



Perinatal Mental Health In Yukon



Postpartum Support Yukon

www.postpartumsupportyukon.com

Perinatal Mental Health in Yukon

E-Mail: shanny@raisinglittles.ca

Suggested Citation:

Kaiser, S. (2023). Perinatal mental health in Yukon. Postpartum Support Yukon.

© Postpartum Support Yukon, 2023

A note on language & inclusivity



Postpartum Support Yukon acknowledges that there is no one definition of the term “family.” We recognize that each family comes with diverse experiences, cultural practices, and identities. However, we did not account for these differences in this particular review due to ease, time, and cost. Future research should examine perinatal mental health in different cultures and ethnicities, in 2SLGBTQIA+ families, adoptive families, and in males and partners. In addition to families who’ve experienced fertility issues, and pregnancy and infant loss.

It should be noted that this paper frequently uses the term “woman/women,” or “mother,” as the research cited was conducted in those who identified as female, women, and/or mothers.

Shanny Kaiser, MSc.
Founder
Postpartum Support Yukon

Perinatal Mental Health In Yukon

The perinatal period, classified as pregnancy, birth, and the first 12 months post-birth, can result in various psychological changes for women (BC Reproductive Mental Health Program and Perinatal Services BC, 2014; Huschke et al., 2020). Women may experience a variety of perinatal mood and anxiety disorders (PMADs), such as depression, anxiety (e.g., generalized anxiety, panic disorder, and obsessive-compulsive disorder), bipolar disorder, and psychosis (Byrnes, 2018). Risk factors for developing PMADs include low socioeconomic status, lack of education, a history or family history of mental illness, obstetrical complications, exposure to interpersonal violence, a lack of social support, being a teen/young parent, those from minority backgrounds, and recent life stressors (Byrnes, 2018; Liu et al., 2021). However, PMADs do not discriminate. Any woman in the perinatal period can experience perinatal mental illness (PMI). PMADs can negatively impact the mother's pregnancy and parenting experience. As well as increase the risk of obstetric complications, attachment or bonding issues, and poor infant development (Vliegen et al., 2013; Ko and Haight, 2020). Perinatal mental health (PMH) is a critical public health topic due to its prevalence and potential consequences on women, their children, their families, and society (Public Health Ontario, 2016). However, insight into PMH and specific regions is lacking, particularly in Canada's North. This paper aims to provide information on PMH, including prevalence, consequences, and community services. As well as gain insights into PMH and the Yukon Territory.

Perinatal Mood & Anxiety Disorders are the #1 complication of childbirth.

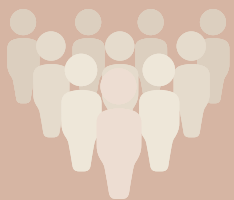
23% of women who have given birth will experience perinatal mood & anxiety disorders.



Prevalence of PMADs



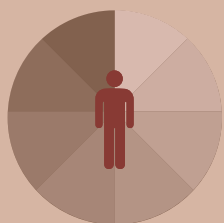
Current research on PMH in Canada stems from a Statistics Canada report published in 2019 consisting of data collected in 2018-19. This report concluded that 23 percent of women who had recently given birth had feelings consistent with postpartum depression and/or anxiety, with 33 percent stating they were concerned about their mental health. Of this 33 percent, 15 percent did not seek support or tell anyone how they felt. As well, 12 percent stated that they experienced suicidal thoughts (Statistics Canada, 2019). However, the incidence is likely even higher due to a lack of screening and stigma. It should also be noted that this report doesn't include data from the northern territories (i.e., Yukon, Northwest Territories, and Nunavut). A more dated survey using data collected from 2006-07 found that the Yukon was tied for Canada's second highest EPDS scores. Approximately 10 percent of Yukon mothers scored 13 or higher on the EPDS (Public Health Agency of Canada, 2009). A score of 13 or higher indicates depression. While we lack recent data, we know that, on average 394 births occur in the Yukon per year (Statista, n.d.). Meaning approximately 91 Yukon mothers experience PMADs each year.



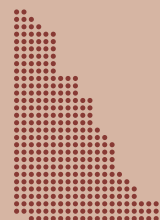
23% of Canadian mothers will experience PMADs



Yukon had the 2nd highest EPDS scores in 2006/07



- 33% were concerned about their mental health
- 15% did not seek support
- 12% had suicidal thoughts



On average, 91 Yukon mothers will experience PMADs per year

Consequences



Mothers

If left untreated, PMI can have negative impacts on the mother, her children, and society as a whole. It's been found that mothers with PMI were more likely to experience significant levels of anxiety, low mood, lower quality of life, distress, fatigue, financial problems, relationship problems, and addictive and/or risky behaviors (Vliegen et al., 2013; Da Costa et al., 2006; Slomian et al., 2019). Suicide is also the leading cause of death during the perinatal period (Grigoriadis et al., 2017).

