NORTHERN ONTARIO

POSTPARTUM MOOD DISORDERS STRATEGY

www.ppmd.ca

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The Community Counselling Centre of Nipissing works in partnership with
Thunder Bay Counselling Centre
B'saanibamaadsiwin Aboriginal Mental Health Services

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Support for the Postpartum Mood Disorder Project has been provided by a one year grant from the Ontario Trillium Foundation

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DIRECTOR'S FOREWORD

I am very proud to present the Northern Ontario Postpartum Mood Disorder (PPMD) Strategy. This Strategy has been created through a community collaboration initiative that mobilized communities, stakeholders and families across Northern Ontario, by focusing on strengths in individuals and in communities.

This Northern Ontario PPMD Strategy provides direction to all stakeholders involved with PPMD prevention, management, treatment, education and care. This document is meant to serve as a guide for decision-making and advocacy efforts for this mental illness in Northern Ontario. Partners in developing this Postpartum Mood Disorder Strategy include the health, social, academic, non-profit, government and commercial sectors and most importantly, people with PPMD, those at risk, and their families and children. The recommendations in this strategy reflect what is needed to achieve this Strategy's vision.

We are proud of the fact that this Northern Ontario PPMD Strategy is created and designed by Northerners yet has the transferability to all communities across Ontario and beyond.

The human, social and economic impacts of PPMD on individuals, families and communities are well documented. PPMD is a significant concern on international, national, provincial, community and household levels. It is also important to note that this mental illness needs to be identified early and treated in the mild form of this illness and not wait until this illness has progressed into the moderate or severe.

This Northern Ontario PPMD Strategy is the first step towards a menu of services that creates a strong care consistency and coordination between all communities/sites/teams at every point of entry.

When we provide the right service at the right time, as close to home as possible, we decrease the stress on families and decrease the future need for services.

This Northern Ontario PPMD Strategy has three (3) recommendations and our communities recognize that to implement these recommendations, further resourcing will be required. To implement these recommendations without further resources is very risky, as we will overly stress the current system.

Thanks you for your ongoing support as we promote and eventually implement the recommendations in this Northern Ontario PPMD Strategy.

Sincerely,

Linda Rankin, Director, Northern Ontario PPMD Strategy

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EXECUTIVE SUMMARY

The human, social and economic impacts of mood changes both before and after having a baby or adopting a child are well documented. Postpartum Mood Disorders (PPMD) impact thousands of families across Northern Ontario. It is estimated that over 3500 families in Northern Ontario may have one or more parents who suffer from this mental illness. Parental mental wellness is directly connected to physical, emotional and mental health outcomes for children. As a result, good mental health for the life givers and care givers in our communities is essential to the creation of healthy and resilient communities.

Within the province of Ontario there is no coordinated, comprehensive strategy for families suffering with postpartum mood disorders. The Northern Ontario PPMD Strategy represents the combined voices of community service providers and families with lived experience from across Northern Ontario. It provides a plan to address the isolation, shame, anxiety, fear and depression that many parents feel.

We have an obligation to provide a supportive community for parents, where mental health services are available, so that families may thrive. By supporting parental mental wellness, we are supporting a child's healthy development. It is possible to address the anxiety, isolation and depression that many new parents feel. This is the vision that sits at the heart of the Northern Ontario Postpartum Mood Disorders Strategy.

Northern Ontario's Postpartum Mood Disorder Strategy offers logical steps towards providing comprehensive, culturally safe services for families suffering from this mental illness.

Photovoice: "Trapped" by Michelle

WHAT IS PPMD?

The term postpartum mood disorder describes mental illness that may manifest itself in a variety of diagnoses. This may include mania, obsessive compulsion, anxiety, depression, postpartum post traumatic stress disorder, and postpartum psychosis. Most often this mental illness presents as a combination of both depression and anxiety and can be experienced on a continuum of mild to severe. Parents may experience this mental illness during pregnancy and after the birth of a child. The Northern Ontario Postpartum Mood Disorder project utilizes a broad definition of PPMD that considers perinatal and post adoption mental illness for all parents.

> I want others to know that I felt exposed, and had to allow myself to be exposed. This illness can happen to anyone at any stage of your pregnancy or after the birth.
>
> Mother with lived experience

RISK FACTORS

Risk factors for PPMD vary dependant on the gender of the parent and if they have a biological or adoptive relationship to the child. Generally, risk factors include:

- history of depression or anxiety,
- life stress,
- lack of social support,
- relationship dissatisfaction,
- low self-esteem,
- low socio economic status,
- having a partner with PPMD.

> When mothers experience PPMD 24%-50% of their partners will experience PPMD.
>
> (Letourneau et al., 2012)

RATES OF PPMD

PPMD impacts one in five mothers, one in ten fathers, one of two adolescent parents & one in four adoptive parents. In the Northern Ontario PPMD Project we estimate that over 3500 families in Northern Ontario are impacted annually by this illness.

> Relationships can be a battle when suffering with PPMD. It became easier to just be angry and closed off to anything, rather than understand what I really needed.
>
> Mother with lived experience

BEST PRACTICES FOR PPMD

Research has confirmed the positive effects of treatment for PPMD. Treatment for parents experiencing mental illness can change the trajectory of a child's physical, social and psychological development.

