

Care Pathway for the Management of Perinatal Mental Health in Nipissing Parry Sound District

This Care Pathway provides a recommended approach for the identification, assessment, and monitoring of mental health issues for pregnant and postpartum people in **Nipissing - Parry Sound District**. This tool **does not replace individualized assessment, and clinical judgement is required** to ensure safe, effective, equitable and inclusive treatment of your patient.

A person can enter at any step in the Care Pathway and move up or down based on severity of illness and response to prior interventions. Treatments can build upon interventions available in the lower steps. Regardless of the treatment step being applied, continuous monitoring is required. Note: both public and private-free service options are provided below for a full list of options.

- 1. ASK** about the well-being of the pregnant or postpartum person at every visit to identify the need for mental health support and treatment.

 - Ask about mood and well-being of the pregnant or postpartum person at each visit and consider input from patient’s circle of care. Assessment Tools* can be used (see table below).
 - Initiate a dialogue to understand the context of the person’s mental health within their own unique situation with a lens on equity, diversity and inclusion.
 - Identify factors that precipitate or exacerbate mental health symptoms (e.g., lack of support, financial difficulties, domestic violence, alcohol, or substance use disorders, etc.).
- 2. ADVISE** by providing education on perinatal mental health and arranging support to mitigate factors that are affecting mental health.

 - Provide information about mental health problems in pregnancy and postpartum, how common they are and that effective treatments are available.
 - Discuss strategies to increase practical and emotional social support, improve night-time sleep and incorporate regular meals and physical activity. These factors may improve mental health on their own for those with mild or subclinical symptoms and in conjunction with mental health treatments for those with problems that are more severe.
 - Arrange assistance in addressing precipitating and perpetuating factors, including resources available in the community to provide support (e.g., accessing financial, legal and domestic violence support, and accessing care for substance use disorders).
 - Link to Community Supports:
 - Family Health Information Line
 - EarlyON Nipissing
 - EarlyON Parry Sound
 - Indigenous Supports / Services:
 - Parry Sound and North Bay Friendship Centers
 - North Bay Indigenous HUB
 - Metis HBHC Program
 - Nipissing First Nation – HBHC Program Indigenous HBHC Program – NBIFC

3. ASSESS the severity of the mental health concern.

*Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder (GAD-7), Edinburgh Postnatal Depression Scale (EPDS) – Scores are a guide only, clinical assessment is required.

Severity and Symptom Level <u>Assessment Tools (Depression & Anxiety ONLY)*</u>	Mild	Moderate	Severe	Urgent
- GAD-7 (Anxiety) - PHQ-9 (Depression) - EPDS (Depression and Anxiety)	Mild or few, but persistent symptoms, minimal impact on day-to-day function - GAD-7 = 5 – 9 - PHQ-9 = 5 – 9 - EPDS = 10 – 12	Multiple symptoms, persistent, impacting day-to-day function and quality of life - GAD-7 = 10 – 14 - PHQ-9 = 10 – 14 - EPDS = 13 – 18	Many symptoms, significant impact on day-to-day function and quality of life - GAD-7 = 15 or more - PHQ-9 = 15 or more or Q9 > 0 - EPDS = 19 or more or Q10 > 0	Psychosis, mania, or risk of harm to self or others - GAD-7 - Not applicable - PHQ-9 - Intent or plan for suicide - EPDS - Intent or plan for suicide

4. ASSIST by recommending or implementing a treatment step (see details on page 2).

Treatment Step	Mild = Treatment Step 1 and/or 2	Moderate = Treatment Step 2	Severe = Treatment Step 3	Urgent = Treatment Step 4
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- 5. ARRANGE** follow-ups to monitor recommended treatment plan. Make modifications or changes to treatment steps as required.
- Address barriers to treatment uptake, review risk factors and discuss progress to determine whether a new level of Treatment Step is required.
 - Frequency of initial follow-up should be at minimum every two weeks during active treatment phase (12 weeks). More frequent contact may be required if there is a higher severity of illness or medication is prescribed and may be less frequent as symptoms improve. Be clear about which health professional is providing follow-up care.
 - Use assessment tools to monitor symptoms. Scores on a GAD-7 <5, PHQ-9 <5 or EPDS <10 on at least two assessments that are at least two weeks apart suggest remission.
 - Follow patient to remission. Follow the individual on medication treatment for at least six months or longer after remission to assess need for ongoing treatment.

Developed by the Nipissing-Parry Sound Perinatal Mental Health Committee. Adapted with permission from the Provincial Council for Maternal and Child Health’s (2021) *Care Pathway for the Management of Perinatal Mental Health* Note: that the care pathway has modified the treatment steps. This is an important difference to notice when accessing the accompanying *guidance document*. Please refer to the *guidance document* for full list of references. The Care Pathway is meant to be clinically applicable for a wide range of populations. When appropriate, health professionals should consult with specialized organizations dedicated to the support of specific populations when tailoring the Care Pathway to the person’s unique needs. For feedback or more information please contact: 705-474-1400 /1-800-563-2808 ext. 5351 or healthy.families@healthunit.ca

