in getting to the five year vision. While passion, social media visibility, lived experience, and ability to collaborate with government officials were some examples of our strengths, participants mentioned that more work could be done on the ability to advocate at the local level and in provinces and territories, more focus on Black, 2SLGBTQIA+, and Indigenous perinatal mental health, and more financial support to ensure CPMHC remains viable as an organization moving forward.

The CPMHC greatly values the input of participants in the stakeholder survey and tried to incorporate the findings to inform our strategic plan. Through the survey and our own planning process with the Co-Executive Directors and the Board of Directors as well as an outside consultant, we decided to centre our activities going forward on our three main strengths: Advocacy, Grassroots Organizing, and Messaging/Culture Shifting.

Our Strategy

MISSION

Our mission is to improve and advance perinatal mental health in Canada.



VISION

We envision that all individuals and families are able to access the timely services they need to experience a mentally healthy perinatal period.



GOAL

Our goal is that by 2032, federal, provincial, and territorial governments will have passed and implemented appropriately funded policies and legislation that are providing people timely access to perinatal mental health services thereby substantially reducing perinatal mental illness in Canada.



Our Priorities

INSPIRE

OBJECTIVE:

Inspire our elected leaders and the public to not only inform themselves about the importance of perinatal mental health but to also spark the desire within for the vital and timely need to improve the system.

HOW WE WILL INSPIRE:

We will inspire through sharing information and story-telling:

- Use social media to share information and stories of persons with lived experience
- Publish volume two of our perinatal mental health anthology and share with elected leaders



OBJECTIVE:

Mobilize our members to engage with policy makers in their constituencies and mobilize our elected leaders to enact legislation to improve perinatal mental health care and services.

HOW WE WILL MOBILIZE:

We will mobilize by building power locally as well as nationally and by building bi-partisan support across all party lines.

- Create provincial & territorial advocacy chapters
- Advocate for an all-party caucus on perinatal mental health



MOBILIZE

Our Priorities, continued

ADVANCE



OBJECTIVE:

Advance and transform the health care system in a way that provides timely access to perinatal mental health care services through legislation.

HOW WE WILL ADVANCE:

We will advance by influencing government legislation and regulations, and by engaging the public to make direct contributions to perinatal mental health care.

- Advocate for and assist elected officials and policy makers with Bills and legislation
- Organize annual Flora's Walks across Canada to raise funds for improved perinatal mental health services



OBJECTIVE:

Grow and expand the operational capacity of CPMHC to carry out its mission & vision.

HOW WE WILL GROW:

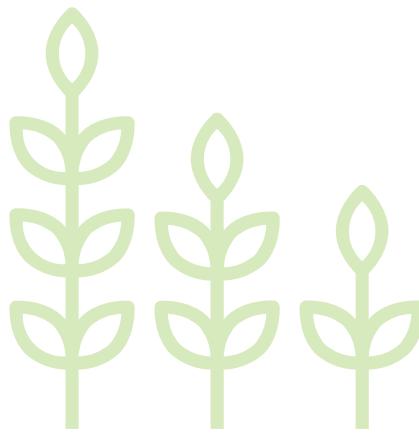
We will grow by ensuring CPMHC is operationally and financially sound & thriving.

- Actively pursue opportunities to diversify revenue sources
- Strongly consider 'partnership or incubation' to increase capacity to 'do the work'
- Engage and work with volunteers until such time as there are funds to hire positions

GROW



Where we want to grow:



1. Functional Organizing:

In the CPMHC's future, we would like to build substantial political power by offering financially sustainable, valuable benefits to a lot of people and use that political power to drive policy changes. The skills needed to accomplish this are lean testing/human centered design, and social entrepreneurial know how. The benefits to functional organizing include the ability to influence policy year after year. We will need more time and funding to concentrate on functional organizing and to unlock a working model.

2. Digital Organizing:

We would also one day like to focus on building political influence by organizing people through digital mediums. This can include things like driving engagement through SMS. The skills needed to accomplish this are list building, content management systems, and effective engagement methods across a number of digital channels. The benefits to digital organizing include the potential for rapid list growth and the per person engagement costs are very low. We will need to work on more funding and expertise in order to pursue digital organizing.



CONCLUDING STATEMENT:

With the gains made over the past several years, we feel we have created momentum with our advocacy efforts to date which we plan on expanding upon over the next three years and beyond. We have the ear of the federal government and we plan on following through to ensure they deliver on their promise of timely access to perinatal mental health services. In moving and expanding our advocacy into provincial and territorial areas, we will be amplifying our message and ensuring that when a national perinatal strategy is created, that it's enacted and implemented into each health care jurisdiction.