Best practice treatment options include: biological, psychological and social supports for the family. More specifically, best practice psychological treatment for PPMDs includes therapies such as Interpersonal Therapy (IPT), Cognitive Behavioural Therapy (CBT) and group therapies.

The earlier that an individual is identified as having a problem, and the earlier they receive treatment, the more likely it is that intergenerational transmission of this illness may be mitigated or prevented.

> In order to provide treatment for parents with mental health disorders during the perinatal period there is a need to consider the needs of the infant and the parent's psychological adjustment to the arrival of the infant.
>
> (Echo: Improving Women's Health in Ontario, 2012)

MAKING A COMMITMENT

Addressing PPMD is about making our communities stronger over the long term. Currently within Northern Ontario services for PPMD are sporadic and often supported by time limited funding. Families experience a "lottery" where their place of residence determines their access to services. Northern Ontario's Postpartum Mood Disorder Strategy envisions a commitment to families through policy development, partnership and community engagement. This is a collective effort.

Photovoice: "Everyone Has a Hand Involved " by Niibaageezokwe

Photovoice: "Connections" by Michelle

Photovoice: "Sun Through the Clouds" by Nicole

CHAPTER ONE:

Introduction to the Project

Within the province of Ontario, there is neither a coordinated comprehensive strategy nor a menu of services for families suffering from PPMD. There is ever increasing knowledge on the importance of this issue and its impacts on the whole family. To date Saskatchewan is the only Province in Canada to have successfully developed a Provincial Strategy to address PPMD. Families find their biggest challenge in fighting PPMD is that services are fragmented, spread across several ministries and offered in a variety of care sectors.

We know that this is an illness from which families can recover. Best Practices clearly indicate that treatment works. With effective treatment perinatal mental illness can be treated to remission. A comprehensive treatment model for PPMD is needed in the Province of Ontario.

The Northern Ontario PPMD Project has utilized a community development approach to create a Strategy for Northern Ontario. The Project goals included:

1. Improved understanding of service best-practice found within the PPMD literature;
2. Improved understanding of Northern Ontario families lived experiences of PPMD;
3 Improved understanding of PPMD service delivery for Northern Ontario communities;
4. Improved access to PPMD services in Northern Ontario communities.

To view the full project, please go to:
www.postpartumresource.com

Photovoice: "Long Road " by Kim

VISION

The Northern Ontario Postpartum Mood Disorders (PPMD) Strategy is guided by the vision of every family having access to culturally safe mental health supports across the continuum of health care; both before and after the family welcomes a new baby or adopts a child. The continuum of health care includes: prevention, promotion and clinical treatment. This vision includes PPMD informed service provision where by the treatment and the support of recovery is available to the life givers and care givers in our communities.

CORE PRINCIPLES

Community Partnership:

The PPMD Project has developed innovative partnerships across Northern Ontario that build capacity at both the local and regional level. The Northern Ontario PPMD Project has offered a unique opportunity for both Aboriginal and Non-Aboriginal organizations to partner in the development of a culturally safe PPMD strategy that reflects the needs of all women and families in Northern Ontario. This is a project that shares knowledge and utilizes a collaborative approach.

Engagement:

All members of a community: parents, spouses, friends, aunties, uncles, grandparents, Elders and service providers; must be engaged in learning about and bringing attention to this important issue.

Reciprocity:

Learning takes place in many directions. The PPMD Project acknowledges the importance of many forms of knowledge and how we all learn from one another.

Families in Community:

Families live and experience life within the social norms of our communities. Many parents face the stigma that having PPMD is a character flaw or weakness. When we acknowledge the shame, stigma and fear that can accompany this illness we are one step closer to creating communities where families can reach out for help and feel supported.

The Family:

In any treatment model infant child development will be considered in the treatment of the family as a whole.

Respect:

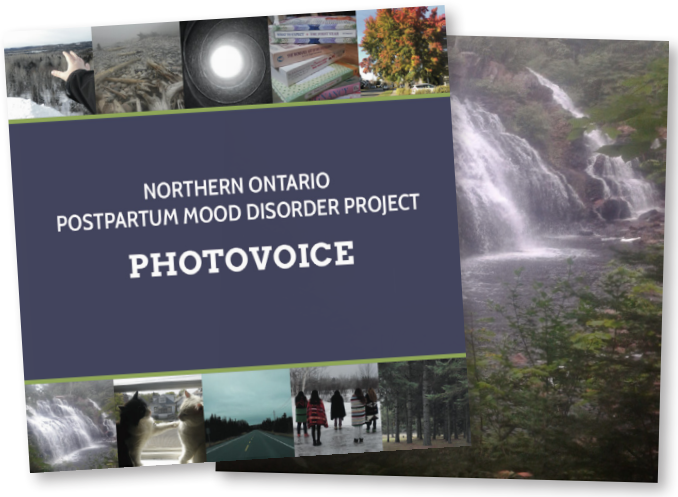
All families have the right to receive culturally safe services with respect and compassion and to be heard when they reach out for help.

