



Perinatal Mental Health Toolkit for Ontario Public Health Units

Module 4.1: Building
Community Collaboration and
Capacity

Module 4.2: Promoting Public
Education and Awareness

November 2018

Modules 4.1 (Building Community Collaboration and Capacity) and 4.2 (Promoting Public Education and Awareness) are part of the Perinatal Mental Health Toolkit for Ontario Public Health Units. To view the full document and additional resources please visit [Healthy Human Development Table Toolkit webpage](#).

Acknowledgements

The Healthy Human Development Table (HHDT) members would like to thank the Public Health Unit staff and partner organizations for providing the practice examples included in this toolkit. The HHDT would also like to thank Public Health Ontario for providing secretariat support for the development of this toolkit. The views expressed in this toolkit are those of the HHDT and do not necessarily reflect those of Public Health Ontario.

How to cite this document:

Healthy Human Development Table. Perinatal mental health toolkit for Ontario public health units. Toronto, ON: Healthy Human Development Table; 2018.

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Module 4.1: Building Community Collaboration and Capacity

Introduction

This module is part of the Healthy Human Development Table (HHDT) Perinatal Mental Health Toolkit.

The purpose of this Toolkit is to build capacity and advance practice across Ontario public health units (PHUs). Using these modules, PHUs can plan and deliver a comprehensive, evidence-based and best practice approach to perinatal mental health promotion – one that is customized to meet the unique needs of their communities. Users are strongly encouraged to review all the modules.

This module focuses on the role of Ontario PHUs in engaging with their primary care providers and community service partners to address perinatal mental health in their communities. This module, in the context of public health in Ontario, can help PHUs to:

- develop a strategy to outreach to, and collaborate with, community partners regarding perinatal mental health
- develop a strategy for engaging with primary care providers
- make a commitment to the professional development of their staff
- consider their role in capacity-building and professional development of community partners

The Healthy Growth and Development Standard of the *Ontario Public Health Standards* requires boards of health to consult and collaborate “with local stakeholders in the health, education, municipal, non-governmental, social, and other relevant sectors.”¹ Such community consultation and collaboration are critical to planning and implementing a comprehensive population health promotion approach to perinatal mental health.

Community Collaboration

Table 4.1.1: HHDT Statement #5

HHDT Statement	Description	Rating
HHDT Statement #5	HHDT consensus supports public health units to engage with their LHIN(s), primary care providers, community service partners, and clients to address perinatal mental health promotion service planning and delivery in their communities.	Rated*: HHDT-C

*See Module 1.1 for evidence grade definition

Comprehensive and coordinated perinatal mental health care and support requires resources and infrastructure from a range of organizations,² both within and outside public health. Many agencies and professionals play important roles in supporting parents and families affected by perinatal mood disorders. They all need to work together to increase the availability of seamless and responsive perinatal mental health care.

Several benefits and types of community collaboration have been identified and can be applied to a community approach to perinatal mental health promotion.

Benefits of Collaboration:³

- synergy
- community awareness
- share resources
- overcome obstacles
- avoid duplication
- access to constituents
- access to funding sources

The most important benefit of collaboration is advancing a high-quality, integrated approach to service for individuals at risk for, or experiencing, symptoms of perinatal depression.

Types of Collaboration:³

- networks
- alliances
- coalitions

- partnerships
- full collaboration (e.g., joint service delivery through integrating resources, training, finances, governance, etc.)

The type of collaboration that effectively address perinatal mental health will vary from community to community. Collaborations may evolve over time as they mature and services expand.

Within a community collaboration, Ontario public health professionals possess the knowledge and skills to assume many roles:³

- convener and catalyst (critical during early planning)
- conduit
- funder
- technical assistance provider
- capacity builder (addressed in more detail later in this module)
- partner
- advocate
- organizer and facilitator (may be essential to ensuring ongoing efforts to advance the integration and quality of care)

When engaging in collaboration, think about the need or possibility to:

- Tailor to meet the unique needs of specific groups and/or professions, e.g., creating a primary care coordinator role if working with primary care providers.
- Integrate work on perinatal mental health promotion into existing community partnerships. For example, a Best Start Network that has a subcommittee on reproductive and/or early parenting issues could opt to focus their efforts on perinatal mental health.
- Use more than one network/committee to meet the unique and diverse needs of multiple communities (e.g., Francophone, Aboriginal, LGBTQ, different geographic parts, etc.).

