

Community Perinatal Mental Health Services Update

Nipissing Parry Sound Perinatal Mood & Anxiety Disorder: Clinical Working Group

October 2, 2024



Working Group Overview

Provincial Council for Maternal and Child Health (2021)



CARE PATHWAY FOR THE MANAGEMENT OF PERINATAL MENTAL HEALTH

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

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, including the Generalized Anxiety Disorder (GAD-7), Patient Health Questionnaire (PHQ-9) and Edinburgh Perinatal/Postnatal Depression Scale (EPDS) (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 ARRANGE 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.
- Link to community supports:
 - Across Ontario, the [Healthy Babies Healthy Children \(HBHC\) program](#) is a free program delivered through Ontario's public health units in partnership with hospitals and other community partners to help families receive supports and services to enhance mental health, self-care and parenting capacity in the community.
 - 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).

3. ASSESS THE SEVERITY OF THE MENTAL HEALTH CONCERN

4. ASSIST BY RECOMMENDING OR IMPLEMENTING A TREATMENT STEP (SEE DETAILS ON PAGE 2)

	MILD	MODERATE	SEVERE	URGENT
ASSESS Severity and Symptom Level	Mild or few, but persistent symptoms, minimal impact on day-to-day function	Multiple symptoms, persistent, impacting day-to-day function and quality of life	Many symptoms, persistent, significant impact on day-to-day function and quality of life	Psychosis, mania, or risk of harm to self or others
Assessment Tools (Depression & Anxiety ONLY)*				
GAD-7 (Anxiety)	Score = 5-9	Score = 10-14	Score = 15 or more	Not applicable
PHQ-9 (Depression)	Score = 5-9	Score = 10-14	Score = 15 or more or Q9 > 0	Intent or plan for suicide
EPDS (Depression and Anxiety)	Score = 10-12	Score = 13-18	Score = 19 or more or Q10 > 0	Intent or plan for suicide
ASSIST Initial Suggested Treatment Step	Treatment Step 1 (If very mild, can monitor and reassess at 2-4 week intervals)	Treatment Step 2	Treatment Step 2 or 3	Treatment Step 4

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

5. ARRANGE FOLLOW-UPS TO MONITOR RECOMMENDED TREATMENT PLAN. MAKE MODIFICATIONS OR CHANGES TO TREATMENT STEP AS REQUIRED

- Address barriers to treatment uptake, review risk factors and discuss progress to determine whether 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 the 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.

The pathway was modified after the [SAs Contract](#) (Goldman, Whalen, & DeFoe, 2021). 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. Ontario has diverse pregnant and postpartum populations and this can greatly influence individual needs and mental health care expectations. 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.

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Treatment Stepped-Care Approach

TREATMENT STEPPED-CARE APPROACH

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 fee service options are provided below for a full list of options.