Interpersonal Relationships:

PPMD affects relationships, including the parent-child relationship, the parent-parent relationship and the parent's relationships with social networks. We acknowledge that infant development and mental wellness is attached to parental mental health. Additionally, parent's mental health may be influenced by the formal and informal supports they receive in the community.

Hope:

This is a hopeful project; we are building on strengths. The research is clear - there are best practices that can help families suffering from postpartum mood disorders. We know that this is an illness from which families can recover. We are hopeful that best practices and promising practices, can be implemented for families across Northern Ontario.



Learn More About the PPMD Project at ppmd.ca

CHAPTER TWO:

Northern Ontario's Postpartum Mood Strategy

The Northern Ontario PPMD Strategy presents three recommendations. By sharing these recommendations, the intention of the Northern Ontario PPMD Steering Committees is to provide a framework on which the Provincial Government and its agencies may build.

Embedded in all of these recommendations is the recognition that PPMD impacts the whole family and in particular infant child development and attachment.

> Many women and their families who have been affected by postpartum mood disorders had the courage to share their stories. May we in turn, in their honor, show determination and social responsibility by ensuring that are in place the 3 recommendations proposed by the project partners of postpartum mood disorders.
>
> Paule Corneil, RM
> Midwife

Photovoice: "Hope " by Michelle

RECOMMENDATIONS

The Northern Ontario PPMD Strategy presents 3 recommendations. By sharing these recommendations, the intention of the Northern Ontario PPMD Project partners is to provide a framework on which the Provincial Government and its agencies may build.

Embedded in all of these recommendations is the recognition that PPMD impacts the whole family and in particular infant child development.

1. To make PPMD a priority.

The first priority is to make PPMD a priority. The implications for a lack of awareness, diagnosis and treatment for this mental illness can have profound effects on the entire family.
We know that the economic and social impacts of this illness are substantial. These impacts contribute to the overburdening of the social and health care systems in Ontario.

Expected Result:

- Reduce the social and economic impacts of this illness
- Reduce the stigma and shame that leads many families to suffer in silence

2. To create PPMD Informed Communities

PPMD informed communities require ongoing education and training. All members of the community should be aware of the prevalence of PPMD, the risk factors and the referral process to access help. Informed communities engage all members including formal supports and social networks.

Expected Result:

- Reduce the stigma and the shame
- Getting communities talking
- Utilize best practice related to PPMD
- Encouraging families to seek help
- Encouraging professionals to identify & screen
- Greater awareness of infant child development when a family is suffering from PPMD

3. Funding Northern Ontario communities to provide culturally safe:

a. PPMD informed service provision
b. PPMD menu of services for families (considering infant child development in all future services).

Funding dedicated to PPMD is necessary to the provision of a timely, comprehensive continuum of care in Northern Ontario. Consistent with the Ontario's Ministry of Children and Youth Services direction to partner with the Ministry of Health and Long Term Care this Strategy recommends a partnership between ministries to provide funding for service provision.

Expected Result:

- Infusion of funding for PPMD continuum of care
- Increased awareness
- Available screening for infant child development
- Available menu of services to include children and families
- Universal PPMD screening protocols for parents and children across Northern Ontario
- Creation of Service Maps / pathways for communities from across Northern Ontario
- Design a treatment model based on best practice for Northern Ontario
- A menu of services would include Screening, Admission, Assessment, Treatment, Supporting Recovery

RECOMMENDATION #1

Make Postpartum Mood Disorders a Priority

The first priority of this Strategy is to make PPMD a priority.

The Northern Ontario PPMD Steering Committees recommend to everyone that we make PPMD a priority. By doing, so we are acknowledging the importance of families' mental wellness. When we prioritize PPMD we are prioritizing the treatment for parents and families that can have a profound impact on the mental health and well being for all Ontarians.

For example, individual service providers may choose to make this a priority in their work plans. Teams, agencies and organizations may make PPMD a collective priority by setting a PPMD lead, or by creating organizational policy that supports PPMD services or best practice.

Professional organizations or networks may declare PPMD a priority through publishing a position paper, establishing a working group or creating best practice guidelines. The Registered Nurses Association of Ontario (RNAO) has published best practice guidelines for mental health disorders in the perinatal period.

The Northern Ontario PPMD Steering Committees recommend that the Ontario government and its agencies declare PPMD a priority issue. Addressing PPMD is a medical, emotional and social need for families in Ontario. We know that the economic and social impacts of this illness are substantial. Supporting families' mental health in the early years is the most effective way to set a solid foundation for ongoing mental and physical health. By making PPMD a priority we are one step towards quality of care for all Ontario families. This is in alignment with Ontario's Comprehensive Mental Health and Addictions Strategy.

> In the UK perinatal mental illness carries a long term cost to society of approximately £8.1 Billion a year.
>
> Three quarters of this cost relates to the adverse impacts on the child.
>
> (Dennis, 2015)

> The health of a family including our most vulnerable of our communities, infants, should not be determined by their geographical location. Without PPMD being made a priority in all communities equally, families will continue to suffer more severely and longer which could result in long term consequences for families and communities.
>
> Kathleen Jodouin, Women and HIV Coordinator, ACNBA

Photovoice: "Bridging the Gap" by Niibaageezokwe

RECOMMENDATION #2

Create PPMD Informed Communities

PPMD informed communities require ongoing culturally competent education and training to ensure the community is informed on the prevalence, risk factors, identification and referral to treatment for PPMD. Informed communities engage all members of the community, including formal supports and social networks.