Community Collaboration Practice Examples from the Field

Several communities across Ontario have established partnerships to better understand their local capacity for perinatal mental health. The following practice examples can help PHUs to understand and consider how to apply key concepts from this module. These examples were independently developed by PHUs and other partners. They are not products of the HHDT, nor has the HHDT evaluated or critically assessed their quality.

North Simcoe Muskoka Perinatal Mood Disorder (NSM PMD) Coalition

In the North Simcoe Muskoka (NSM) Local Health Integration Network's (LHIN's) service area, perinatal mood disorder was identified as a priority. NSM partners recognized the need for capacity-building at the community and agency level and across other sectors servicing women, families and children.

For this reason, the North Simcoe Muskoka (NSM) perinatal mood disorder (PMD) Coalition was developed with the purpose of creating sustainable, culturally safe and innovative ways of working together. This work required a lead agency, core service providers and cross-sectoral partners. Connecting with Simcoe Muskoka District Health Unit was integral to understanding the current state of services, programming, community resources, and stakeholders in the NSM.

A Health Equity Impact Assessment (HEIA) was conducted to create an understanding of vulnerable populations that existed across NSM, and to ensure all agencies and community members were considered in the process.

Three steering committees form the NSM PMD Coalition (representing the five geographic planning areas within NSM LHIN and four First Nations groups):

- Barrie/Collingwood/Midland/Penetanguishene
- Muskoka/Orillia
- First Nations, Métis, Inuit (FNMI)

The goals of the coalition are to:

1. Create a better understanding of existing and needed community supports for local women and their families pertaining to PMD.

2. Increase awareness of PMD: identification, appropriate screening, and treatment/intervention by primary care and community partners to support recovery.
3. Advocate for appropriate, effective and timely treatment and intervention services for individuals and families experiencing PMD.

The NSM PMD chair has an ongoing responsibility to:

- strengthen relationships with local, provincial and international partners
- facilitate meetings as needed;
- use and disseminate best-practice information to educate, advocate for and empower community partners and families;
- consider and address systemic challenges surrounding service delivery

Please refer to Module 3.1 for an additional practice example related to the NSM PMD Coalition.

Attachments:

- NSM PMD Coalition Terms of Reference

For more information, contact the North Simcoe Muskoka LHIN at northsimcoemuskoka@lhins.on.ca, or contact the Perinatal Mood Disorder Coordinator, Jaime Charlebois, at jpcharlebois@osmh.on.ca.

Algoma District: You Are Not Alone (YANA) Coalition

In Algoma, the You Are Not Alone (YANA) Coalition emerged from the [Northeastern Ontario Postpartum Mood Disorder \(PPMD\) Project](#). It focused on raising awareness of PPMD and making recommendations to improve culturally responsive services and supports in the area. Algoma was one of eight different community steering committees participating in the Northeastern Ontario PPMD Project, which included service providers and women with lived experience. Public health served as the backbone organization of this initiative.

YANA provides an opportunity for community partners to coordinate their expertise in addressing PPMD, with the added depth of drawing on the lived experience at the table. YANA has given a voice to the families and contributes to reducing the shame and stigma of

experiencing a mental health illness. The YANA committee includes a range of community partners such as:

- Algoma Public Health
- Algoma Family Services
- Canadian Mental Health Association
- Child Care Algoma
- Early ON Child and Family Centres
- parents with lived experiences
- Sault Area Hospital
- The Pregnancy Centre

Initial YANA outcomes included:

4. Developing a care pathway to help guide professionals, families and community members.
5. Organizing a Photo Voice Project, using photography, to showcase lived experiences of PPMD in a number of communities and venues.

YANA has also been involved in a number of initiatives related to promoting community awareness of PMD such as showing a film related to PMD (*Dark Side of the Full Moon*) at a local film festival and coordinating an expert panel discussion following the screening. They have also planned events for awareness days such as Parental Mental Health Day and Bell Let's Talk Day.

One of the next steps for YANA is conducting a formal evaluation related to their key objective of creating PPMD-informed communities.

Attachments:

- Coalition Terms of Reference

For more about the YANA Coalition, contact Algoma Public Health at 705-942-4646, or contact the project lead, Laurie Zeppa, Director of Community Services, at lzeppa@algotmapublichealth.com.

For updates on their activities, visit their [Facebook page](#).