Children

Untreated PMADs are linked to poor infant social, cognitive, and behavioral development, and increased risk for later child mental health problems (Ko and Haight, 2020). Infants born to depressed mothers were more likely to be born early, weigh less, experience a greater number of childhood illnesses, experience language delays, and were less likely to be breastfed than those born to non-depressed mothers (Slomian et al., 2019). Infants/children may also be exposed to unsafe parenting practices and maltreatment. For example, mothers experiencing PMI were less likely to put their baby on their back to sleep or use a car seat and were more likely to use spanking as a punishment (Balbierz et al., 2015; Slomian et al., 2019). These negative impacts have high economic costs.

Economic Costs of PMADs

The economic costs of PMI are expansive. In Canada, costs associated with PMH each year amount to \$6.7 billion – 30 percent of this amount are costs related to the mother, and 70 percent are related to the infant.

These costs include loss of productivity, health and social services, education, and justice, to name a few.

One case of postpartum depression costs approximately \$41,467 for the mother and \$117,987 for the child. One case of postpartum anxiety costs approximately \$37,163 for the mother and \$23,527 for the child. In the Yukon, costs associated with PMH amount to \$7.1 million each year based on 394 births (Montreal Antenatal Well-Being Study, n.d.).



PMADs cost....

\$6.7 billion

Canada/year

\$37,163 – \$41,467

Per case of postpartum depression or anxiety for the mother

\$7.1 Million

Yukon/year

\$23,527 – \$117,987

Per case of postpartum depression or anxiety for the child

Community Services

Postpartum support is provided by the community health centers operated by the Government of Yukon. After birth, a public health nurse may visit families in the hospital and then conduct a home or phone visit within 24 hours of leaving the hospital or the next business day. Families can also seek support in person, by phone, or during well-child visits. Parents may be screened for PMI and receive referrals to local services and other resources during these visits (Government of Yukon, n.d.).

Currently, midwifery services are reduced. However, current clients of the Yukon Midwifery clinic may be able to receive postnatal care up until eight weeks postpartum. In addition, mothers can see their maternity doctor up until six weeks postpartum (Solstice Maternity, n.d.). Approximately 3341 Yukon residents do not have a family doctor leaving many postpartum families without care beyond six to eight weeks (Hatherly, 2022).

Finally, there are no specialty PMH services in Yukon. Therefore, medical professionals, counsellors, and other related professionals may not have specific training to meet the needs of those experiencing PMI (Life With A Baby Foundation, n.d.). There are also no specific postpartum screening guidelines in Yukon, although it is believed that the Yukon follows British Columbia's guidelines. In British Columbia, there are specific provincial guidelines, all regions are required to have a plan for perinatal depression care, and universal screening using the EPDS is done between 28-32 weeks and again 6-16 weeks postpartum (Life With A Baby Foundation, n.d.). Given that we have no recent research into the postpartum experiences of Yukon women and minimal related services, we lack insight into the experiences of women during the perinatal period and how best to serve them.

32.1 percent of
Yukon women did
not know that
PMADs could arise
during pregnancy



Current Study



Postpartum Support Yukon conducted a survey to gain insight into the current state of perinatal mental health and support in Yukon, Canada. The survey was posted on Facebook and Instagram and promoted using Facebook ads. A total of 25 questions were asked and 28 individuals responded. Of those who responded, 93 percent live in Whitehorse, with the remaining living in the Klondike region (i.e., Dawson City, Carmacks) and Old Crow. Approximately 68 percent are between the ages of 25 and 34, with 32 percent between 35 and 44. The majority of respondents (46 percent) are within the postpartum year; 25 percent had their last child 2-4 years ago, 17.9 percent had their last child 1-2 years ago, 7.1 percent had their last child five or more years ago, and one is currently pregnant.

Results

- 32.1 percent reported that they did not know that PMADs could arise during pregnancy
- 35.7 percent stated that they were not asked about their mental health, with 21.4 percent saying that they were asked, but they had to initiate the conversation
- 17.9 percent said they were not asked about their mental health after giving birth, and 28.6 percent said they were asked about their mental health but weren't sure whether their provider used a validated screening tool
- Families were more likely to be asked about their mental health during the first two months postpartum (e.g., clinic and well-child visits)
- 82.1 percent state that their partners were not asked about their mental health
- 53.5 percent stated that they spoke with their health care provider or public health nurse about their mental health during the postpartum year, and 32.1 percent stated they sought a counsellor

- Of those who sought support from a health care provider or counsellor, 21.4 percent did not feel understood
- Only 7 percent were able to access treatment/support within a week, with 46.4 stating that it took one or more months
- 46.4 percent relied on family and friends for support, 32.1 percent turned to blogs, websites, or social media, and 25 percent utilized only support groups
- 64.3 percent state that they don't feel like they have enough information about PMADs and their impacts
- 77.8 percent don't believe that the Yukon has adequate PMH supports

Two open-ended questions were asked: (1) How would you like to see perinatal mental health supports improve in Yukon? (2) Do you want to share anything about your perinatal mental health experience in Yukon? Responses include:

- Having more specific supports for First Nations, partners, and those who speak French
- Outreach calls
- More education about all PMADs, not just depression
- Increased training and awareness for healthcare providers
- Increased screening
- Additional postpartum appointments that focus on the health and wellness of the mother
- A consistent health care provider and/or counsellor to avoid re-telling of sensitive information
- More supports and services in the communities
- More supports and services for those past the postpartum year
- Increased and timely, access to treatment and services

Limitations

This study has several limitations, including a small size. Small sample sizes make it difficult to determine whether the results are valid and reliable. Furthermore, surveys are subject to response bias, non-response bias, data errors, and survey errors. For instance, respondents may misinterpret survey questions, answer questions in a more favourable way, or not answer at all.

