



**Women & Children's
Health Network**

CENTRAL REGION NORTH

Project Charter

**Regional Perinatal Mental Health Strategy
2024-2025**

Version Date: August 2024

Inspiring Connections, Stronger Community

1.0 Project Purpose

Perinatal Mental Health (PMH) is a growing healthcare concern. Our regional rates of PMH concerns have been significantly higher than the provincial average for a decade or longer. Over 30% of pregnant people in Simcoe Muskoka report mental health concerns in the perinatal period (some municipalities as high as 40-50%) compared to a perinatal provincial rate of 23% and general adult mental health concern rate of 9-9.5% in Simcoe Muskoka (see Appendix 9.1-9.3). The regional rate of postpartum depression has been consistently double to triple provincial rates (Appendix 9.4). Although the rates of PMH concerns are higher in this region, significant OHIP-funded service gaps exist.

PMH is relational; supporting the parent supports the healthy development of infant brains and has lasting positive impacts on the parent-child relationship, directly impacting the wellness of our next generation. The system cost of one case of perinatal depression, anxiety, or psychosis is estimated to exceed \$150,000 per mother-child dyad. With screening and treatment, this could be reduced to \$5,000. Untreated PMH has long-term effects on parent and child wellbeing. Suicide is the 4th leading cause of maternal death in Canada. A comprehensive strategy to support improved health outcomes for this vulnerable population in our region is greatly needed. System partners have reached out for a call to action for broad system improvements and individuals with lived and/or living experiences have shared their compelling stories.

2.0 Background Information

There is currently no OHIP-funded PMH program in this region and no local service pathway. The one full-time funded PMH clinician based at Orillia Soldiers' Memorial Hospital, previously a Perinatal Mood Disorders Coordinator, was recently reduced to a part-time position due to lacking funding and has transitioned from a services coordination role to a frontline PMH clinician due to the need for direct patient care services. This sub-specialty is substantially under-resourced to meet the growing needs in the region. With 4,800 – 5,000 births per year in this region, there are approximately 1,500 individuals in the perinatal period each year requiring some level of PMH support in Simcoe Muskoka.

There are other regions in Ontario doing this work well, examples include the Ottawa region with tertiary PMH programming and psychiatric support, a community integration model, 'Ask Masi', which is a provider support line and direct link to perinatal psychiatry consultation, and strong public health unit programming and supports. In this region, universal screening is not happening as treatment and follow-up services are lacking. In the midst of the pandemic in 2021, the Provincial Council for Maternal Child Health (PCMCH) developed a stepped care pathway that has not yet been implemented in the region and this pathway requires local care options to build upon its foundation.

On May 29th, 2024, individuals with lived or living experience, healthcare leaders, and clinicians representing 32 healthcare agencies gathered to explore the current state of PMH care in Simcoe Muskoka and Parry Sound. Personal stories resonate deeply and spoke to the dire need to change this landscape. May marked the kick-off for our regional strategy planning and vision for a brighter future for PMH care in our region.

Inspiring Connections, Stronger Community

3.0 Project Scope

This document aims to frame the work the Regional PMH Task Force will undertake in 2024/25 to advance our PMH strategy. This work will be supported by many stakeholders including, but not limited to those with lived experience, healthcare leaders, and clinicians. The work aims to operationalize a plan to support both individuals experiencing PMH concerns, their families, and service providers.

3.1 Goals

Pillar	From X (Current State)	To Y (Desired State)	By When (Target Completion)
Regional Strategy	No regional strategy to address PMH healthcare gaps	Comprehensive 2024/25 PMH strategy developed with targeted actions and outcomes (charter and workplans)	October 31, 2024
01 Education	6 Canadian Perinatal Mental Health Trainings (CPMHT) education modules provided in 2021	Regional PMH education strategy developed and rolled out (gap analysis; identifying who should receive training; PSI/BA/CPMHT)	March 31, 2025
02 Screening	No routine PMH screening in Central Region North (Simcoe Muskoka) + Parry Sound	Routine PMH screening plan developed and IT builds complete for screening roll out	March 31, 2025
03 Navigation	No PMH service navigation pathway	Navigator pilot (starting Q4: CPMHC); Service navigation pathway drafted	March 31, 2025
04 Communication & Inclusion	Intermittent PMH resources profiled by the Network	Inclusive communication strategy developed and roll out initiated (for clinicians and the public)	March 31, 2025