Timiskaming: Postpartum Mood Disorder Program

The district of Timiskaming received financial support to develop a postpartum mood disorder (PPMD) program through the Ontario Government's Best Start initiative. In 2006, the Timiskaming Health Unit (THU) entered into an agreement with the District of Timiskaming Social Services Administration Board to implement a PPMD program. It included education and awareness, screening and referral and treatment/interventions. The funding agreement continued for 11 years, ending in 2017.

THU mental health clinicians were initially trained in pre- and postnatal mood changes counselling to provide services to PPMD clients referred from health care partners or self-referred. THU's Healthy Babies Healthy Children (HBHC) staff integrated screening into the prenatal period and postnatally at 48 hours, 6-8 weeks and six months using the Edinburgh Postnatal Depression Scale (EPDS).

Partnerships were underscored in the agreement and integral to local PPMD program planning and implementation to assist with culturally and linguistically informed decisions and services, reduce barriers to accessing services, and improve coordination and collaboration.

A PPMD Advisory Committee was formed at the onset of the program development. This committee eventually dissolved as partners were coming together as part of a broader Perinatal Coalition. That's where collaboration and coordination could be fostered, and gaps and opportunities that occur related to PPMD could be identified. Partners worked together to draft local Indigenous and Francophone PPMD pathways. The utility and impact of the pathways has not yet been assessed.

Early in the program, an education and awareness campaign was a priority. This campaign included posters, radio, newsprint ads, a local highway billboard and information sessions. Local lived experiences with PPMD were also captured through Photo Voice as part of a Northeastern PPMD Strategy project (www.ppmmd.ca).

A program evaluation was conducted during the first two years (2007/08) and an evaluation report was published and shared (2011). Further formal evaluation has not occurred. However, PPMD related indicator metrics from THU (screening/identification, referral and treatment) are

monitored and shared with local committee partners. Two reports summarizing this data for various time periods have been created.

Timiskaming's PPMD program continues and is currently under review in light of evolving evidence, funding and mandate changes, and the divestment of the THU mental health and addictions program (funded by the Northeast Local Health Integration Network) to the Canadian Mental Health Association.

Physician Outreach Community of Practice

A number of PHUs across Ontario have developed a dedicated role to engage and collaborate with primary care practitioners, including but not limited to physicians. This role has a dual function: 1) to better engage primary care partners to enhance seamless and responsive care; and 2) to provide inter-professional education and capacity building opportunities.

Primary care engagement leads or coordinators (titles vary among health units) are responsible for creating and maintaining relationships with primary care providers in their region. They also provide staff across their organizations with advice, strategies and introductions that assist them in successfully engaging primary care providers. Many of these individuals also organize public health hosted events that their local doctors can attend, such as Continuing Medical Education (CME) accredited education sessions.

In Ontario, these professionals have formed a community of practice (CoP), co-facilitated by representatives from Public Health Ontario (PHO) and Niagara Region Public Health & Emergency Services. Public health units in this CoP report that having a dedicated staff person who has protected time and resources to engage primary care has led to a marked improvement in their ability to carry out projects that involve primary care. There is not currently a systematic evaluation of the effectiveness of this role or the CoP itself, but individuals in this role continually share insights and success stories within the CoP.

For more information:

If your PHU is considering investing resources in engaging primary care in your community, or if you would like to know more about the Physician Outreach CoP, contact Helen Anderson, Education Specialist at PHO: Helen.Anderson@oahpp.ca.

Community Capacity-Building

Table 4.1.2: HHDT Statement #6

HHDT Statement	Description	Rating
HHDT Statement #6	HHDT consensus supports public health units to provide ongoing professional development on perinatal mental health to, at a minimum, all public health professionals who work with pre- and postpartum individuals and families.	Rated*: HHDT-C

*See Module 1.1 for evidence grade definition

All professionals who interact with parents and families in the perinatal period need access to ongoing training and support to develop effective, responsive and accessible services.³ Providers need to be aware that parents may be reluctant to disclose their struggles and concerns around poor perinatal mental health. It is the providers' role to make discussions of perinatal mental health part of routine care and support.⁵

Access to ongoing training and support enhances provider capacity, by raising awareness and increasing knowledge, competency and comfort around issues of perinatal mental health⁵.

Several studies have demonstrated that training programs attended by health professionals lead to:

- an improvement in knowledge and skills
- an increased likelihood to cover sensitive issues, carry out mental health assessment, detect depressive symptoms, and offer an intervention for depression
- an improvement in clinical processes through skills and knowledge development, including incorporating screening and assessment into standard practice approaches
- better mental health outcomes in women under their care, measured using a variety of rating scales⁵

Public health staff can play an important role in providing ongoing training and mentoring to staff within health units and with community agencies that support perinatal populations.