We know that there are multiple barriers to the detection and the treatment for PPMD. These barriers include a lack of awareness or knowledge about the symptoms from parents, their extended families and the professionals that serve them. As a result, parents may not realize that the challenges they are experiencing as a parent, couple or family are the result of mental health issues. Thus, they may lack the medical, psychological or social support at a time when they need it the most.

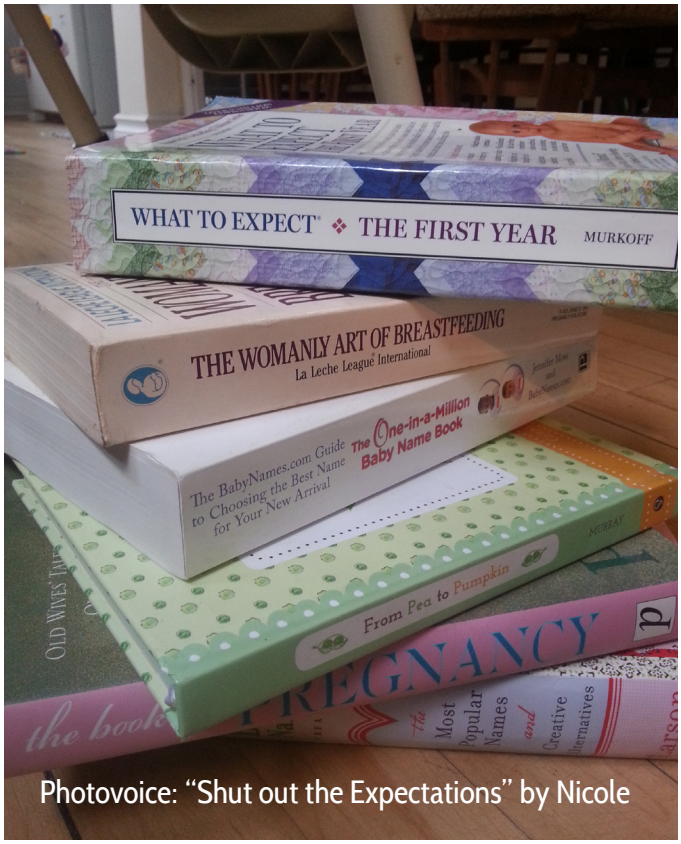
When parents do recognize the illness they may not know where to go for help and may be fearful to disclose their concerns. The fear, uncertainty and shame that accompanies this mental illness was a common theme in the discussions of the Northern Ontario PPMD Steering Committees and PPMD Photovoice sessions.

There often exists confusion around the risk that PPMD may pose to a family. In the Northern Ontario PPMD Project we heard that parents often feel fearful to disclose what they are experiencing as they are unsure if it will result in a loss of guardianship of their child or children. This fear is particularly salient in First Nations communities, where the colonial history of forced removal of children has an intergenerational impact on families.

Let's Get Communities Talking

Talking about PPMD will make a difference. We know that this is an illness of silence and shame. We have heard from families that identifying the issue is the first step. When our communities know that PPMD is a common response to biological, psychological and social stress during the perinatal or post adoption period we may begin to have the capacity to reduce the stigma and shame that exists for this illness. Additionally, we will be better prepared to utilize best practices when working with families. Of great importance is the building of awareness that this is an illness that impacts the whole family.

> The families that we work with at the Best Start Hub want the truth. Increased awareness would change their journey into parenthood making it more rewarding and less stressful. We need to understand that the Mother's health has a direct impact on baby's healthy development. We need to help families through not just the first few months of mothering the new baby but extend the time knowing that PPMD can happen anytime throughout the first 2 years after giving birth.
>
> Marilyn Perkovich-Farand RECE, AECEO.C, Early Years Professional, Superior Children's Centre
> Best Start Hub, Wawa



Photovoice: "Shut out the Expectations" by Nicole

RECOMMENDATION #3

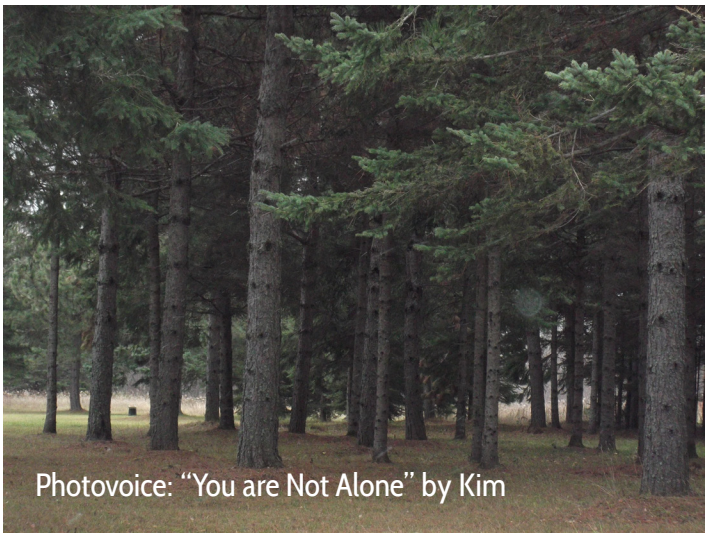
Fund Northern Ontario Communities to Provide Culturally Safe:

a. PPMD informed service provision
b. PPMD menu of services for families (considering infant child development in all future services).