3.2 Project Requirements and Boundaries

IN Scope	OUT of Scope
1. PMH strategy developed for 2024/25	1. Actions/goals beyond March 31, 2025
2. Work plan items for pillars 01-04	2. Additional initiatives outside of those set forth by 01-04 subgroups
3. Evaluation mechanisms	3. Hospital strategy

4.0 Estimated Milestone Schedule

Note: Below Milestone Target Dates reflect the Baseline Schedule as of Project Initiation (e.g. Stage Gates, Deliverables). Target dates further defined in the detailed implementation and delivery schedules set out in the Project Plan and are subject to the project change control process detailed therein.

Milestone	2024						2025					
	A	M	J	J	A	S	O	N	D	J	F	M
PLAN: May - August												
Project Kick-Off: May 29 strategy day		♦										
Project charter approved					♦							
COORDINATE: September - October												
Sub-groups developed					♦							
4 Workplans approved							♦					
DEVELOP: November - December												
Education, screening, navigation, and communications actions as per 01-04 workplans												
LAUNCH: January - February												
Education offerings												
Screening EMR builds for pilot sites											♦	
Navigator pilot (CPMHC)												
OPTIMIZE: February- March												
Evaluation plan developed												♦
2025/26 workplan												♦

4.1 Project Deliverables and In-Project Metrics

<i>Deliverables that will signify achievement of goal when finished.</i>	<i>For each deliverable, link in-project metrics that will be used to evaluate the success of the results achieved.</i>
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Deliverables	In Project Metrics
A. Project charter	A. Approval August 15, 2024
B. Work plans 01-04	B. Approval October 17, 2024
C. Education plan	C. Education offering completed by March 31, 2025
D. Screening plan	D. Pilot sites determined and education on screening tools by February 28, 2025
E. IT builds for pilot sites (screening)	E. EMR builds completed by February 28, 2025
F. Navigator pilot (CPMHC)	F. Role initiation by January 31, 2025
G. Draft service pathway (PMH feelings pathway?)	G. Approval of local pathway by March 31, 2025
H. Communications plan	H. Communications plan rolled out by March 31, 2025
I. Data and measures of success	I. Data dashboard finalization by March 31, 2025

5.0 Estimated Resource Requirement

Resources are required for temporary, regular commitments through the project lifecycle as identified below. [Refer to original project submission, A3, and Stakeholder Identification List for completion]

Project Governance and Communications Planning to be outlined in supplementary documentation
 Appx. Commitment (hrs/week)

Role Project Team/ Resource	Planning hrs./month	Executing hrs./month	Total Hours
Project Sponsor	4	4	8
Task Force Leads	4	4	8
Project Lead (0.2 FTE Sept. 2024 – March 2025)	16	16	32
Administrative Support	1	1	2
Finance	As needed		
Decision Support	4	4	8
Communications	1	1	2
PMH Task Force	1 Task Force meetings	2 sub groups (01-04)	3

6.0 Assumptions, Risks & Constraints

6.1 Assumptions

The successful delivery of this project is dependent on the following assumptions:

- Members of the PMH Task Force are available and keen to support the work of the Task Force and 4 sub groups (division of work)
- Agencies support routine screening and assessments
- Agencies have the desire and capacity to designate clinicians to support this population within current worked hours
- The Network has ongoing capacity to support this project

6.2 Known Risks & Regulatory Constraints

The project plan will consider and develop contingencies around the following limitations:

- Capacity of key stakeholders
- Resources within agencies to screen and provide individuals with support (BA)