Professional development/training strategies include:

- in-person training sessions
- online training and self-education modules

- webinars
- communities of practice
- regional networks

Training and support can include general education and awareness, and specific training and competency development (e.g., in woman-centered care, joint decision-making, communication skills, and psychosocial assessment).^{2,4,5,6}

Table 4.1.3: Other Guidelines’ Capacity Building Recommendations

Recommendation	Source	Evidence Grade*
All health professionals providing care in the perinatal period should receive training in woman-centred communication skills, psychosocial assessment and culturally-appropriate care.	COPE ⁵	CBR
Where possible, health professionals providing care in the perinatal period should access training to improve their understanding of the challenges of caring for women with schizophrenia, bipolar disorder, and borderline personality disorder.	COPE ⁵	PP
Participate in ongoing professional development to enhance knowledge and skills in mental health services and supports for perinatal depression.	RNAO ²	Ia, IIb, IV

*See Module 1.3 Appendix A for evidence grade definition

Capacity-Building Practice Examples from the Field

Communities across the province are engaging in professional capacity-building efforts with different audiences and community partners. The following practice examples can help PHUs to understand and consider how to apply key concepts from this module. These examples were independently developed by PHUs and other partners. They are not products of the HHDT, nor has the HHDT evaluated or critically assessed their quality.

Toronto Public Health:

Steps to Wellness – Supporting Women with Postpartum Depression and Anxiety – A Professional Guide

As a RNAO Best Practice Spotlight organization, TPH implemented the Best Practice Guideline (BPG) for postpartum depression. Part of the implementation of the BPG involved increasing capacity of PHNs to have evidence-informed interventions to support women experiencing perinatal mood disorders.

“Steps to Wellness – Supporting Women with Postpartum Depression and Anxiety – Professional Guide” (2011) was developed to increase PHN’s ability to use evidence-informed interventions to provide information, guidance and direction to women experiencing postpartum depression and anxiety.

“Steps to Wellness” is based on the NURSE program model developed by Dr. Deborah Sichel and Dr. Jean Watson, ensuring the biopsychosocial/cultural needs of each client are considered. This professional resource focuses on aspects of self-care (nourishment, understanding, rest and relaxation, support and spirituality, and exercise) and infant attachment to promote healing and well-being. The guide supports PHNs to promote appropriate and effective self-care activities to women who may be experiencing depression or anxiety.

Next steps are currently underway to review “Steps to Wellness” to update references and resources in 2018.

To learn more about the Steps to Wellness, contact [Toronto Public Health or Susan Biglieri](#), Manager Child Health & Development, Toronto Public Health at 416-397-4788.

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Introduction

This module is part of the Healthy Human Development Table (HHDT) Perinatal Mental Health Toolkit. The purpose of this Toolkit is to build capacity and advance practice across Ontario public health units (PHUs). Using these modules, PHUs can plan and deliver a comprehensive, evidence-based and best practice approach to perinatal mental health promotion – one that is customized to meet the unique needs of their communities. Users are strongly encouraged to review all the modules.

This module focuses on the role of Ontario PHUs in raising public awareness about perinatal mental health. This module, in the context of public health in Ontario, can help PHUs to:

- plan perinatal mental health promotion public education campaigns
- identify key messages for these campaigns
- ensure that these key messages are consistent across PHUs

A program outcome of the Healthy Growth and Development Standard of the *Ontario Public Health Standards* is that “individuals and families are aware of the factors associated with healthy growth and development, and the importance of creating safe and supportive environments that promote healthy growth and development.”

Table 4.2.1: HHDT Statement #7

HHDT Statement	Description	Rating
HHDT Statement #7	HHDT consensus supports public health units to explore opportunities to raise public awareness about perinatal mental health.	Rated*: HHDT-C

*See Module 1.1 for evidence grade definition

Key Messages for Public Education

Module 2.1 provides information on the importance of perinatal mental health. Key messages to frame public education campaigns may include:

- Perinatal mental health is an important public health issue because of its multiple impacts on the entire family, especially the parent-child dyad and the resulting significant cost to society.
- Perinatal mood disorder concerns range in severity. They include postpartum blues, perinatal anxiety, perinatal depression, paternal depression, and postpartum psychosis.
- The risk factors for perinatal mood disorders are similar to those for depression in the general population. Risk factors differ according to various demographic and socio-cultural elements such as gender, population, age, and socio-economic status.
- Depression has the highest disease burden for women internationally. It is particularly serious during the perinatal period due to the vulnerability of the infant and the impact on the family during this time.
- Public health understanding of the extent of the impact of parental depression on child development is still growing. However, emerging evidence shows that persistent depression beyond the postnatal period has a significant impact on long-term child and health development outcomes.

