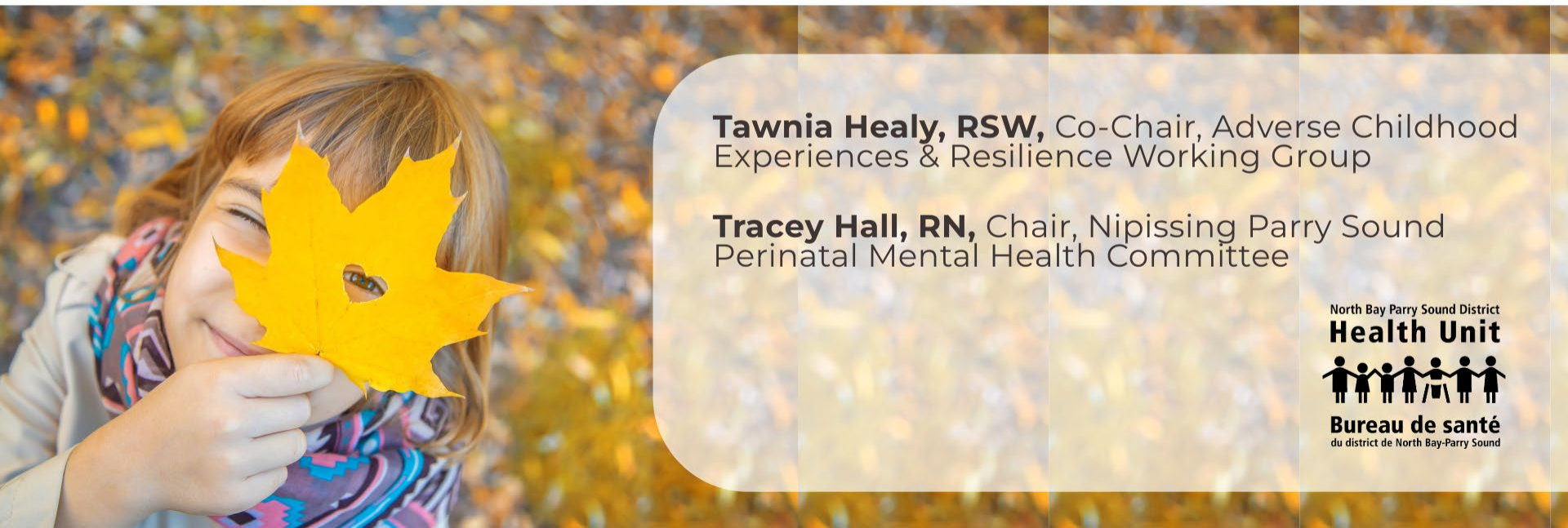


From Knowledge to Action:

Early Adversity, Resilience, and Perinatal Mental Health



Tawnia Healy, RSW, Co-Chair, Adverse Childhood Experiences & Resilience Working Group

Tracey Hall, RN, Chair, Nipissing Parry Sound Perinatal Mental Health Committee

North Bay Parry Sound District

Health Unit



Bureau de santé

du district de North Bay-Parry Sound

Sensitive Content

- Treat yourself with care
- Take breaks or leave the room if needed
- Seek support from a trusted friend, colleague, or service



Adverse Childhood Experiences and Resilience Working Group

An impact priority of the Muskoka, Nipissing, and Parry Sound Child and Youth Planning Table