7.0 Project Sustainability

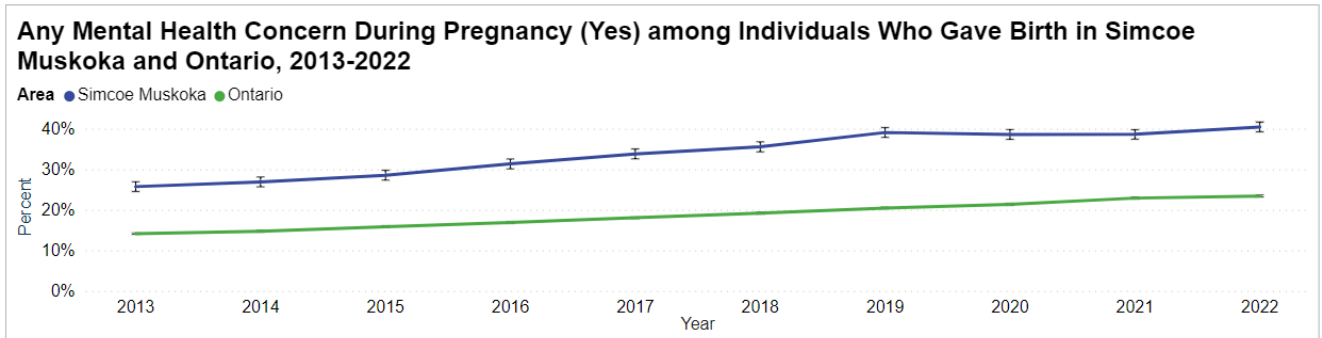
Ongoing operational impacts known at the time of Charter writing, to be revisited on completion of the Transition to Operations.

2025/26 workplan will be required (anticipate transition to operations in 2026/27).

- 7.1 **01 Education:** Agencies receiving PMH education: Sustainability plan
- 7.2 **02 Screening:** Additional workplan items to continue i.e. screening implementation
- 7.3 **03 Navigation:** Assuming successful navigator pilot, funding advocacy/operational plan for continued role
- 7.4 **04 Communication & Inclusion:** Communications to continue through WCH Network
- 7.5 **Evaluation:** Data and metrics to track progress and impact

8.0 Appendix: PMH baseline data

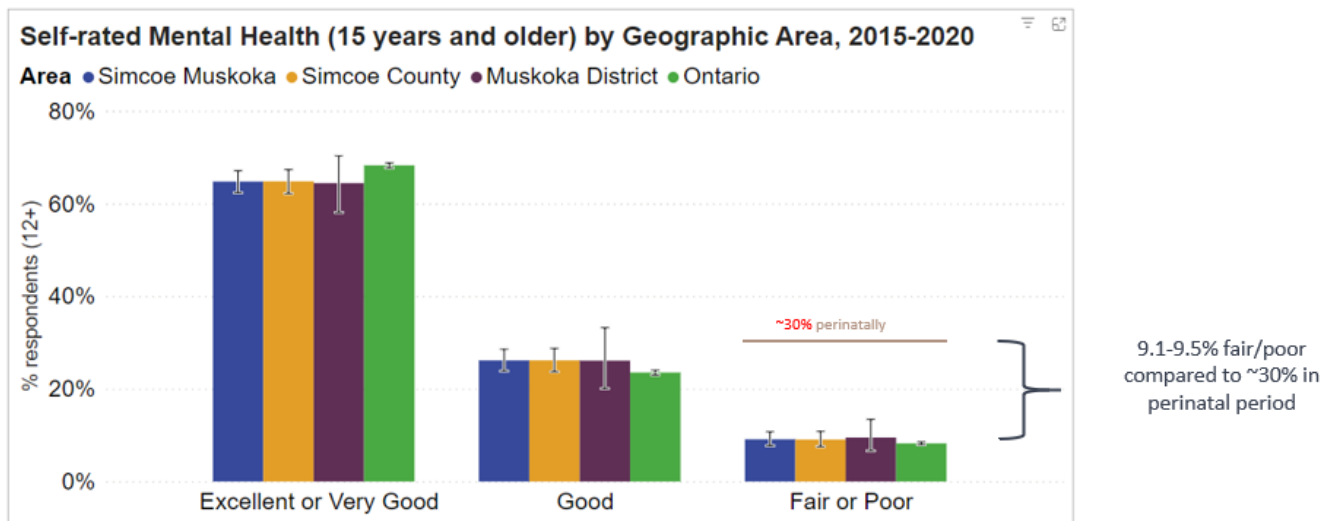
8.1



Extracted from SMDHU HealthStats:

<https://www.simcoemuskokahealth.org/HealthStats/HealthStatsHome/MaternalandInfantHealth/PrenatalHealth>