Advocacy Strategy

There are many definitions of advocacy. The CPMHC follows this definition of advocacy from the Government of Canada:

"Interventions such as speaking, writing or acting in favour of a particular issue or cause, policy or group of people. In the public health field, advocacy is assumed to be in the public interest, whereas lobbying by a special interest group may or may not be in the public interest."

"Advocacy often aims to enhance the health of disadvantaged groups such as First Nations communities, people living in poverty or persons with HIV/AIDS."

<https://www.canada.ca/en/public-health/services/public-health-practice/skills-online/glossary-terms.html>

Issue

The issue that the CPMHC is addressing is the lack of timely access to perinatal mental health services in Canada.

Audience

The CPMHC has two main audiences it is targeting: The government (federal/provincial/ territorial) and the public.

Analysis

- In Canada, 20% of women and 10% of men suffer from perinatal mental illness and rates during the COVID-19 global pandemic have doubled.
- Rates are even higher for 2SLGBTQIA+, Black and Indigenous individuals and people of colour.

Unlike the United Kingdom, Australia, and many parts of the United States, Canada does not have a comprehensive national strategy, mandate, or directive to guide how health care practitioners should assess, diagnosis, treat, or provide follow-up to individuals suffering from perinatal mood and anxiety disorders (PMADs) – a spectrum of mental health disorders that can affect an individual from conception to 12 months after birth.

The adverse outcomes, both acute and long-term, of PMADs for parents, their children, and families is well known. Consequences of untreated postpartum mood disturbances can include prolonged maternal depression, paternal depression, partner relationship dissatisfaction and conflict, impaired parental-infant interactions and attachment, risk for impaired cognitive or psychosocial development for the child, and in extreme situations, maternal suicide or infanticide.

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

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

For these reasons, the CPMHC is calling on the federal government to enact a national perinatal mental health strategy and on provincial and territorial governments to enact legislation that includes mandated universal perinatal mental health screening and timely access to treatment.

Advocacy Strategy, continued

By the Numbers

With a goal to learn about screening and treatment practices across Canada to identify gaps as well as what's working in different jurisdictions, the 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. Top findings and the voices of those surveyed are included throughout this report. Critical findings include:



Advocacy Strategy, continued



Influencing Policy

The CPMHC seeks to influence policy when it comes to perinatal mental health care. The CPMHC understands that policy-making or policy development is a dual process in which legislators and administrators have a significant role as well as citizens and advocacy groups. The strategy will be different depending on whether we engage at the legislative or administrative process of policy-making.

At the Federal Level

At the federal level, the CPMHC will continue to meet with the different roles of government who are responsible for policy-making including members of the Executive Branch including public sector employees who work with different departments and Deputy Ministers whenever possible. The CPMHC understands that the process the Executive Branch follows in policy-making is less politicized and the best approach is to seek advice when reaching out. The goal is to reach out and become involved at all levels of policy-making, from the initial policy design stage, to program design and the policy approval stage, to program implementation and the monitoring stage, to the evaluation stage.

At the Provincial/Territorial Level

A new area CPMHC will be looking at is advocating more formally at the provincial/ territorial level. The CPMHC understands that even if a national perinatal mental health strategy is implemented at the federal level, true success will lie in the ability to implement policies and programs in each provincial and territorial health jurisdiction, thus influencing policy at this level is a vital route for the CPMHC to engage in.

The CPMHC is learning about the distinctions that exist when it comes to policy-making at the provincial/territorial levels versus the federal level. The only advocacy activity the CPMHC has engaged in directly has been in helping to position and champion Ontario MPP Bhutila Karpoche's private member's bills which did not pass second reading. The CPMHC is learning that provincial/territorial policy-making involves less political and administrative processes as legislation does not have to pass in another House such as the federal Senate.

The CPMHC will be looking at setting up chapters in each province and territory and recruiting and training volunteers on how to advocate at the provincial/territorial level. Once funds are secured, the CPMHC will hire an advocacy consultant to help with setting up the chapters and training individuals.

Advocacy Strategy, continued

Health Ministers

The CPMHC will continue to build its relationship with the federal Minister of Mental Health and Addictions as well as with the Health Minister and provincial/territorial ministers of health.

Former Minister of Mental Health and Addictions, Carolyn Bennett participated in the 2nd annual Flora's Walk in May 2022 and 2023. She spoke at the walk and announced \$857,000 in funding for perinatal mental health including \$372,000 to Women's College Hospital to develop Canada's first ever National Guidelines for Perinatal Mental Health! The CPMHC is thrilled to be Principal Advisors for the guidelines.