B'SAANIBAMAADSIWIN
INDIGENOUS MENTAL HEALTH



Children's Aid Society
La Société d'aide à l'enfance
NIPISSING & PARRY SOUND



simcoe muskoka
DISTRICT HEALTH UNIT
Your Health Connection



**Conseil scolaire public
du Nord-Est de l'Ontario**



**Canadian Mental
Health Association**
Muskoka - Parry Sound

Addictions and
Mental Health Services



Turtle's Nest
CHILD AND YOUTH ADVOCACY
CENTRE OF NIPISSING DISTRICT



North Bay Parry Sound District
Health Unit

Bureau de santé
du district de North Bay-Parry Sound

**Métis Nation
of Ontario** 



Near North
District School Board

District of Parry Sound
 Social Services
Administration Board



Hands • Mains
TheFamilyHelpNetwork.ca LeReseauAideAuxFamilles.ca

North Bay Regional
Health Centre



Centre régional
de santé de North Bay



Simcoe Muskoka
Family Connexions
Connexions Familiales
de Simcoe Muskoka



WEST NIPISSING | **NIPISSING OUEST**
FAMILY HEALTH TEAM | ÉQUIPE DE SANTÉ FAMILIALE

Learning Objectives

- Understand the link between early adversity, resilience, and lifelong health
- Become informed on local efforts to increase community focus on early adversity and community resilience
- Learn about the Ontario Early Adversity and Resilience Framework and its potential as cross-sectoral call to action
- Examine the Nipissing-Parry Sound Perinatal Mental Health Care Pathway as a practical example of translating evidence on early adversity and resilience into action



A photograph of two young children, a girl and a boy, seen from behind. They are standing in a grassy park with trees in the background. The girl is wearing a pink sleeveless top and has her hair in two braids. The boy is wearing a dark shirt. They are embracing each other. The text is overlaid on the right side of the image.

**Why collaborative action
on early adversity and
resilience**

matters

Collaboration on early adversity and resilience matters because the factors that influence child well-being extend beyond any single sector or setting.



**Shared
Responsibility**

**Strong
Evidence Base**

**Primordial
Prevention**

**Growing
Support and Need**



Community Resilience Learning Movement

MUSKOKA, NIPISSING, & PARRY SOUND DISTRICTS

This movement aims to foster **cross -sectoral shared understanding and common language** of evidence-based concepts related to early adversity and resilience, and their link to lifelong health, and promote healing and resilience in our communities.

UNDERSTANDING ACES

WHAT ARE ACES?

WATCH NOW



ACEs and Early Adversity



Adverse Childhood Experiences (ACEs)

- Stressful and potentially traumatic events occurring before the age of 18
- Usually refers to a specific set of early adversities identified in the original ACE study that focus on 10 key experiences
 - **Abuse:** Physical, emotional, sexual
 - **Neglect:** Physical, emotional
 - **Household Dysfunction:** Substance abuse, mental illness, incarceration, divorce, domestic violence



Early Adversity

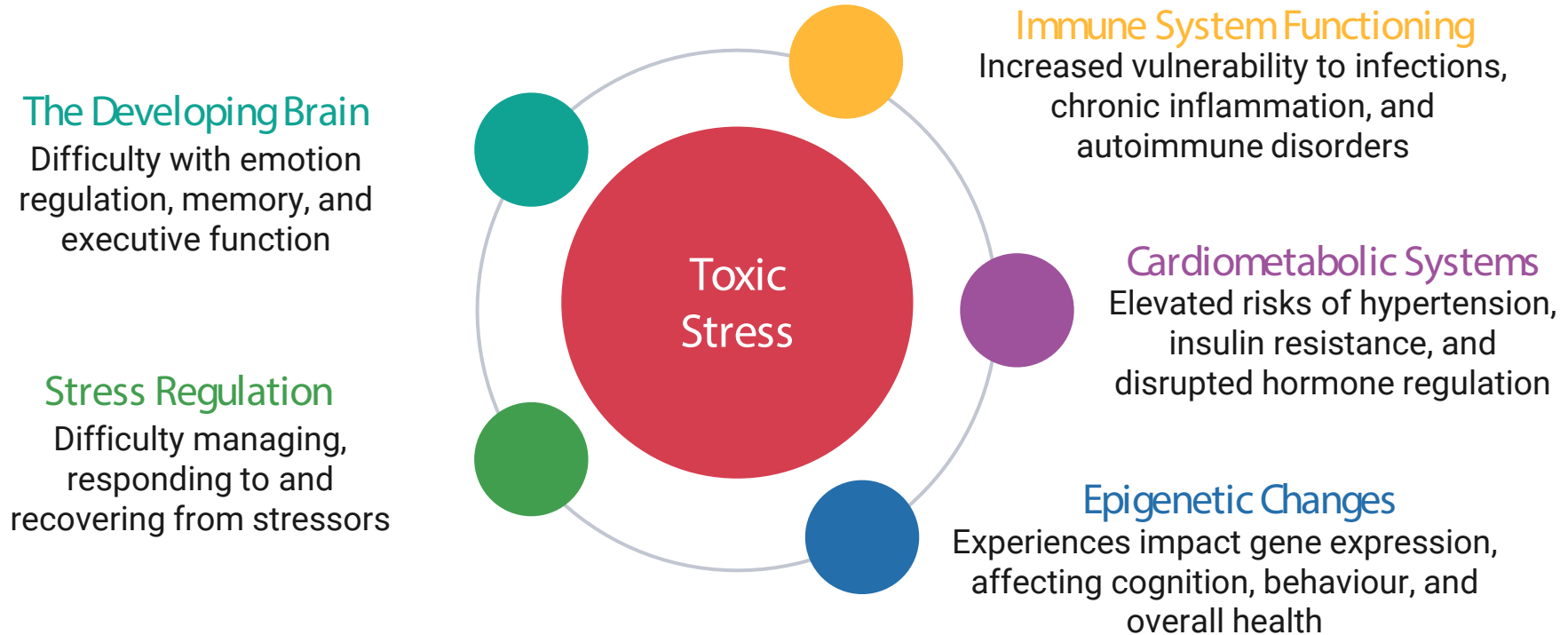
- A broader definition that refers to any challenging or negative experiences during childhood, including ACEs
- Examples include:
 - Poverty
 - Racism or Discrimination
 - Community Violence
 - Loss of a Caregiver