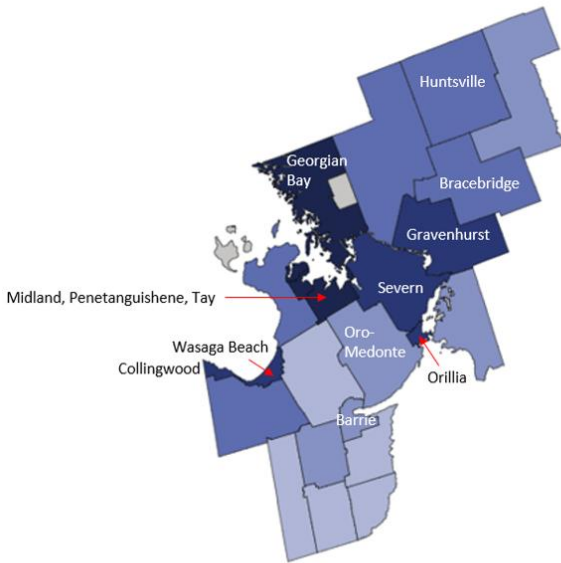
8.2



Extracted from SMDHU HealthStats: <https://www.simcoemuskokahealth.org/HealthStats/HealthStatsHome/MentalHealth/AdultMentalHealth/>

9.3

Any Mental Health Concern During Pregnancy (Yes) among Individuals Who Gave Birth, by Municipality, 2020-2022 (combined)

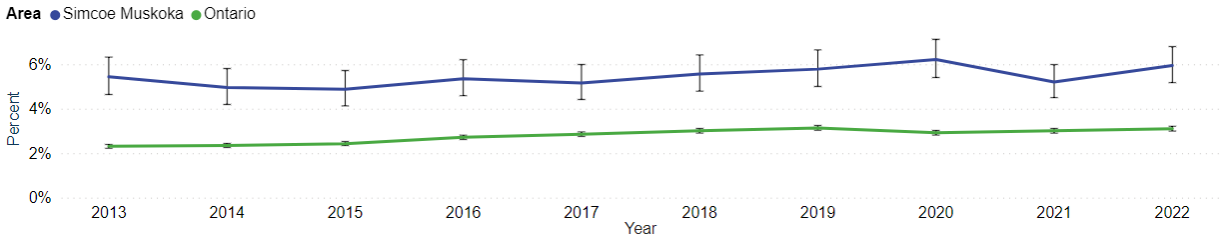


- 51.8% - Penetanguishene
- 48.2% - Midland
- 42.2% - Tay
- 43% - Georgian Bay
- 41.1% - Gravenhurst
- 40.5% - Orillia
- 37.5% - Severn
- 36.8% - Wasaga Beach; Huntsville; Collingwood
- 35.5% - Tiny
- 34.8% - Muskoka Lakes
- 34.3% - Bracebridge
- 32.6% - Clearview
- 31.7% - Ramara
- 29.3% - Barrie
-
- ONTARIO: 22.6%**

Source: <https://www.simcoemuskokahealth.org/health-stats/HealthStatsHome/MaternalandInfantHealth/PrenatalHealth>