Currently in the province of Ontario there is neither a coordinated comprehensive strategy nor menu of services for families suffering from PPMD. Through working with the Northern Ontario PPMD Steering Committees we recognize that there is a need to fund the training of community based service providers and to develop a comprehensive menu of services. Considering the significant prevalence of this illness, without dedicated funding we run the risk of overstressing the current system.

Culturally safe and PPMD informed service provision and a menu of services would include creative education and training based on individual community needs. A culturally safe system of care would show respect and ensure that individuals will receive services that are culturally appropriate to their family's needs.

When we consider the impacts this illness has on infant child development it is critical that a menu of services allow for early identification and treatment for the whole family. With PPMD informed service provision and a comprehensive PPMD menu of services, there is the possibility to mitigate the severity of this illness and the intergenerational transmission for Northern Ontario families.



Photovoice: "You are Not Alone" by Kim

Holistic (physical, mental, social and spiritual) culturally safe supports for prevention, promotion and treatment must be in place for mothers and other caregivers, who can be foster parents, grandmothers, single fathers, adoptive parents, to be helpful and support the partner, grandparents, elders, extended family members and also service providers. With this in place, the mother will feel safe within this cultural environment, well supported and be able to reach out for help that will meet their needs.

Rosella Kinoshemeg
Maternal Child Health Nurse, RN
Nipissing First Nation Health Services

With enhanced screening tools and a menu of service in place our staff can feel better equipped to provide awareness & support as well as timely referrals to our families suffering from PPMD. This will prepare our staff to feel more confident & comfortable discussing PPMD openly during group discussions and prenatal classes and to be prepared with the proper tools to support families which in turn will help reduce the shame and stigma, especially those suffering in silence.

Stephanie Brazeau, Manager
Our Children, Our Future

PPMD INFORMED SERVICE PROVISION

PPMD informed service provision would be an organizational approach to services that involves understanding, recognizing and effectively responding to the effects of perinatal and post adoption mental illness on families. PPMD informed care would emphasize the physical, psychological and emotional safety of the family and help families rebuild a sense of control and empowerment in their process to recovery.

With the proper resources community based agencies and service providers can increase their awareness of PPMD as a mental health issue and build capacity to service families.

Photovoice: "Safety Net" by Niibaageezokwe

PPMD informed services providers would:

- Know the variety of ways PPMDs may present,
- Be able to identify the illness and ask the right questions,
- Know the risk factors,
- Be aware of possible barriers to families who may wish to access services,
- Receive ongoing cultural safety and awareness training,
- Utilize evidence based tools for example, the Edinburgh Postnatal Depression Scale (EPDS), to screen for PPMDs,
- Have evidence based tools to assess actual risk for infants and children,
- Use non judgemental approach to providing supports,
- Know how to focus on a family's strengths and supports,
- Know the difference between the actual support and perceived support a family may have,
- Be aware of the available local services for the treatment and support of PPMD.

> More of a network would have improved my experience. I needed more of a safety net, more services, more transparent plans, overall support.
>
> The professional and medical service providers need to be more clear on safety plans, support services and referrals. They need to be more open to other options for care and support and provide appropriate follow up with the patient and their whole family.
>
> Niibaageezokwe

PPMD MENU OF SERVICES FOR FAMILIES

Funding that is dedicated to perinatal and post adoption mental illness is necessary to the provision of a timely, comprehensive continuum of care in Northern Ontario. The Northern Ontario PPMD Strategy recommends a partnership between the Ministry of Health and Long Term Care and the Ministry of Child and Youth Services for this menu of services.

MENU OF SERVICES FOR POSTPARTUM MENTAL ILLNESS IN ONTARIO'S NORTH

1. Education & Training for Primary Care Providers
2. Education & Training for Therapeutic Support Providers
3. Education & Training for Social Supports
   - Public education
   - Early Years professionals
4. Universal Screening
5. Treatment
6. Supporting Recovery

PRINCIPLES FOR PRACTICE FOR PPMD MENU OF SERVICES

The Northern Ontario PPMD Steering Committees have recommended principles of practice be integrated into any menu of services created for PPMD in Ontario's North. These principles include:

Best and promising practices: used for education, screening, treatment and supporting recovery.

Accessibility:
Services for families which are closest to home.

Respect:
Services delivered with respect for the inherent dignity and worth of all family members. This includes the concept of culturally appropriate therapeutic interventions and a non-judgemental approach to service provision. This principle includes the recognition that shame, stigma and fear are significant barriers to families both identifying the issue and accessing services.

Family Centred:
This includes family and service provider collaboration and may include such things as family home visits to deliver services.

Timely interventions:
Including the early identification and provision of services. This requires that services be least restrictive and accessible.

Innovative:
Services in Northern Ontario will need to be innovative and may need to include such things as a 24 hour help-line, use of online services and technology in order to full services remote geographic areas.

