

## Briefing Note to Standing Committee on Health Regarding Perinatal Mental Health

Survey findings from the Canadian Perinatal Mental Health Collaborative (CPMHC) show a vital need for a national perinatal mental health strategy to address gaps in screening and treatment, particularly now that rates of perinatal mental illness (conception to one year postpartum) have doubled since the start of the pandemic. Perinatal mental illness can include prenatal and postpartum depression, anxiety, panic disorder, obsessive-compulsive disorder, bipolar disorder, post-traumatic stress disorder, and psychosis.

### Critical survey 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 Perinatal Mood and Anxiety Disorders 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; and
- 69% of practitioners reported that COVID-19 has complicated access to care, including reduced in-person visits and overall services.

In light of these results, the CPMHC has created a report titled, *Time for Action*, with 15 recommendations on what we believe the government should include in a national perinatal mental health strategy. **Here are our top five recommendations:**

1. Legislation that provides clear guidelines for clinicians through a national perinatal mental health strategy that prioritizes equitable health care across all Canadian jurisdictions.
2. Targeted perinatal mental health care funding allocated to each province and territory to administer perinatal mental health programs.
3. Mandated universal perinatal mental health screening at regular intervals from preconception to one year postpartum and beyond as well as timely access to treatment.
4. The implementation of a comprehensive perinatal mental health curriculum directly into medical syllabuses (in schools of medicine, nursing, and allied health) and ongoing training for front line health care practitioners.
5. The investment in culturally sensitive, accessible and patient-oriented treatment solutions.

**Background:**

In Canada, 20% of women and 10% of men suffer from perinatal mental illness; rates during the COVID-19 global pandemic have doubled. 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.

The CPMHC is comprised over 60 National Committee members and Social Media Ambassadors (health care practitioners, researchers, and individuals with lived experience) representing all provinces and territories.

We formed the CPMHC in 2019 and our work gained momentum in January 2020 with the commencement of the #ThisIsMyStory campaign in conjunction with Bell Let's Talk Day. Followers were asked to submit personal stories surrounding their struggles with mental illness in the perinatal period. Next on the agenda for the CPMHC was the #NowMoreThanEver campaign for World Maternal Mental Health Day (celebrated the first Wednesday in May each year). Individuals with lived experience, dignitaries, politicians, mayors, celebrities and agencies submitted videos of why they felt a national perinatal mental health strategy was needed now more than ever. A compilation video lives on our website ([www.cpmhc.ca](http://www.cpmhc.ca)). This campaign was followed by the submission of an e-petition to the House of Commons for the creation of a national strategy.

We believe health care practitioners should integrate screening for perinatal mental illness into routine practice while structural changes are required to ensure accessible and culturally safe treatment of people experiencing perinatal mental illness across Canada.

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