TORONTO

REPORT FOR INFORMATION

Perinatal Mood Disorders

Date: May 3, 2017
To: Board of Health
From: Medical Officer of Health
Wards: All

SUMMARY

Perinatal Mood Disorders (PMD) are a serious mental health issue for women and are considered to be the most common complication of pregnancy and the postpartum period. Negative short and long-term impacts on the mother, her partner, her children and family represent a considerable public health problem (Ross, Dennis, Robertson Blackmore & Stewart, 2005). Recently, the World Psychiatric Association (WPA) issued a position statement calling for an improved worldwide focus on perinatal mental healthcare (WPA, 2017). In Ontario, the Ministry of Health and Long Term Care (MOHLTC) convened the Healthy Human Development Table (HHDT) to bring a range of public health sector representatives together with other partners and experts to address parental mental health to support healthy child development. Perinatal mental health is the current focus of the HHDT (Public Health Ontario (PHO), 2016a).

Women's mental health during the perinatal period is an integral part of health and well-being. The perinatal period has been defined as the time spanning conception to one year postpartum, highlighting the importance of women's mental health during pregnancy, childbirth and postpartum (WPA, 2017). During this time women may experience mental health disorders such as depression, anxiety and psychosis, impacting their ability to function as a mother and partner, with profound long-term negative consequences for infant and family outcomes. Collectively these have been referred to as PMD. Approximately 20% of women will experience PMD, impacting 28,000 women in Ontario each year. As such, PMD is a major public health concern for the entire family (HHDT, 2016). The evidence documenting economic costs of untreated and/or undiagnosed PMD in the US, Australia and the UK are alarming, adding to the significant disease burden (HHDT, 2016).

The purpose of this report is to raise awareness of the issue of PMD and provide an update on the programs and services provided by Toronto Public Health to address this important health issue.

FINANCIAL IMPACT

There are no financial implications from this report.

DECISION HISTORY

There have been no previous reports on Perinatal Mood Disorders.

COMMENTS

Experiencing PMD including postpartum depression (PPD) and anxiety is a complex and challenging mental health issue in a woman's life that can have significant and long-term impacts on the woman, her partner, her children and the family.

Prevalence

Prevalence rates for PMD are reported to be as high as 20% (HHDT, 2016). In relation to Toronto's approximately 31,000 births per year, this places over 6000 women at risk of experiencing PMD in Toronto (TPH 2017). Additionally, research indicates that rates increase for adolescents and immigrant women (Stuart-Parrigon & Stuart, 2014). Immigrant women are at a particular risk of experiencing PPD compared with women in the general population, with rates ranging from 24% to 42% (TPH 2015). In Toronto in 2011 there were 19,068 births to women born outside Canada demonstrating the potential magnitude of the issue for immigrant women (MOHLTC, 2014). It is important to note that one-third of immigrants in Toronto are newcomers, having arrived in Canada in the last 10 years (City of Toronto, 2013). PMD research indicates that the rise in risk for immigrant women may reflect their susceptibility to mental illness because of stressors such as the migration experience, lack of social support, language difficulties, and unfamiliarity with Canadian life and health care (TPH, 2015). Health disparities affect the distribution of PMD. Poverty, lack of social supports and being a new immigrant are key risk factors for PMD, and these in turn create barriers that impact access to care (HHDT, 2016).

Risk Factors

Factors that place a woman at risk for PMD have been identified, and referred to as a complex mix of “bio-psycho-social-cultural factors” (Fung & Dennis, 2010). Biological factors may include depression or anxiety during pregnancy, a previous diagnosis of depression, a family history of depression, hormonal shifts during the perinatal period, or postpartum discomfort and exhaustion. Psychosocial stressors may include low socioeconomic status, being a single parent, poor social support and general life stress. Stress in the relationship with the partner is also a major risk factor for PMD, specifically interpersonal violence and isolation. (Stuart-Parrigon & Stuart, 2014). For immigrant women the social, cultural, and systemic factors may affect their risk of PPD, such as immigration status, race and ethnicity, and isolation (Fung & Dennis, 2010).