Photovoice: "Which Way to Go?" by Michelle

EDUCATION AND TRAINING

A funded menu of services will only be effective if it includes education and training for triadic support services.

- First, this includes education and training for primary care providers such as family physicians, nurse practitioners and perinatal health providers.
- Secondly, this includes education and training for providers of both adult and children's mental health services.
- Finally, this includes education and training for social supports in our communities, both formal supports such as early years professionals and public health nurses and informal such as the community at large.

The final category would include the families themselves. Through effective, non-judgemental, mental health promotion families can learn about perinatal and post adoption mental illness and its impact on the family.

Through effective, culturally appropriate, education and training we have the best chance of offering a non-judgement approach to services.

UNIVERSAL GUIDELINES FOR SCREENING AND REFERRAL

The Northern Ontario PPMD Project Steering Committees recognize that a standard, universally available, screening and referral system would be an important part of the menu of services for families. Universal screening includes a plan for routine, psychosocial assessment for families in the perinatal and post adoption period.

Through early intervention and screening, not only will an individual family's outcome be improved but also the overall mental health and health care system will benefit by diverting future resource needs. Early intervention and screening has the potential to decrease the overall burden to the system and thus freeing up the downstream services to children and families with the greatest of needs.

TREATMENT INTERVENTIONS

Currently, the lack of available treatment is the most significant gap in the menu of services. The Northern Ontario PPMD Strategy recommends a triadic treatment model for Northern Ontario communities. Including access to PPMD informed biological, psychological and social treatments. Biological treatments supports include access to informed primary care providers who can refer to both psychological and social supports. Psychological treatments include access to evidence based therapies such as Interpersonal Therapy (IPT), Cognitive Behavioural Therapy (CBT) and Group Therapies for PPMD.

Treatment interventions could include:

- Immediate supports such as case management, transition planning and referrals to psychosocial treatment options.
- Timely access to community based psychosocial treatments based in best practices.

Further research and development would be required to determine the best possible practices for families in Northern Ontario. Developing perinatal and post adoption mental health services for families in Northern Ontario will require further funding and planning.

SUPPORTING RECOVERY

The best way to support a family's recovery will vary from family to family. Effectively supporting recovery from PPMD for Northern Ontario families will require the development of community pathways that identify the instrumental, informational, emotional and therapeutic supports available in a community to support each individual family.

Both formal and informal supports can be key to a family's recovery. The recommendations of the Northern Ontario PPMD Strategy work towards enhancing these supports, casting a wider net of safety for families who have recovered.

Best Practice

Best practice suggests to us that screening is an essential tool to identify families who may be experiencing perinatal and post adoption mental health issues but should not be implemented if those screening are not prepared to treat or refer appropriately.

CHAPTER THREE:

Photovoice

A key component in the development of the Northern Ontario PPMD Strategy was hearing the voices of families with lived experiences. The Northern Ontario PPMD Project utilized Photovoice as a group method to explore and discuss lived experiences of PPMD in the north. The Photovoice project had four goals:

1. To improve understanding of families' experiences with perinatal and post adoption mental health issues,
2. To inform the development of the Northern Ontario PPMD Strategy,
3. To exhibit and represent the photos to others in the participant's communities,
4. To identify steps for positive change for PPMD in Northern Ontario.

Photovoice is an evidence based tool to educate, influence and create change in our communities. Originally founded by Carole Wang, photovoice initiatives provide an innovative process where participants take photos, write narratives and share with the community. The process results in an opportunity for people with shared experiences to gain further understanding of their own experiences and for the community to share in that learning. It has the capacity to break down the silence around issues which are often avoided or not discussed.

Photovoice Projects

Photovoice projects have been shown to document the strengths and challenges within a community, promote discussion on an issue and build public awareness to influence change.

Five women from across Northern Ontario participated in the Northern Ontario photovoice project. Four of these women were from Northwestern Ontario and one from the First Nations surrounding the Parry Sound area. While some women participated in person, others shared their photos electronically. Through a facilitated process with PPMD Project staff, the participants were asked to capture images that represented their experiences with PPMD. By answering questions such as: When did you know? How did you know? What would have helped? What do you want others to know? The photos gave voice to the women's experiences. We share that voice with you throughout this document.

> I want there to be more services specifically focusing on PPMD for women and families in Thunder Bay and Northwestern Ontario. Families need and have the right to receive support. I hope that my story will inspire someone who is struggling to reach out for help so that they don't have to recover alone.
>
> Melissa – Photovoice Participant

Themes that emerged from the Photovoice project:

Education and Training for Service Providers:
Service providers need to be aware of the shame, stigma, and silence and fear that are a part of parents' experiences.

This illness impacts relationships:
Parents are at a greater risk if they have difficult relationships in their lives. Additionally, the illness can have a negative impact on relationships that may be positive.

The relationship with the child:
Parents discussed how their child was the biggest encouragement they had to take action towards recovery. There is a need to consider the needs of the family as a whole.

Fear is a significant barrier to service:
It is important to consider the significant fear that children may be removed from the home if the illness is disclosed.

There is a lack of informed support:
Parents need treatment, validation, information and physical support.

