

Post-Partum Depression (PPD) Briefing Note For New Brunswick

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ACTION REQUESTED

It is requested that New Brunswick implement a policy for universal postpartum depression (PPD) screening and treatment.

CURRENT SITUATION IN NB

Depression rate in new mothers	- 15%
Number of newborns affected in 2007	>1000
Early childhood development	- unmet needs impair brain development
School readiness	- lower scores on cognitive development
Vulnerable children	- higher proportion in NB than rest of Canada
Long-term outcome	- reduced capacity as a functioning citizen

BACKGROUND

If New Brunswick is to prosper, we need to ensure that our children have opportunity to develop intellectually, socially and emotionally. Experiences in the early years (from conception to age 6) set in place pathways in the brain that predict an individual's future potential. These pathways affect cognition, IQ, literacy, behaviour, capacity to learn, memory and health problems including heart disease, hypertension, type II diabetes, immune disorders and mental health problems. However, recent science demonstrates that many children's futures are undermined when stress damages the early architecture of the brain. The stress often occurs when parents/caregivers are unable to meet their children's needs.

Postpartum depression, a prevalent yet treatable illness, is one of the most significant stressors affecting mothers' abilities to care for their infants. *Postpartum depression affects one in seven women.* The symptoms of postpartum depression (e.g. fatigue, anxiety, moodiness, reduced energy, feelings of worthlessness) prevent mothers from providing the consistent, nurturing care necessary to promote children's brain development. Serious and prolonged stress associated with care from a mother suffering from postpartum depression damages children's developing brain pathways. Stressful caregiving experiences are understood to make babies' brains release chemicals (e.g. cortisol) that stunt cell growth.

Effective public and mental health services are known to help these mothers and by extension their children. Early interventions targeting these families will catch these children before they fail. These early investments reap dividends (at least double initial investment) as child development translates into economic development later on. A child with a strong developmental foundation becomes part of a solid community and stands to make substantial contribution to NB's society and economic prosperity.

POTENTIAL SOLUTIONS

- 1) Keep system the same but add screening capacity for physicians, Community Health Centers (CHC) & Public Health nurses with increased Mental Health Services.
Requires: Doctors using screening tool, new billing code for the screening & training
An increase in Public Health nurses & Mental Health services
Problem: Doctors' education & practice are self-directed and self-regulated.
Creating standardized protocol in a diverse system
- 2) Shift immunization service delivery to Public Health nurses & CHC where universal screening will take place.
Requires: Regional Health Authority (RHA) collaboration for 'best practice' in human resource utilization & clinical practices
Problem: Creating standardized protocol in a diverse system & doctors losing a patient service

3) Collaborate with Public Health, Mental Health, RHAs, Education, Service providers & the public to build a solution.

Requires: The will for intersectoral collaboration

Problem: Delaying implementation of services for vulnerable children.

RECOMMENDATION

NB implement a policy of universal PPD screening by Public Health nurses with follow-up referrals supported by Mental Health services and well-researched early intervention.

Requires: Coordination of referrals for treatment
Increase in Mental Health service providers & Public Health nurses
Rural coordination
Program and evaluation development & coordination

Has it been done before...

Since 1997, Alberta has a successful universal screening program tied to baby's immunization during 'well baby clinics' by public health nurses with referral contact on site to reduce the stigma of mental illness. Many other health regions in Canada are following suit. Only Alberta has a provincial policy.

Implementation challenges...

In NB, we do not have uniform immunization delivery and we have reduced the capacity of well baby clinics. The stigma of mental illness prevents many ill mothers from seeking help.

IMPACTS OF IMPLEMENTING RECOMMENDATION

Departmental impact:

Health care

Reduction in

-chronic disease costs

-adolescent & adult mental illness

Education

-special education classes

-behavioural problems and violence in classroom

Justice

-juvenile delinquency

Child impact:

Increases in

+cognitive development

+level of readiness for school

+level of education achieved

+future income

+health status

+life long learning ease

Decreases in

-learning challenges

-behavioral problems

-chronic diseases

-mental illness

-juvenile delinquency

-hospitalization

Maternal/parental impact:

Increases in

+mental health

+workforce participation

Decreases in

-substance abuse

-marital breakdown & family violence

Potential political implications:

+Providing equitable care for rural/urban, north/south, male/female, young/old, poor/rich in NB

+Fits campaign promises to invest in families & children, education, & population health

+Reduces work load for doctors to public health nurses & mental health

+Focus on whole child & early development within the family

+Population health investment in the future of NB

-Cost of development of indicators, training & follow-up intervention

OUTCOMES

PPD screening and treatment addresses a fundamental problem with a fundamental solution as opposed to waiting for a child's emerging symptomatic problems to be addressed by symptomatic solutions caused by less than optimal early childhood conditions of parenting.