Signs of Perinatal Mood Disorders

PMD can begin during pregnancy and are characterized by symptoms of low mood, despondency, loss of interest or pleasure in activities, withdrawal, sleep disturbances, anxiety and thoughts of death. In addition to maternal morbidity, these symptoms may negatively affect a new mother's attachment with her baby and may cause difficulty with breastfeeding (Hatton, Harrison-Hohner, Coste, Dorato, Curet & McCarron, 2005). If left untreated, PMD can develop into severe clinical depression and, in a small number of cases, lead to suicide, or harm to the infant (Lindahl, Pearson & Colpe, 2005).

PMD during pregnancy increases the risk of preterm birth and/or delivering a low birth weight baby. Both outcomes have significant negative implications for infant growth and development, the ongoing health of the infant, the parent-child relationship, and associated healthcare costs (HHDT, 2016).

During the postpartum period PMD can result in a disruption in maternal-infant attachment as well as a lack of confidence in parenting skills. These have profound implications for infants' and children's growth and development. Mothers with PPD are less likely to initiate breastfeeding, breastfeed exclusively, or continue breastfeeding, and are less likely to place their infant in back sleep positions or consistently use a car seat (HHDT, 2016). While infants of depressed mothers may experience difficulties in self-regulation (i.e., disrupted sleep and eating routines) and socialization (manifested as anxiety or withdrawal), the resultant behavioural and developmental challenges extend into toddlerhood, childhood, and even adolescence (HHDT, 2016). Children of postnatally depressed mothers may demonstrate ongoing cognitive, social, and emotional issues such as a decrease in IQ scores, particularly among boys, decrease in individual creative play, negative responses to friendly approaches by other children and an increase in tendency toward violence, evidenced by anger management difficulties, bullying, threatening, and physical fights (HHDT, 2016).

Effective Public Health Interventions

Given the potential adverse health outcomes to women, partners, children and families, and increased overall societal costs, the effects of PMD are a significant public health issue. Public Health has a unique role to play in reducing the negative impacts of PMD. Public Health Units are mandated by the Ontario Public Health Standards (OPHS) to play an essential role in screening, assessment, surveillance, health promotion, disease prevention, and policy development related to PMD (MOHLTC, 2008). Evidence identifies multiple effective interventions to address PMD in a public health context.

The array of intervention types that are identified as being effective overall, include: psychosocial and psychological interventions, educational interventions, home visit and telephone support services, and pharmacological and nutritional interventions (PHO, 2016b). Public Health Units work in partnership with other sectors in the healthcare system and deliver components of a collaborative comprehensive perinatal mental health strategy while attending to health equity principles in population health (HHDT, 2016; PHO, 2016b). Vulnerable women and families often face barriers to accessing the health care system due to health disparities and fear of stigma. The evidence shows that Public Health Nurses (PHN) are trusted by the public, provide a safe environment for women to share their struggles, and are essential to reach, support and refer women and their families (HHDT, 2017).

Toronto Public Health PMD Programs and Services for Women and Families

Toronto Public Health has implemented a number of preconception, prenatal, postpartum and parenting, programs and services addressing PMD through universal and targeted health promotion strategies. Toronto Public Health's programs and services encompass evidence based public health interventions identified in the literature, while addressing health equity and social determinants of health (PHO, 2016b). Web based interventions,

social media, and health communication campaigns have also been implemented to raise awareness of key messages regarding PMD.

Psychosocial and Psychological Interventions

Toronto Public Health Nurses provide psychosocial and psychological interventions for perinatal women through a range of strategies. Public Health Nurses are highly skilled in counselling, debriefing, and social support building; best practice interventions for women with postpartum depressive symptoms. (HHDT, 2017). They provide this service in group and individual settings.

Educational Interventions

Psychoeducation is provided by Toronto Public Health nurses to help women learn and understand about symptoms, their underlying disorder, learn about treatments available, and reinforce effective coping strategies. Modifiable risk factors such as social supports, self-care and strategies to cope with infant care are addressed (HHDT, 2017). PHNs also provide supportive resources, and referral and linkages.

Home Visiting Services

Healthy Babies Healthy Children is a program where home visiting is provided by Toronto Public Health nurses and Family Home Visitors. The literature identifies home visiting as effective in reducing depression or anxiety when targeted at women at high risk for family dysfunction and child abuse (PHO, 2016b). In addition to providing psychosocial, psychological and educational interventions, PHNs and Family Home Visitors focus on the promotion of attachment and positive parent child interactions using evidence based interventions to meet the specific needs of parent/caregiver child relationship.