Studies have identified primary prevention strategies for perinatal mood disorders, such as perinatal depression.^{2,3} However, a rapid review of this topic in 2016 found relatively few studies that examine the effectiveness of interventions to prevent perinatal depression. The studies that do exist use weak methodologies.³ Despite this limitation, public health can have an impact on perinatal mood disorders at the population level by:

- developing and delivering accessible public education and awareness materials⁴
- designing effective public awareness campaigns

Increasing awareness of the prevalence of perinatal depression, and the existence of effective treatment options, may help to decrease stigma and encourage self-monitoring and early help-seeking behaviours.⁵ Individuals with perinatal depression often experience intense feelings of guilt and failure, as well as concerns about being perceived as unfit to care for their child.^{5,6} These issues are often compounded by a lack of awareness of available resources and services.

Developing and Delivering Accessible Public Education and Awareness Materials

Parents often feel alone when they experience perinatal mental health problems. Accessible and accurate information can help to decrease isolation and empower parents to self-monitor and reach out for help.⁷ To do that, use a range of approaches:

- make print materials available in environments that parents and families frequent, such as PHUs, doctors' offices, early child development centres, hospitals, etc.
- offer user-friendly platforms for internet-based education materials
- incorporate information about perinatal mental health into PHU-led prenatal, postnatal, breastfeeding and parenting classes

Designing Effective Public Awareness Campaigns

Public health practitioners can use many existing resources to guide the design of effective awareness campaigns. Public Health Ontario has developed [a 12-step framework for developing health communication campaigns](#).⁸ This tool helps practitioners think through important concepts such as including stakeholders, tailoring messages for audiences, and creating clear objectives. Please see the full resource for more details.

The World Health Organization (WHO) also uses [a comprehensive framework](#) when designing its communication campaigns.⁹ At the centre are six principles indicating that public health campaigns should be:

- accessible
- actionable
- credible and trusted
- relevant
- timely
- understandable

Many of the concepts can be translated to local public health practice.

Planning for a public health awareness campaign should include program evaluation. Evaluations can aid in decision-making and designing future programming, and it can inform continuous quality improvement efforts.

Practice Examples from the Field

The following practice examples can help PHUs to understand and consider how to apply key concepts from this module. These examples were independently developed by PHUs and other partners. They are not products of the HHDT, nor has the HHDT evaluated or critically assessed their quality.

City of Toronto – Perinatal Mood Disorders: A Board of Health Report

[This report](#) was written by Toronto Public Health to raise the awareness of City of Toronto Board of Health regarding the issue of perinatal mood disorders. The report is based on the Public Health Ontario/HHDT Evidence Brief: Exploring Interventions to Address Perinatal Mental Health in a Public Health Context.¹⁰

World Maternal Mental Health Day Social Media

There is a growing international movement to promote awareness of perinatal mental health using health communication campaigns. For example, World Maternal Mental Health Awareness Day (the first Wednesday in May) is widely recognized by countries around the world.⁷ Several communities across Ontario participated in the 2017 World Maternal Mental Health Awareness Day (WMMHAD). They shared messages on social media and worked in collaboration with local partners to create awareness-raising and education events that focus on destigmatizing perinatal mood disorders, and local resources.

Figure 4.2.1: Social Media Posts Related to World Maternal Mental Health Awareness Day



Algoma Public Health @AlgomaHealth · 3 May 2016
 May 4th, 2016 marks the first World Maternal Mental Health Day.
[#maternalMHmatters](#)



Toronto Public Health
 May 3 · 🌐

Like Page

Today is World Maternal Mental Health Day. Let's support mothers & end the stigma. <http://ow.ly/XOf5C> [#maternalMHmatters](#)



734 Reactions · 10 Comments · 371 Shares



Let's Talk Parenting
 May 3 · 🌐

No health without mental health! World Maternal Mental Health Day
[#maternalMHmatters](#) ask a new mom how she is really
 feeling#reduceMHstigma

Halton Region Health Department World Maternal Mental Health Day

To capitalize on the opportunity to increase awareness of WMMHD, the Halton PMD Coalition decided to celebrate this day by holding different events in different communities. The goal was to increase awareness of maternal mental health promotion, as well as destigmatize maternal mental illness. The planned events were organized to include members of the community who were anywhere on the spectrum from mental illness to wellness.

