

## **Brief to the House of Commons Standing Committee on the Status of Women**

Prepared by: Dr. Ryan Van Lieshout, MD, PhD, FRCPC (vanlierj@mcmaster.ca)

Associate Professor, Department of Psychiatry and Behavioural Neurosciences,

McMaster University

Hamilton, ON

### **The Perinatal Mental Health of Women, Pregnant Persons, Mothers and Birthing Parents**

**in Canada:** Perinatal mental health problems affect up to 1 in 5 mothers and birthing parents, rates that increased to 1 in 3 during the COVID-19 pandemic. Every case of postpartum depression alone is associated with costs of up to \$125,000 over the lifespan, or \$2.5B for each single year of births in Canada. The offspring of mothers with PPD are up to five times more likely to develop a clinically significant behavioural problem, and up to four times more likely to develop depression in their lives. Even though effective treatments can help both mothers and their children, as few as 1 in 10 pregnant and postpartum persons are able to access evidence-based care in Canada.

**Barriers to Care:** There are many barriers to the receipt of timely perinatal mental health care in this Country. In addition to time, childcare, travel, and a lack of providers, most individuals prefer psychotherapy over medications, particularly during pregnancy and lactation. Even though Canada is a world leader in the development of scalable psychotherapeutic interventions for perinatal mental health problems, there is a lack of providers, national quality standards, stepped care models, and coordination.

**Canadian Innovation:** However, there are many reasons for hope. Stepped care pathways – those that match individuals to the right treatment at the right time could substantially increase the number of women receiving effective treatment, as can the application of scalable Canadian-made interventions and the task-sharing of psychotherapy delivery with non-physician healthcare professionals and recovered peers.

Our group alone has developed and tested effective scalable interventions that can be delivered by healthcare professionals or peers, and that can serve both as initial and later, more intensive steps in stepped-care models. For example, our 1-day CBT-based workshop for postpartum depression can effectively treat up to 30 individuals at a time and be delivered by healthcare professionals or recovered peers. Our 9-week online group CBT intervention has also proven effective for those with higher symptom severity, and its delivery has already been successfully task shifted to recovered peers and public health nurses with limited to no previous psychiatric training. These scalable groups have proven effective delivered in-person or online and a half-dozen public health units in Ontario are now being trained to deliver these interventions to mothers living in the community.

**Effects of Treatment on Parents and Families:** We have also shown that treating mothers not only benefits them, but their entire family. Up to 70% of the costs associated with perinatal mental disorders are due to their downstream effects on daughters and sons. Recent research by

our group and others around the world has showed that treating mothers with PPD leads to clinically meaningful improvements in mother-infant interactions, infant neurodevelopment and emotion regulatory capacity, and even the mental health of older children in the home. This is in keeping with research from around the world that suggests for every dollar invested in early childhood interventions, society reaps a \$7 return on investment.

**The Future of Perinatal Mental Health Care in Canada:** Perinatal mental health problems in Canada can be prevented, detected and treated, and we already have the know-how to support mothers and disrupt the intergenerational transmission of mental disorders in families. Setting national quality standards and developing Canadian-specific stepped-care models and pathways can support the training of lay people and professionals in the delivery of psychotherapies will enable our Canadian-made discoveries to be scaled to improve the lives of women, girls, and all Canadians.

**Recommendations:** I humbly submit two recommendations that may be within the federal mandate for health that could help to mitigate existing challenges to giving all women access to appropriate, evidence-based perinatal mental health care when and where they need it:

1. **Quality Standard Development:** Alongside experts and Associate Minister of Mental Health, Hon. Carolyn Bennett, support the development of perinatal-specific quality standards to promote timely access to mental health care
2. **Stepped-Model of Care:** Utilize the above Quality Standards to create a Canadian-specific stepped-care model of care to guide the selection of effective preventive and treatment interventions and criteria for their application, as well as support the coordination of existing services. This will help determine training and personnel needs, as well as the development of measurement-based performance indicators.

It is hoped that these standards and pathways can be used to help provincial and federal governments work together to put these into practice and make Canada the best country in the world to be a woman or girl.

### **Selected References**

Bauer A, Personage M, Knapp M, Iemmi V, Adelaja B. The costs of perinatal mental health problems. Personal Social Services Research Unit. 2014. Accessed January 28, 2021.

Van Lieshout RJ, Layton H, Savoy CD, et al. Effect of online 1-day cognitive behavioral therapy-based workshops plus usual care vs usual care alone for postpartum depression: a randomized controlled trial. *JAMA Psychiatry*. 2021; 78(11):1200-1207.

Van Lieshout RJ, Layton H, Savoy CD, et al. Public health nurse-delivered group cognitive behavioural therapy for postpartum depression: a randomized controlled trial. *Canadian Journal of Psychiatry*. 2022 Jan 21:7067437221074426.

Amani B, Merza D, Savoy C, Streiner D, Bieling P, Ferro MA, Van Lieshout RJ. Peer-delivered CBT for postpartum depression: a randomized controlled trial. *J Clin Psychiatry*. 2021 Nov 9;83(1):21m13928.

MacQueen G, Frey BN, Ismail Z, Jaworska N, Steiner M, Van Lieshout RJ, Kennedy SH, Lam RW, Milev R, Parkih SV, Ravindran AV. 2016 Clinical Guidelines for the Management of Adults with Major Depressive Disorder: Youth, Women, and the Elderly. *Can J Psychiatry*. 2016; 61: 588-603.