This study also focused on those identifying as "female," "woman," or "mother." It did not include partners. Further research should consist of a large sample size and seek to administer validated PMAD related screening tools or questionnaires, as well as interview participants face-to-face using open and closed-ended questions. Future research should also examine perinatal mental health in different cultures and ethnicities, in 2SLGBTQIA+ families, adoptive families, and in males and partners. In addition to families who've experienced fertility issues, and pregnancy and infant loss. It would also be helpful to obtain data from Yukon physicians at Solstice Maternity, public/community health care nurses, and local counsellors.

Conclusion

PMH is a critical public health topic due to its prevalence and potential consequences. Yet, there is a lot we don't know. To date, few studies have looked at PMH in Yukon, leaving gaps in knowledge and services. This informal, exploratory survey aimed to fill in some of those gaps.

References

- BC Reproductive Mental Health Program and Perinatal Services BC. (2014). Best practice guidelines for mental health disorders in the perinatal period. Victoria, BC: Provincial Health Services Authority.
<http://www.perinatalservicesbc.ca/Documents/Guidelines-Standards/Maternal/MentalHealthDisordersGuideline.pdf>
- Byrnes, L. (2018). Perinatal mood and anxiety disorders. (2018). *The Journal for Nurse Practitioners*, 14(7), 507-513. <https://doi.org/10.1016/j.nurpra.2018.03.010>
- Da Costa, D., Dritsa, M., Rippen, N., Lowensteyn, I., & Khalifé, S. (2006). Health-related quality of life in postpartum depressed women. *Archives of women's mental health*, 9(2), 95-102. <https://doi.org/10.1007/s00737-005-0108-6>
- Hatherly, D. (2022). Doctor waitlist swells to 3,341 Yukoners; won't be matched with bilingual health clinic. *Yukon News*. <https://www.yukon-news.com/news/doctor-waitlist-swells-to-3341-yukoners-wont-be-matched-with-bilingual-health-clinic/>
- Huschke, S., Murphy-Tighe, S., & Barry, M. (2020). Perinatal mental health in Ireland: A scoping review. *Midwifery*, 89, 102763.
<https://doi.org/10.1016/j.midw.2020.102763>
- Ko, J. Y., PhD., & Haight, S. C., M.P.H. (2020). Addressing perinatal mental health and opportunities for public health. *American Journal of Public Health*, 110(6), 765-767. <https://doi.org/10.2105/AJPH.2020.305663>
- Life With A Baby Foundation. (n.d.). Maternal mental health: Is Canada doing enough
https://www.lifewithababy.com/resources/Documents/Maternal%20Mental%20Health%20Support%20in%20Canada_%20A%20Review.pdf

- Liu, C. H., Erdei, C., & Mittal, L. (2021). Risk factors for depression, anxiety, and PTSD symptoms in perinatal women during the COVID-19 Pandemic. *Psychiatry research*, 295, 113552. <https://doi.org/10.1016/j.psychres.2020.113552>
- Montreal Antenatal Well-Being Study. (n.d.). Global Economic Calculator Perinatal Mental Health Disorders. <https://global-economic-calculator.herokuapp.com/>
- Public Health Agency of Canada. (2009). What mothers say: The Canadian maternity experiences survey. <https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/rhs-ssg/pdf/survey-eng.pdf>
- Public Health Ontario. (2016). Evidence brief: Exploring interventions to address perinatal mental health in a public health context. https://www.publichealthontario.ca/-/media/documents/e/2017/eb-perinatal-mental-health.pdf?sc_lang=en
- Slomian, J., Honvo, G., Emonts, P., Reginster, J. Y., & Bruyère, O. (2019). Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Women's health (London, England)*, 15, 1745506519844044. <https://doi.org/10.1177/1745506519844044>
- Statista. (n.d.) Number of births in Yukon, Canada from 2001-2022. <https://www.statista.com/statistics/578594/number-of-births-in-yukon-canada/>
- Statistics Canada. (2019). Maternal mental health in Canada. <https://www150.statcan.gc.ca/n1/en/daily-quotidien/190624/dq190624b-eng.pdf?st=4mvVt9Yr>
- Vliegen, N., Casalin, S., Luyten, P., Docx, R., Lenaerts, M., Tang, E., & Kempke, S. (2013). Hospitalization-based treatment for postpartum depressed mothers and their babies: rationale, principles, and preliminary follow-up data. *Psychiatry*, 76(2), 150–168. <https://doi.org/10.1521/psyc.2013.76.2.150>



For questions or to learn more, please
contact shanny@raisinglittles.ca or
visit our website:
www.postpartumsupportyukon.com