As a result, the four Early Years Centres in Burlington, Oakville, Milton, and Georgetown took the lead in planning their events. Halton Region's PHN Lead for PMD assisted by linking flyers from each event to the Region's social media platforms (Facebook and Twitter), connecting different community members with the Ontario Early Years Centres (OEYCs), and ensuring that members of two peer support groups were informed of the events. As well, one-time funding from a previous PMD event was disbursed amongst the groups to assist with costs.

On the first Wednesday of May, four events promoting WMMHD took place:

- Burlington: Approximately 40 mothers, babies, and relatives walked in the neighbourhood, then returned to the OEYC for refreshments and a brief informational talk from a local children's mental health worker.

- Oakville: Eight mothers from the PMD support group joined in with another 20 mothers for a planned nature walk.
- Milton: Ten women including mothers and OEYC staff members attended a tea that offered a resource display and children's activity.
- Georgetown: Twenty-five mothers, family members, and a dog walked in the neighbourhood, carrying signs with the WMMHD logo. They then returned to the OEYC where refreshments were served and participants and staff members added words of encouragement for new mothers to a large banner to be displayed at the OEYC.

On June 8 OEYC staff and other members of the Halton PMD coalition came together to share impressions of the events and possible outcomes. Most OEYCs were pleased with the attendance and ensuing discussions that took place. Social media was used by some OEYCs to share pictures of their events. The groups talked about getting the momentum going sooner in future years and inviting more community partners (e.g., midwives and doulas) to join. They also engaged in brainstorming regarding promoting the events using community contacts and media.

To learn more, contact Halton Region at accesshalton@halton.ca or the PMD Lead, Janet Siverns, at Janet.siverns@halton.ca.

Attachments:

- Cumberland OEYC- Stroller walk flyer
- Georgetown Links2Care OEYC- Community walk flyer
- Milton- Afternoon tea event flyer

Toronto Public Health – Maternal Mental Health Matters (Subway and Digital Media Campaign)

Toronto Public Health (TPH) delivered a promotional campaign titled Maternal Mental Health Matters using social media, Facebook, Instagram, Twitter and the TPH website during Mental Health Week in May annually since 2015. The purpose of the campaign was to bring awareness to World Maternal Mental Health Day and Mental Health Week. A larger promotional campaign, completed for the first time in 2017, included platforms such as, posters, billboards, and underground digital screens in the Toronto subway system, two local newspapers, and

throughout the city in hospitals, community centres, libraries, health centres, and midwifery clinics. Focus groups were conducted to select an image for the campaign with two additional ethnic image posters distributed in a targeted approach in two Neighbourhood Improvement Areas (NIAs).

The campaign resulted in very strong public engagement levels, showing one of the highest ranked posts for engagement of any TPH campaign. The number of visitors to the TPH postpartum depression website (toronto.ca/health/ppd) increased nine-fold during the campaign. On May 3, 2017, TPH's Maternal Mental Health Awareness Campaign was a trending topic on Twitter for the first time.

Toronto Public Health received an overwhelming response to the campaign locally, nationally, and internationally. The Maternal Mental Health Matters multi-faceted campaign was very successful in bringing awareness to perinatal mood disorders, as evidenced by positive poster response, social media and web trend stats, and social media following. Next steps include ongoing monitoring of the impact of the social media campaign, continued outreach efforts to newcomers to Canada who are at greater risk of perinatal mood disorders, and repeating this campaign style approach on a yearly basis.

Attachments:

- Toronto Public Health subway and digital media campaign poster

To learn more about Toronto's Healthy Matters campaign, contact Toronto Public Health at 311@toronto.ca, or Susan Biglieri, Manager Child Health & Development, at Susan.Biglieri@toronto.ca or 416-397-4788.

Public Health Unit Online Education Resources

A number of PHU webpages provide information about perinatal mental health. Many of these sources are written for the public, but some organizations also provide information for targeted populations, such as health care providers. Exploration of the following links to four PHUs' webpages can provide ideas about how PHUs can present perinatal mental health education resources:

- [Durham Region District Health Unit](#)

- [Middlesex London Health Unit](#)
- [Region of Peel](#)
- [Toronto Public Health.](#)

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