The CPMHC will be advocating to have perinatal mental health be part of the agenda for the annual provincial/territorial health ministers meeting.

The Government

The CPMHC's advocacy strategy is to influence policy by working within and outside the system and targeting these four audiences:

1. elected members representing a constituency
2. elected members representing the government (i.e. cabinet)
3. elected members representing the opposition (i.e. critics)
4. civil servants

Identifying the Key Players

It's important for CPMHC to identify who the key players are in policy-making from government committees to ministers' staff, to opposition critics.

Direct Representatives

The CPMHC will continue to build relationships and engage with direct representatives including MLAs, MPPs, and MPs both provincially/territorially and federally.

Committees

The CPMHC understands that committees play a vital role in the policy-making process and that all levels of government have committees. The CPMHC will target provincial/

territorial committees as well as the more elaborate federal standing committees, standing joint committees, special committees, legislative committees, joint committees, and committees of the whole.





Advocacy Strategy, continued

Government Departments

The CPMHC understands that it is in government departments where the greatest level of power and highest degree of expertise on policy issues reside. Although we will continue to nurture relationships with Ministers already made including with the Minister of Mental Health and Addictions, and well as reach across the party aisle and engage with opposition ministers, we understand that relationship-building with the public service is a high priority because they actually write the policy.

Opposition Critics

It will be important for the CPMHC to engage more fully with opposition critics at the federal and provincial/territorial levels for bi-partisan reasons but also because opposition critics can raise the issue in question period and bring it to the attention of the Minister and the media. The opposition critic may have a network of contacts to help with policy changes. Also, it's important to build these relationships should the opposition become government one day.

Public Education

The CPMHC will also develop and launch public education campaigns over social media and via a monthly newsletter to members to ensure our followers understand the issue and are kept up to date on all related news so that when we put out a call to action for an advocacy initiative, our followers are ready to answer the call.

Mobilization

The CPMHC will work on creating chapters in each province and territory over the next three years where we will host information sessions and workshops to train and mobilize volunteers interested in advocating in their local jurisdictions.

The Media

The CPMHC understands the power and influence of the media in garnering the attention of politicians who have the greatest influence in policy-making. Public officials pay attention to media and the media can be used to reach the public. The CPMHC will continue to build relationships with the media and reach out to the media via news releases and participate in media interviews to gain traction and push the issue forward.

Challenges

As great as an advocacy strategy can be, and as passionate as those who are driving it forward, there will be challenges to overcome and deal with on a day-to-day operating basis.

Resource Allocation

By resource allocation, we mean human and financial. As a non profit organization and not a charity, we don't have to worry so much about the amount of advocacy that we do as there are no limitations for a solely non profit organization. However, that doesn't make up for the fact that advocacy is still a full time endeavor and at CPMHC, there is no one tackling advocacy full time due to a lack of financial resources. Of course, we hope that scenario will change and if it does, with funding we would look at hiring a qualified consultant to help with our goal of setting up advocacy chapters across the country.

Without adequate human or financial allocation, another avenue to explore is creating a coalition of like-minded perinatal mental health organizations and also look at more formal partnerships.

Advocacy Strategy, continued

Looking Forward

We are honoured to be part of the team at Women's College Hospital moving national guidelines for perinatal mental health forward.

The CPMHC was asked to participate in the CANMAT guidelines project in January and provided a letter of support to project leads Dr. Simone Vigod and Dr. Benicio Frey.

As principal authors and People With Lived Experience Principal Advisors and Knowledge Users, we are committed to the success of the CANMAT guideline.

Since 2019, the CPMHC has been calling for a national perinatal mental health strategy that includes guidelines on universal screening and timely access to treatment. The CANMAT guidelines are a precursor to National Standards of Care for perinatal mental health.

As mentioned in the government's announcement, the guidelines will help "individuals, families, and caregivers better understand what to ask for in their care; assist health care professionals in expanding their knowledge of what perinatal care should be offered; and help health care organizations measure, assess, and improve their performance."

This project has the potential to transform the health care system and increase access to evidence-based treatments which is in-line with our call for a national perinatal mental health strategy.



A photograph of a man and a woman holding a newborn baby. The man is on the left, wearing a light blue button-down shirt, and the woman is on the right, wearing a white blouse. They are both looking down at the baby with gentle expressions. The background is a soft-focus indoor setting.

*We thank you for your
ongoing support of our
organization*



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