CHAPTER FOUR:

Community Partnerships

The Northern Ontario PPMD Strategy used an inter-organizational community collaboration model that worked to engage and mobilize Northern Ontarians in the development of a collaborative, innovative PPMD strategy. This process utilized three forms of knowledge in working towards the development of the Northern Ontario PPMD Strategy. This included exploring evidence-based practice, practice-based evidence, and lived-experiences. More specifically this included:

1. A literature and global initiatives review;
2. Participatory action research in the form of both a Photovoice project and documentary film;
3. An environmental scan;
4. The formation of nine Steering Committees including front-line service providers and families with lived experiences; and
5. The formation of the Northern Ontario PPMD Advisory Council.

Leadership for this project was provided by the Community Counselling Centre of Nipissing in partnership with B'saanibamaadsiwin Aboriginal Mental Health Program and the Thunder Bay Counselling Centre. These three organizations led the steering committees, facilitated the Photovoice project and connected with families with lived experiences. Overall the Northern Ontario PPMD Project included 65 different organizational and individual partnerships across Northern Ontario. Below is a list of the Steering Committees and the partnered agencies and organizations.

The leading partners are pleased to acknowledge the following organizations for their participation. A special thank you to all of the families with lived experiences who participated in this project.

STEERING COMMITTEES

Northwestern Ontario: Led by the Thunder Bay Counselling Centre

- Best Start Dorion/ Nipigon/ Redrock
- Canadian Mental Health Association Keonora
- Canadian Mental Health Association Thunder Bay
- Communities Together for Children, Best Start
- Community Members
- Confederation College Children and Family Centre
- Dilico Anishinabek Family Centre
- Lakehead University – School of Nursing
- Northwestern Health Unit
- Riverside Community Counselling Services, Fort Frances
- Thunder Bay District Health Unit Family and School Health

First Nations: Led by B'saanibamaadsiwin Aboriginal Mental Health

- Anishinabek Nation: Union of Ontario Indians
- Garden River First Nation Naan Doo We'An Wellness Centre
- Horne Payne First Nation Health Centre
- Magnetawan First Nation Health Centre
- Nipissing First Nation Lawrence Commanda Health Centre
- Wausaksing First Nation Health and Social Services

Muskoka Parry Sound: Led by Community Counselling Centre of Nipissing

- Canadian Mental Health Association, Muskoka-Parry Sound
- Community Members
- Family Youth and Child Services Muskoka
- Muskoka Family Focus
- North Bay Parry Sound District Health Unit
- Simcoe Muskoka District Health Unit

Nipissing District:
Led by Community Counselling Centre of Nipissing

- AIDS Committee of North Bay and Area
- Children's Aid Society – Nipissing Parry Sound District
- Métis Nation of Ontario
- North Bay Indian Friendship Centre
- North Bay Nurse Practitioner Lead Clinic
- North Bay Parry Sound District Health Unit
- North Bay Regional Health Centre
- North East Community Care Access Centre

Algoma District:
Led by Community Counselling Centre of Nipissing

- Algoma Best Start
- Algoma Family Services
- Algoma Nurse Practitioner Lead Clinis
- Algoma Public Health
- Canadian Mental Health Association, Sault St Marie
- Child Care Algoma
- Community Members
- Sault Area Hospital
- Superior Children's Centre, Best Start Hub, Wawa
- Wawa Family Health Team
- The Pregnancy Centre – Sault Ste. Marie & Algoma District

Greater Sudbury and Area:
Led by Community Counselling Centre of Nipissing

- Better Beginnings/ Better Futures
- Child and Community Resources
- Health Sciences North
- Monarch Recovery Services
- Northern Initiative for Social Action
- Our Children, Our Future
- Sudbury District Health Unit

Timiskaming:
Led by Community Counselling Centre of Nipissing

- District of Timiskaming Social Services Administration Board
- North East Ontario Family and Children's Services, Kirkland Lake
- North East Ontario Family and Children's Services, Timiskaming
- Sages-femmes Timiskaming Midwives
- Timiskaming Health Unit

Timmins and District:
Led by Community Counselling Centre of Nipissing

- Balance on Purpose Consulting and Coaching
- Canadian Mental Health Association, Timmins
- North East Ontario Family and Children's Services, Hearst
- North East Ontario Family and Children's Services, Kapuskasing
- North East Ontario Family and Children's Services, Timmins
- Porcupine Health Unit, Timmins Branch
- Porcupine Health Unit, Moosonee Branch
- Timmins Native Friendship Centre

Video Participants

- Families with lived experiences
- Haldiman Norfolk Counties – Tracy Woodford
- Health Nexus, Best Start – Hiltrude Dawson
- Hospital for Sick Kids – Chaya Kulkarni
- Lakehead School of Nursing – Karen McQueen
- Lawrence Commanda Health Centre – Brenda Restoule
- Lawrence Commanda Health Centre – Rosella Kinoshemeg
- Moose Deer Point Health Centre – Commie Foster
- Mount Sinai Hospital – Paula Ravitz
- Mount Sinai Hospital – Ariel Dalfen
- University of Toronto – Cindy-Lee Denis
- Wawa Family Health Team – Anjali Oberai
- Wawa Family Health Team – Shirley Hale
- Wawa Family Health Team – Brenda Melbourne

APPENDIX A

Glossary of Terms

Attachment

Attachment is the foundation for long lasting relationships between people. It begins as an emotional bond between an infant and their primary caregiver(s). A strong attachment is vital to a child's behavioural, emotional and social development.