Telephone Support Services

Telephone support provided by Public Health Nurses has been shown to be effective in reducing depressive symptomatology and stress (PHO, 2016b). At Toronto Public Health, Public Health Nurses provide telephone assessment and counselling, psychoeducation, and referral. When indicated, women are referred to their health care providers, to mental health counselling, and to social service agencies for support. Toronto Public Health's goal is that with ongoing contact and assessment, the need for emergency department crisis visits may be reduced. When women are well enough to interact in a group setting, they are offered a psychoeducational group, where they benefit from professional and peer support.

Pharmacological and Nutritional Interventions

The combination of pharmacological and nutritional interventions with psychosocial and psychological interventions shows significant improvements in reducing risk for postpartum depression and perinatal depressive symptoms (PHO, 2016b). At Toronto Public Health, Public Health nurses refer women to their healthcare providers, and support women in Toronto Public Health programs and services to access and engage in treatment as prescribed. Education and counselling also focuses on stimulating poor appetite and managing energy levels in the postpartum period.

Postpartum Adjustment Program

Toronto Public Health's Postpartum Adjustment Program (PAP) is an evidence based intervention program that decreases the severity and duration of PMD and the negative impact on the maternal infant relationship; supporting healthy cognitive and emotional development in the child and increasing awareness of Perinatal Mood Disorder (PMD) in the community.

Toronto Public Health currently collaborates in two PAPs in the city. In the group setting women are supported by Public Health Nurses to work towards recovery, improving their relationships, particularly with their infants, and building their social support networks. A recent pilot study of the PAP demonstrated a reduction in women's depressive symptomatology at 12 weeks post-program initiation, as well as reduced symptoms of anxiety and increased perceptions of social support, mental health self-care activities and access to services including mental health services (TPH & Dennis, 2012).

Toronto Public Health implements the above interventions and strategies in a range of health promotion programs and services. These are:

- Welcome to Parenting Online Program
- Canada Prenatal Nutrition Program
- Toronto Public Health Breastfeeding Clinics
- Toronto Public Health Breastfeeding Peer Support Groups
- Healthy Babies Healthy Children Program
- Postpartum Adjustment Programs
- Postpartum and Parenting Programs

Web Based Access to Raise Awareness of PMD

Information to increase awareness of PMD, supports, and resources in Toronto including Toronto Public Health services are available on the TPH website. The content is current, evidence based, diverse in its representation of the community, and aimed to support a number of target populations**.** Social media campaigns via Facebook, Twitter, Pinterest and YouTube have also been implemented. Toronto Public Health recently implemented a health communication campaign to raise awareness of PMD and improve health outcomes by reducing the impact of maternal mental illness on families. Posters were placed in TTC subway cars, on billboards, digital screens, and local newspapers. A targeted promotion strategy using culturally diverse posters were placed in locations with high immigrant populations. Key PMD messages were included in Toronto Public Health's Pregnancy to Parenting blog and social media platforms.

Program Directions

Given the stressors that place immigrant women at considerable risk for PMD, it is important to address service delivery needs for this population. Planning is currently underway to expand and replicate the PAPs in areas of the city with high immigrant populations. Toronto Public Health is currently collaborating with primary care partners and the Toronto Central LHIN to establish a PAP in the Thorncliffe Park area with the intent to expand to other areas of the city.

Toronto Public Health participates on the HHDT submitting recommendations to the MOHLTC for a comprehensive health promotion approach addressing perinatal mental health as well as a PMD protocol and an accountability indicator to reflect compliance. The HHDT continues to work on the development of a Perinatal Mental Health Toolkit and Care Pathways to support the unique role of Public Health in reducing the negative impacts of PMD. The Toolkit and the Care Pathway provides public health with the opportunity to coordinate care with primary health care providers more effectively, aligning with Patients First: Action Plan for Health Care (HHDT, 2016). It allows for greater access to services and equity, early identification and timely service provision, availability of services in home and community, and stronger links between public health and other health care service providers (HHDT, 2016).

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