TREATMENT STEP	FOCUS OF INTERVENTION	INTERVENTIONS BY TYPE AND RECOMMENDED RESOURCES		
TREATMENT STEP 1 Psychosocial Interventions (Community Support)	<ul style="list-style-type: none"> 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 (perinatal-specific) <ul style="list-style-type: none"> Self-directed workbooks for depression <ul style="list-style-type: none"> Managing Depression Coping with Depression during Pregnancy and Following the Birth Self-directed workbooks for anxiety <ul style="list-style-type: none"> Coping with Anxiety during Pregnancy and Following the Birth The Pregnancy & Postpartum Anxiety Workbook 	Guided self-help (e.g., internet- or paper-based self-guided intervention that may include assistance from trained coach) <ul style="list-style-type: none"> Bounce Back Ontario postpartum specific resources (online, self and physician referral accepted) 	Peer support (e.g., mother-to-mother support) and Supportive Counselling (e.g., public health nurse visits, facilitated support groups) <ul style="list-style-type: none"> Postpartum Support International (Ontario-specific resources) Healthy Babies, Healthy Children (online/in-person, by region)
TREATMENT STEP 2 Psychological Interventions (self or health care provider referral) and Antidepressant Medication	<ul style="list-style-type: none"> Common mental health concerns of mild severity that do not remit with Step 1 interventions AND 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 <ul style="list-style-type: none"> Mother Matters: Online therapist-facilitated discussion board and therapy group for postpartum depression/anxiety (free in Ontario) BEACON digital therapy, AbilitiCBT: Internet-based CBT (free in Ontario, therapist available with perinatal expertise) Medication (within scope of primary care provider) <ul style="list-style-type: none"> Antidepressant can be used (and/or psychological intervention) when <ol style="list-style-type: none"> psychological intervention alone is insufficient symptoms are severe, or preferred by the person 	Additional Resources: <ul style="list-style-type: none"> Postpartum Support International (for public and private services) Local resources (e.g., Family Health Teams, Ontario Structured Psychotherapy Program, private services) 211Ontario (online Ontario database) ConnexOntario (online mental health database) Additional Resources: <ul style="list-style-type: none"> Canadian Network for Mood and Anxiety Treatments Information on antidepressants in pregnancy and lactation: MotherToBaby LactMed 	
TREATMENT STEP 3 Additional Specialized Interventions	<ul style="list-style-type: none"> Mild or moderate mental health concerns that do not remit with Step 2 Severe mental health concerns (e.g., severe depression, bipolar disorder or schizophrenia) 	<ul style="list-style-type: none"> Provider to Psychiatrist e-consultation for support around treatment recommendations: Ontario Telemedicine Network Refer to specialized perinatal program for direct patient-provider consultation (Check lists at Public Health Units in Ontario) Refer to local acute care institution for somatic treatment (neuro-stimulation, electroconvulsive therapy) or for partial (day program) or full hospitalization 	Additional Resources: <ul style="list-style-type: none"> Additional medication options (see Canadian Network for Mood and Anxiety Treatments) When specialized perinatal mental health care is unavailable, refer to local hospital specialty psychiatric services for specialized psychotherapy and pharmacological management and follow-up 	
TREATMENT STEP 4 Urgent Care and Hospitalization	<ul style="list-style-type: none"> Suspected mania or psychosis Discloses intention or plan for suicide, self-harm or harm to fetus/infant 	<ul style="list-style-type: none"> 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. MDs can complete an Ontario application for extended assessment (Form 1 Mental Health Act). Call emergency services as needed to ensure safe transport for patient to the closest emergency department. Call local Children’s Aid Society/Family and Children’s Services if concern about harm to child. 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. 		



Your feedback is important! The Provincial Council for Maternal and Child Health is dedicated to improving the usability of this tool and the accompanying guidance document. We encourage healthcare providers using this tool to submit feedback via an online survey by scanning the QR code or [clicking the link online here](#).



Treatment Stepped-Care Approach



North Bay Parry Sound: Care Pathway for Management of Perinatal Mental Health

NIPISSING AND PARRY SOUND DISTRICT

Last updated: September 11, 2024

Care Pathway for the Management of Perinatal Mental Health

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 fee service options are provided below for a full list of options.

- 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.).
- ADVISE** by providing education on perinatal mental health and arrange 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 stigmatizing 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](#)
 - [SafeON Nipissing](#)
 - [SafeON Parry Sound](#)
 - Indigenous Supports / Services:
 - [Parry Sound and North Bay Friendship Centers](#)
 - [North Bay Indigenous HUB](#)
 - [Metis HBC Program](#)
 - [Nipissing First Nation - HBC Program - Indigenous HBC Program - NBIFC](#)
- ASSESS** the severity of the mental health concern.

* Patient Health Questionnaires (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	Mild	Moderate	Severe	Urgent
Assessment Tools (Depression & Anxiety ONLY)	Mild or few, but persistent symptoms.	Multiple symptoms, persistent, impacting day-to-day function and quality of life	Many symptoms, significant impact on day-to-day function and quality of life	Psychosis, mania or risk of harm to self or others
• GAD-7 (Anxiety)	• GAD-7 5-9	• GAD-7 10-14	• GAD-7 15 or more	• GAD-7 - Not applicable
• PHQ-9 (Depression)	• PHQ-9 5-9	• PHQ-9 10-14	• PHQ-9 15 or more or Q9 > 0	• PHQ-9 - Intent on plan for suicide
• EPDS (Depression and Anxiety)	• EPDS 10-12	• EPDS 13-18	• EPDS = 19 or more or Q10 > 0	• EPDS - Intent on 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
5. ARRANGE follow-ups to monitor recommended treatment plan, make modifications or changes to treatment step as required. <ul style="list-style-type: none"> 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. 				

The North Bay Parry Sound Care Pathway for the Management of Perinatal Mental Health has been 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 NBPS District pathway has modified the treatment steps. This is an important difference to review when accessing the accompanying guideline document. The pathway was modified after the SA's Construct (Goldstein, Whittick, & DeBru, 2004). Please refer to the guideline document for full list of references. The Care Pathway is meant to be clinically applicable to 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.