Treatment Stepped-Care Approach

Treatment Step	Focus of Intervention	Interventions by Type and Recommended Resources			
Treatment Step 1 Psychosocial Interventions (Community Support)	Common mental health concerns such as depression or anxiety, where symptoms are mild or subclinical (may include patients for whom you are taking a watch-and-wait approach)	Self-help/Self-directed workbooks: - Coping with Depression during Pregnancy and Following the Birth - Coping with Anxiety during Pregnancy and Following the Birth - The Pregnancy & Postpartum Anxiety Workbook - Circle Of Life	Guided self-help (e.g., self-guided intervention that may include assistance from trained coach) - Bounce Back Ontario postpartum specific resources (online, self and physician referral accepted) Peer support - Postpartum Support International - Association of Ontario Doulas - Pregnancy & Infant Loss Network	Prenatal specific programs/supports: - Great Beginnings (Parry Sound district) - Mothercare (Nipissing district) - Pregnancy Planning	Family programs/supports: - EarlyON Programs: Parry Sound District / Nipissing District - Community Action Program for Children - Family Enrichment Program - Infant & Child Development (Nipissing) / Parry Sound - NBPSD Health Unit – HBHC Program - North Bay Indigenous Friendship Centre - Parry Sound Friendship Center - Metis – Healthy Babies, Healthy Children Program - Nipissing First Nation – Healthy Babies, Healthy Children
Treatment Step 2 Psychological Interventions (self or health care provider referral) and Medication	Common mental health concerns of moderate severity or greater	Cognitive Behavioural Therapy (CBT) and Interpersonal Psychotherapy (IPT) are first-line treatments for perinatal depression and anxiety. Psychotherapy Services/Providers: - Canadian Mental Health Association (Muskoka – Parry Sound) - B'Saanibamaadsiwin (Aboriginal Mental Health Program) (Parry Sound) - Ontario Structured Psychotherapy - Hands: The family help network (youth) - Mental Health Clinic - Postpartum Mood & Anxiety Group (Nipissing) *Referral required: see form. - Community Counselling Centre of Nipissing (Nipissing) - Alliance Centre (West Nipissing) - Right Path Counselling & Prevention Services – Giyak Moseng (Nipissing First Nation) - Primary Care Provider / Family Health Team / NP Led clinic			Pregnancy and Infant Loss: - Pregnancy & Infant Loss (PAIL) Network Additional Resources: - Postpartum Matters (web-based discussion group) - Perinatal Behavioural Activation Therapy (ahft.ca patients only) - Canadian Perinatal Mental Health Training – Provider Directory - Canadian Perinatal Mental Health Collaborative Directory (cpmhc.ca) - Postpartum Support International - Provider Directory - Private Practices
		Medication (within scope of primary care provider) - Can be used (and/or psychological intervention) when: - Psychological intervention alone is insufficient. - symptoms are severe, or - preferred by the person - When specialized perinatal mental health care is unavailable, refer to local hospital specialty psychiatric services for specialized psychotherapy and pharmacological management and follow-up. - North Bay: Referral to outpatient psychiatry at NBRHC for assessment, diagnosis, or medication management. - Parry Sound District: Refer to CMHA Muskoka – Parry Sound - Psychiatrist e-consultation: Ontario Telemedicine Network			Additional Resources: - CANMAT Clinical Practice Guideline - Information on antidepressants in pregnancy and lactation: First Exposure Health Nexus Santé, LactMed
Treatment Step 3 Additional Specialized Interventions	Mild or moderate mental health concerns that do not remit with Step 2. Severe mental health concerns	- When specialized perinatal mental health care is unavailable, refer to local hospital specialty psychiatric services for specialized psychotherapy and pharmacological management and follow-up. - North Bay: Referral to outpatient psychiatry at NBRHC for assessment, diagnosis, or medication management. - Parry Sound District: Refer to CMHA Muskoka – Parry Sound - Psychiatrist e-consultation: Ontario Telemedicine Network			Additional Resources: - Additional medication options (see Canadian Network for Mood and Anxiety Treatments) - Canadian Perinatal Mental Health – Provider Directory - Postpartum Support International - Provider Directory - Private Practices
Treatment Step 4 Urgent Care and Hospitalization	Suspected mania or psychosis Discloses intention or plan for suicide, self-harm or harm to fetus/infant	Immediate Action: Urgent Risk assessment – Safety First. A person with possible mania, psychosis and/or thoughts of harming self or baby should NOT be left alone or with baby until an appropriate assessment is complete. Many pregnant and postpartum individuals do have “intrusive” thoughts of harm coming to their baby with no “active” intent. Each provider will have a different level of comfort with this assessment. - Provider is concerned about mania, psychosis or harm to self or others: Initiate plan to transfer patient for emergency psychiatric assessment at the nearest emergency department. MDs can complete an Ontario application for extended assessment (Form 1 Mental Health Act). Call emergency services as needed to ensure safe transport for the patient to the closest emergency department. - Call local Children’s Aid Society/Family and Children’s Services if concern about harm to child: ((Nipissing /Parry Sound District)/ Nijjaansinaanik Child and Family Service - Provider assesses that there is no active intent or plan for harm to self or others, and that patient has appropriate support, as well as capacity to access crisis services if symptoms worsen acutely: Mobilize patient’s support system; Ensure the individual has contact information for crisis services; Maintain close follow-up, follow treatment Steps 2 and 3 as appropriate. - Maintain and update plan of action with patient and patient’s support system, including providers in patient’s circle of care.			

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