9.4

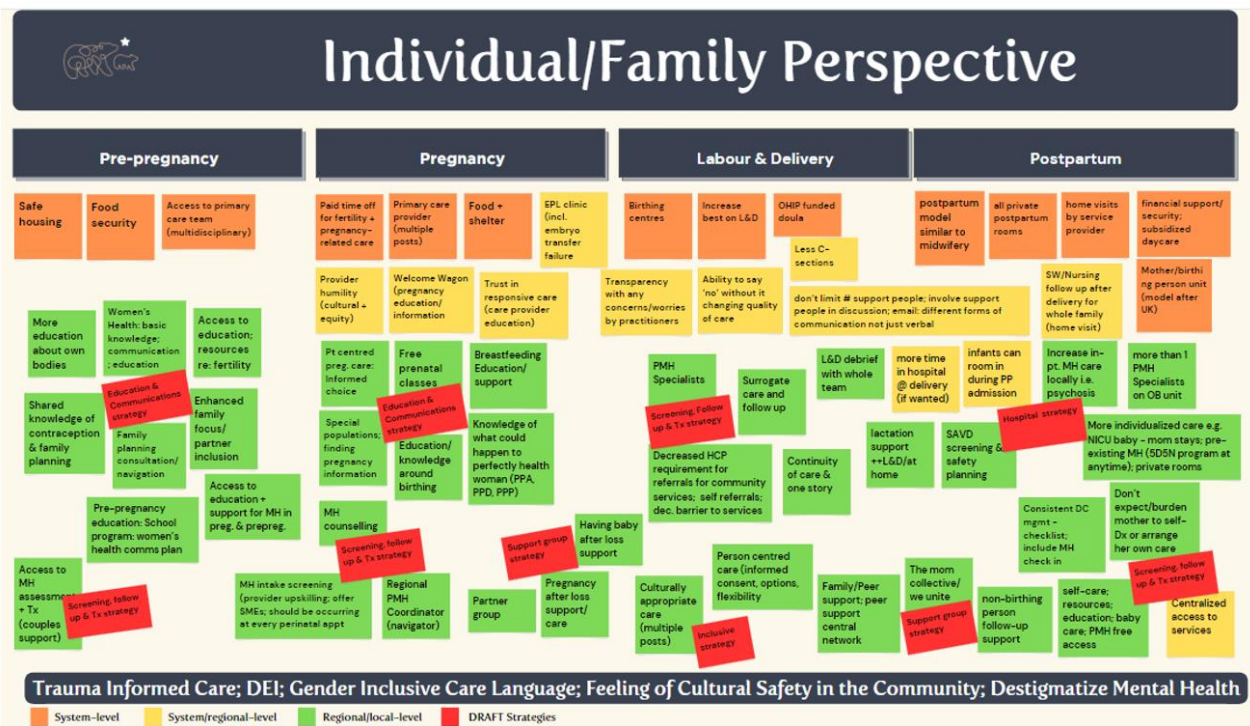
History of Postpartum Depression (Yes) among Individuals Who Previously Gave Birth in Simcoe Muskoka and Ontario, 2013-2022



Extracted from SMDHU HealthStats:
<https://www.simcoemuskokahealth.org/HealthStats/HealthStatsHome/MaternalandInfantHealth/PrenatalHealth>

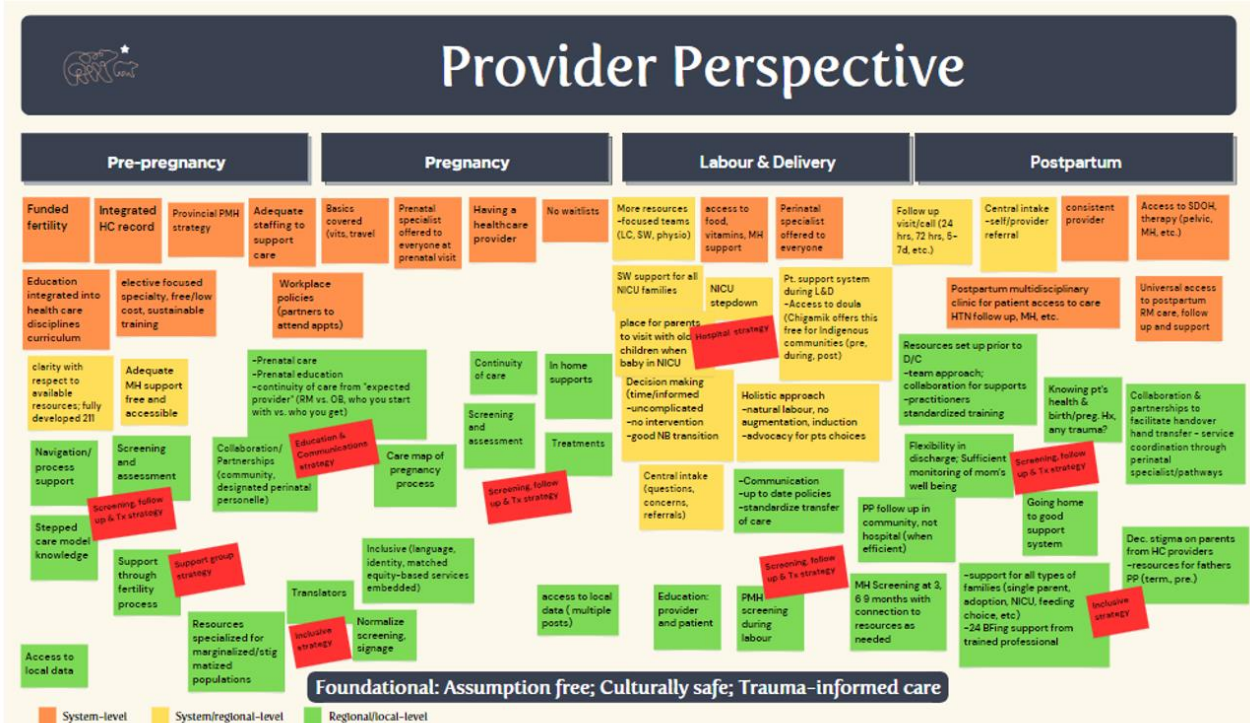
10.0 May 29, 2024 Regional Strategy Planning

