

For Information

DATE: June 1, 2010

REPORT TITLE: **PEEL POSTPARTUM MOOD DISORDER FAMILY SUPPORT
TELEPHONE SERVICE**FROM: Janette Smith, Commissioner of Health Services
David L. Mowat, MBChB, MPH, FRCPC, Medical Officer of Health**OBJECTIVE**

To inform Regional Council about the new Peel Postpartum Mood Disorder Family Support Telephone Service.

REPORT HIGHLIGHTS

- Postpartum Mood Disorder (PMD) is a major health concern that places children and their families at risk.
- Peel Public Health has been collaborating with Success By 6 Peel to address the continuum of mental health needs for pregnant and postpartum families.
- The Peel Postpartum Family Support Service, launched June 1, 2010, provides information and support for families who are either at risk for or experiencing PMD.
- A community based Peer Education Strategy provides credible information about PMD to Peel's diverse community.

DISCUSSION**1. Background**

Postpartum Mood Disorder (PMD) is a group of mental health disorders that may occur anytime during pregnancy through the postpartum period. The most common diagnoses include depression and anxiety disorders. Mental illness is, in fact, a common complication of pregnancy occurring in approximately one in five women. With 16,000 births in Peel per year, Postpartum Mood Disorders may impact over 3,000 women and their families in our community each year.

If families are affected by PMD and are unable to access appropriate services, the consequences are often impaired attachment with their infant and may include more serious problems such as developmental delays, family breakdown, chronic mental illness and in severe cases maternal suicide and infanticide. The costs of PMD are hidden and difficult to quantify; amount of missed work, number of family physicians visits and hospital re-admissions are financial consequences of untreated PMD. It is estimated that up to 70 to 80 per cent of women do not receive adequate treatment as there are formidable barriers to obtaining effective treatment including delayed diagnosis, stigma, lack of family support, lack of transportation and childcare.

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Many families in Peel experiencing PMD may face the added complication of being in a new country and adjusting to a new medical system, new cultural norms and may feel socially isolated.

The Peel PMD Program, spearheaded by Success By 6 Peel, was initiated in 2007 to ensure that diverse families in Peel have access to a comprehensive, sustainable continuum of services that range from community awareness, service provider education, common service protocols, enhancement of existing services and advocacy.

The Postpartum Mood Disorder Specialist position is funded through the Family Health Division of Peel Public Health. The specialist provides expert guidance and advice for program development, implementation and evaluation of PMD services for the Region of Peel in consultation with Peel Public Health, Family Health Division and the Success By 6 Peel Postpartum Mood Disorder Steering Committee.

2. Postpartum Family Support Telephone Service

Telephone support, as a primary intervention, has been shown to be beneficial in decreasing Postpartum Mood Disorder symptoms. Women benefit from the opportunity to talk about their feelings with an empathetic listener. When women and their families receive early intervention for PMD, the long term negative health and social effects of the illness can be minimized.

The Postpartum Family Support Telephone Service was launched June 1, 2010 to help women and their families receive the necessary support, information and referral to appropriate community resources. The service was developed in conjunction with community partners and is operated by Telecare Distress Centre. The service is available in multiple languages and minimizes geographical, economic and physical barriers to accessing support.

A Volunteer Coordinator has been hired to recruit, train and oversee the volunteers as well as market the program in the community. Thus far 40 community volunteers have been trained to provide this service and recruitment is ongoing. Volunteers are trained to provide information that will educate families about PMD, offer emotional support and provide referrals to relevant services. The telephone service is available from 10:00 a.m. to 10:00 p.m. Monday to Friday. At current staffing levels the system can accommodate approximately 100 calls per week. This service is funded through an Ontario Trillium Foundation grant.

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CONCLUSION

Although having a new baby is expected to be a happy and joyous time, for many families experiencing a Postpartum Mood Disorder the experience can be one of anxiety, fear, confusion and stigmatization. Minimizing barriers to diagnosis and treatment through a community supported telephone service can mitigate the health impacts for mothers and their families.



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c. Legislative Services