NIPISSING AND PARRY SOUND DISTRICT

Last updated: September 11, 2024

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: <ul style="list-style-type: none"> Managing Depression Coping with Depression during Pregnancy and Following the Birth Coping with Anxiety during Pregnancy and Following the Birth The Prenatal & Postpartum Anxiety Workbook Circle Of Life Guided self-help (e.g., internet- or paper-based self-guided intervention that may include assistance from trained coach) <ul style="list-style-type: none"> Resource Back Ontario postpartum specific resources (online, self and physician referral accepted). Postpartum Support International Association of Ontario Doulas Peer support <ul style="list-style-type: none"> Postpartum Support International Association of Ontario Doulas Prenatal programs/supports: <ul style="list-style-type: none"> Great Beginnings (PS district) Mothscape (Nipissing district) Pregnancy Planning Prenatal & Infant Loss (PAIL) Network Metis Matters Ontario Structured Psychotherapy Program Canadian Perinatal Mental Health Training - Provider Directory Canadian Perinatal Mental Health Collaborative Directory (cmphc.ca) Postpartum Support International - Provider Directory Private Practices Family programs/supports: <ul style="list-style-type: none"> Indigenous - Healthy Babies, Healthy Children Program Metis - Healthy Babies, Healthy Children Program Nipissing First Nation - Healthy Babies, Healthy Children NBPSD Health Unit - HBC Program Community Action Program for Children Family Enrichment Program Infant & Child Development (Nipissing Parry Sound) Great Beginnings (PS district) and Mothscape (Nipissing)
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: <ul style="list-style-type: none"> Mental Health Clinic - Postpartum Mood & Anxiety Group (Nipissing only) *Health Care referral required. Community Counselling Centre of Nipissing Canadian Mental Health Association - Nipissing - Parry Sound S Saanibamaadwin (Aboriginal Mental Health Program) Alliance Centre (West Nipissing) Hands: The family help network (youth) Right Path Counselling & Prevention Services - Givak, Moaning Primary Care Provider / Family Health Team / NP / LC clinic Medication (within scope of primary care provider) <ul style="list-style-type: none"> Can be used (and/or psychological intervention is insufficient). 1) psychological intervention alone is insufficient. 2) symptoms are severe, or 3) preferred by the person
TREATMENT STEP 3 Additional Specialized Interventions	Mild or moderate mental health concerns that do not remit with Step 1 Severe mental health concerns (e.g., severe depression, bipolar disorder or schizophrenia)	<ul style="list-style-type: none"> Provide to access Psychiatrist - consultation for support around treatment recommendations: Ontario When specialized perinatal mental health care is unavailable, refer to local hospital specialty psychiatric services for specialized psychotherapy and pharmacological management and follow-up. If a person is in crisis, please refer to the nearest emergency room. <ul style="list-style-type: none"> North Bay Referral to outpatient psychiatry at NBHCHC for assessment, diagnosis, or medication management. Parry Sound District Ref: to CMHA Nipissing - Parry Sound
TREATMENT STEP 4 Urgent Care and Hospitalization	Suspected mania or psychosis Discusses 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 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. <ul style="list-style-type: none"> Diagnoses include mania, psychosis or harm to self or others: Initiate plan to transfer patient for emergency psychiatric assessment. MDs can complete an Ontario application for extended assessment (Excm 1 Mental Health Act). Call emergency services as needed to ensure safe transport for patient to the closest emergency department. Call local Children's Aid Society/Family and Children's Services (contact harm to child: (705) 472-0910 (Nipissing) / (705) 746-9354 (Parry Sound District). 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 actively: 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

The North Bay Parry Sound Care Pathway for the Management of Perinatal Mental Health has been 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 NBPS District pathway has modified the treatment steps. This is an important difference to review when accessing the accompanying guideline document. The pathway was modified after the SA's Construct (Goldstein, Whittick, & DeBru, 2004). Please refer to the guideline document for full list of references. The Care Pathway is meant to be clinically applicable to 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 / 1-800-563-2608 ext. 5351 or baabyl.jamieson@baabyl.ca

Treatment Step 1: Psychosocial Interventions

FOCUS OF INTERVENTION	INTERVENTIONS BY TYPE AND RECOMMENDED RESOURCES			
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: <ul style="list-style-type: none">• Managing Depression• 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., internet- or paper-based self-guided intervention that may include assistance from trained coach) <ul style="list-style-type: none">• Bounce Back Ontario postpartum specific resources (online, self and physician referral accepted) Peer support <ul style="list-style-type: none">• Postpartum Support International• Association of Ontario Doulas	Prenatal programs/supports: <ul style="list-style-type: none">• Great Beginnings (PS district)• Mothercare (Nipissing district)• Pregnancy Planning	Family programs/supports: <ul style="list-style-type: none">• Indigenous- Healthy Babies, Healthy Children Program• Metis – Healthy Babies, Healthy Children Program• Nipissing First Nation – Healthy Babies, Healthy Children• NBPSD Health Unit – HBHC Program• Community Action Program for Children• Family Enrichment Program• Infant & Child Development (Nipissing) Parry Sound• Great Beginnings (PS district) and Mothercare (Nipissing)