10.1 Individual/Family Perspective



V1 June 2024

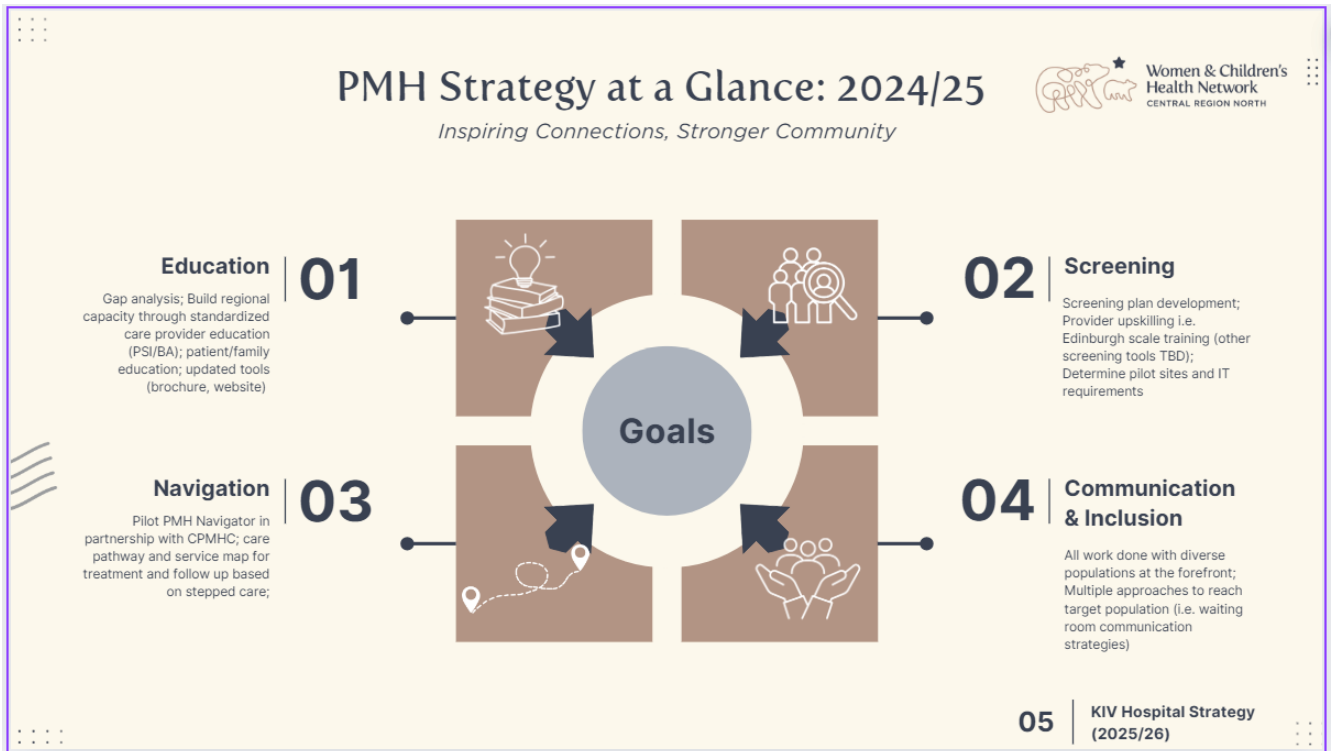
10.2 Provider Perspective



V1 June 2024

11.0

11.1 PMH strategy at a glance



11.2 Timeline