Community Development

Community development is a process by where community members come together to take a collective action and generate solutions to common issues. Community development is most often done at the grass roots level. Please see Chapter Two to see who was involved in the Northern Ontario PPMD Project.

Cultural Competency

Cultural competency is a set of behaviours, attitudes and policies that inform a system, agency or professional so that they may work effectively in cross-cultural situations.

Cultural Safety

Moving beyond cultural competency, the concept of cultural safety leads us to ask how safe did the recipient of services feel in terms of receiving respect, and assistance in having their own cultural values and preferences considered in the provision of services.

Edinburg Postnatal Depression Scale (EPDS)

The EPDS is an evidence based 10-item questionnaire. It is to be utilized as a screening tool to identify women who may have Postpartum Depression. Items on this scale correlate to clinical depression symptoms such as feelings of guilt, disturbance of sleep, low energy and suicide ideation.

Infant / Child Development

Infant/child development is the normal progression of change for infants and children. It includes the acquisition of knowledge, their behaviours, and skills. Generally, assessments of infant/child development include five specific areas: motor/physical, cognitive, social/emotional, communication/language and self-help/adaptive behaviours.

Intergenerational Transmission

Researchers have demonstrated a strong link between perinatal and post adoption mental health issues and adverse effects on children's physical, social and psychological well being. This leads to what is called intergenerational transfer.

Northeastern Ontario PPMD Project

The Northeastern Ontario PPMD Project was a 12 month community development project which ran from 2012 through September, 2013. This Project involved six working groups from across northeastern Ontario, as well as families with lived experience. The Project was supported by the Ontario Trillium Foundation and resulted in the Northeastern Ontario PPMD Strategy.

Northeastern Ontario PPMD Strategy

The Northeastern Ontario PPMD Strategy was the result of community collaborative research with six working groups located in: (1) Sudbury, (2) Timiskaming, (3) Nipissing, (4) Muskoka/Parry Sound, (5) Timmins and (6) Sault St. Marie; with representation from 12 different communities in the Northeast. The Strategy made three, stepped, recommendations: (1) an investment in families through an inter-ministerial partnership committed to providing a continuum of care for PPMD, (2) competency building within our communities, and (3) community awareness and education. The full Strategy may be viewed at www.ppmd.ca.

Northern Ontario PPMD Project

The Northern Ontario PPMD Project was a 12 month community development project which ran from April, 2014 through March, 2015. This Project involved eight working groups from across Northern Ontario, as well as families with lived experience and experts on perinatal mental health from across the province. This Project was financially supported by the Ontario Trillium Foundation and has resulted in the Northern Ontario PPMD Strategy.

Northern Ontario PPMD Strategy

Northern Ontario's PPMD Strategy was the result of community collaborative research with eight Steering Committees representing 24 different urban, rural and First Nations communities in Ontario's North. This Strategy makes three recommendations: (1) make PPMD a priority in our Northern Ontario, (2) create PPMD informed

communities, (3) fund Northern Ontario communities to provide culturally safe PPMD informed service provision and a PPMD menu of services. The full Strategy may be viewed at www.ppmd.ca

Perinatal Period

The perinatal period includes both pregnancy and the postpartum period. The Northern Ontario PPMD Project utilizes a broad definition of perinatal period that includes the temporal boundaries for perinatal mental illness: pregnancy to one year postpartum.

Postpartum Mood Disorders

The term postpartum mood disorder describes mental illness that may manifest itself in a variety of diagnoses. This may include mania, hypomania obsessive compulsion, anxiety, depression, postpartum post traumatic stress disorder, and postpartum psychosis. Most often this mental illness presents as a combination of both depression and anxiety and can be experienced on a continuum of mild to severe. Parents may experience this mental illness during pregnancy and after the birth of a child.

PPMD Informed Communities

PPMD informed communities require ongoing culturally competent education and training to ensure that the community is informed on the prevalence, risk factors, identification and referral to treatment for perinatal and post adoption mental health issues. The community includes both the formal and informal support networks that a family may encounter.

PPMD Informed Service Provision

PPMD informed service provision is an organizational approach to services that involves understanding, recognizing and effectively responding to the effects of perinatal and post adoption mental illness. PPMD informed care emphasizes the physical, psychological and emotional safety of the families and helps the family to rebuild a sense of control and empowerment in their process of recovery.

Triadic Support Services/ Model

The triadic model of support for perinatal and post adoption mental health issues include: biological treatment and support, psychological treatment and support and social supports.

APPENDIX B

References

This list of references represents the literature reviewed over the course of the Northern Ontario PPMD Project and the Northeastern Ontario PPMD Project. Through a review of this literature the PPMD Project staff and partners have build knowledge on PPMD best practices. This knowledge acquisition has contributed to the creation of the Northern Ontario PPMD Strategy (2015).

To view the literature review documents please visit www.ppmd.ca

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