Step 2: Psychological Interventions & Medication

FOCUS OF INTERVENTION	INTERVENTIONS BY TYPE AND RECOMMENDED RESOURCES
Common mental health concerns of moderate severity or greater	<p>Cognitive Behavioural Therapy (CBT) and Interpersonal Psychotherapy (IPT) are first-line treatments for perinatal depression and anxiety. Psychotherapy Services/Providers:</p> <ul style="list-style-type: none">• Mental Health Clinic - Postpartum Mood & Anxiety Group (Nipissing only) *Health Care referral required.• Community Counselling Centre of Nipissing• Canadian Mental Health Association Muskoka – Parry Sound• B'Saanibamaadsiwin (Aboriginal Mental Health Program)• Alliance Centre (West Nipissing)• Hands: The family help network (youth)• Right Path Counselling & Prevention Services – Giyak Moseng• Primary Care Provider / Family Health Team / NP Led clinic <p>Medication (within scope of primary care provider)</p> <ul style="list-style-type: none">• Can be used (and/or psychological intervention) when:<ol style="list-style-type: none">1) psychological intervention alone is insufficient.2) symptoms are severe, or3) preferred by the person <p>Additional Resources:</p> <ul style="list-style-type: none">• Pregnancy & Infant Loss (PAIL) Network• Mother Matters• Ontario Structured Psychotherapy Program• Canadian Perinatal Mental Health Training – Provider Directory• Canadian Perinatal Mental Health Collaborative Directory (cpmhc.ca)• Postpartum Support International - Provider Directory• Private Practices <p>Additional Resources:</p> <ul style="list-style-type: none">• Canadian Network for Mood and Anxiety Treatments• Information on antidepressants in pregnancy and lactation: First Exposure Health Nexus Santé,• Home Page - MotherToBaby

Step 3 – Additional Specialized Treatments

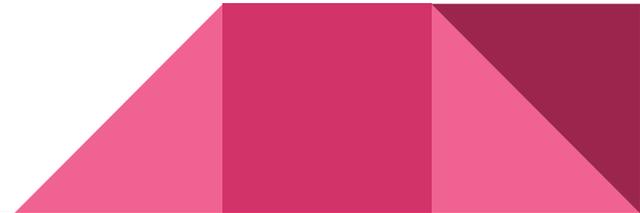
FOCUS OF INTERVENTION	INTERVENTIONS BY TYPE AND RECOMMENDED RESOURCES	
<p>Mild or moderate mental health concerns that do not remit with Step 1</p> <p>Severe mental health concerns (e.g., severe depression, bipolar disorder or schizophrenia)</p>	<ul style="list-style-type: none">• Provider to access Psychiatrist e-consultation for support around treatment recommendations: Ontario Telemedicine Network• When specialized perinatal mental health care is unavailable, refer to local hospital specialty psychiatric services for specialized psychotherapy and pharmacological management and follow-up.• If a person is in crisis, please refer to the nearest emergency room:<ul style="list-style-type: none">◦ North Bay: Referral to outpatient psychiatry at NBRHC for assessment, diagnosis, or medication management.◦ Parry Sound District: Refer to CMHA Muskoka – Parry Sound	<p>Additional Resources:</p> <ul style="list-style-type: none">• Additional medication options (see Canadian Network for Mood and Anxiety Treatments)• Canadian Perinatal Mental Health – Provider Directory• Postpartum Support International - Provider Directory• Private Practices

Step 4 – Urgent Care & Hospitalization

FOCUS OF INTERVENTION	INTERVENTIONS BY TYPE AND RECOMMENDED RESOURCES
Suspected mania or psychosis Discloses intention or plan for suicide, self-harm or harm to fetus/infant	<ul style="list-style-type: none">• 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. MDs can complete an Ontario application for extended assessment (Form 1 Mental Health Act). Call emergency services as needed to ensure safe transport for patient to the closest emergency department. Call local Children’s Aid Society/Family and Children’s Services if <u>concern</u> about harm to child: (705) 472-0910 (Nipissing)/ (705) 746-9354 (Parry Sound District).• 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

Invitation & Feedback

- Dissemination work plan (underway)
- Local key stakeholders feedback
- Launch: Maternal Mental Health Week May 5-11 2025





Thank you