THREE REALMS OF ACEs



Early Adversity Affects Developing Biological Systems



Early Adversity and Health Outcomes

ACEs can increase risk for disease, early death, and poor social outcomes



How common
are ACEs?

slido.com

Code: 3386764



An abstract graphic representing a map. The left side features a solid teal background. The right side is a complex, colorful mosaic of various geometric shapes, including squares, rectangles, and polygons, in shades of red, orange, yellow, green, blue, purple, and brown. These shapes are outlined in black, creating a grid-like pattern that resembles a city map or a land use map. The overall composition is dynamic and visually rich.

Community Context



Perinatal and maternal mental health challenges are common.

45%

Reported **mental health concern** during pregnancy

9.3%

Reported history of **postpartum depression**



Both significantly higher rates than Ontario

Poverty and child maltreatment affect many local children and families.

13.5%

Those aged
0-17 lived in
low-income
households

55.6%

Experienced
childhood
maltreatment

North Bay Parry Sound District
Health Unit, 2021;
Statistics Canada, 2019-2020





Adversity is not destiny.

- With the right support individuals can **heal, grow, and thrive** despite past challenges.
- Provide support during **critical periods of development** to increase resilience.
- **Reduce environmental-level sources of stress** to increase community resilience.
- **Foster healing** through Trauma- and Violence-Informed Care creating safety, connection, and empowerment.

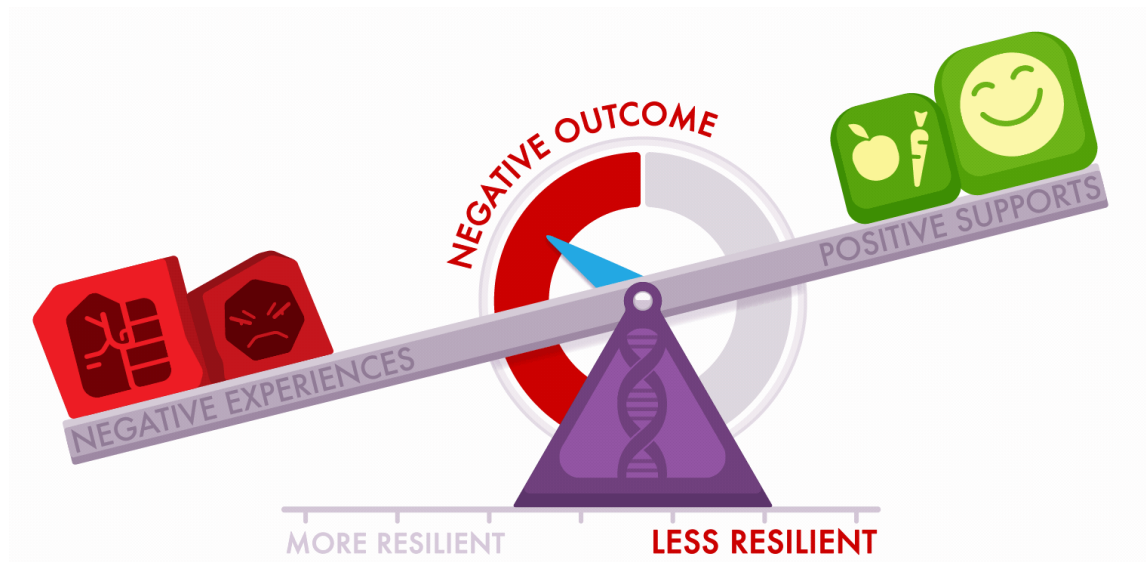
Learn from your neighbour:

**What does resilience
mean to you?**





Tipping the Scale Toward Resilience



**Early Relational
Health**

**Safe, Stable
Nurturing
Relationships**

**Positive
Experiences**

**Protective
Factors**

The Resilience Scale

Alberta Family Wellness Initiative, 2023

Positive Childhood Experiences

caregiver
mental health

responsive
caregiving

coping skills

positive
interpersonal
relationships

ability to express and
manage emotions

social
recreation

physical and
emotional safety

parenting
support



Supportive Community Environments

adequate income

quality childcare

cultural practices and
cultural safety

safe and inclusive community

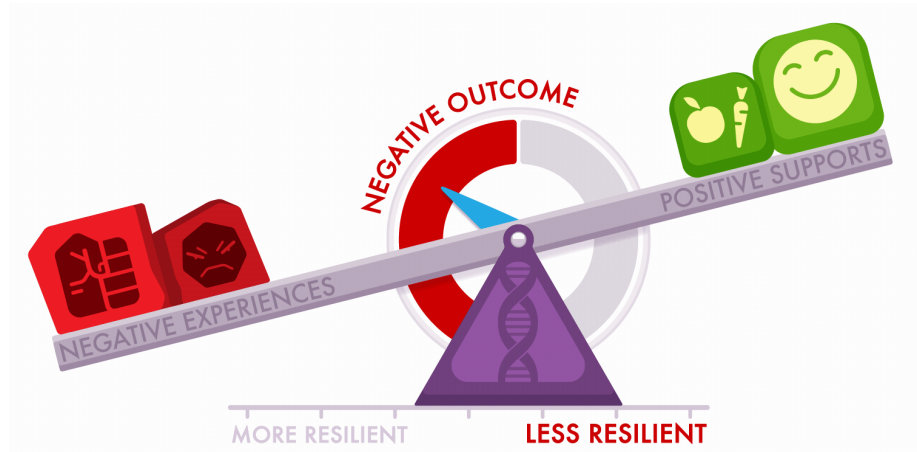
access to opportunity, economic
mobility, and social capital

safe, adequate,
affordable housing

trauma- and
violence-informed
organizations

Reflection:

Think about a child, youth, adult, or family you have recently supported. Which protective factors may have been strengthened through your interactions, guidance, or services?



ONTARIO EARLY ADVERSITY AND RESILIENCE FRAMEWORK

***Building Resilience Together:
Empowering Families,
Strengthening Communities***



This document was produced by the Public Health Ontario Adverse Childhood Experiences & Resilience Community of Practice

Earlyadversityandresilience.ca



ONTARIO EARLY ADVERSITY AND RESILIENCE FRAMEWORK

Building Resilience Together: Empowering Families, Strengthening Communities



ONTARIO EARLY ADVERSITY AND RESILIENCE FRAMEWORK

Building Resilience Together: Empowering Families, Strengthening Communities

Focus Areas

1. Socially connected, equitable and inclusive communities
2. Social and emotional development and resilience
3. Reproductive health and parenting/caregiving readiness
4. Responsive and culturally safe parenting/caregiving

Pathways to Change

1. Shift social norms
2. Integrate upstream strategies
3. Influence healthy public policy
4. Intervene to lessen harm
5. Collect and use data



Guiding Principles

1. Across the life course
2. Collaborative
3. Culturally safe
4. Diverse and inclusive
5. Equity and reconciliation oriented
6. Evidence-informed
7. Place matters
8. Population-based
9. Strength- and resilience-based
10. Trauma- and violence-informed

PURPOSE OF THE FRAMEWORK

This framework supports communities and decision-makers in Ontario by:

- **Promoting evidence-based strategies** to prevent adversity and promote resilience.
- **Explaining complex concepts** to make them more accessible and easier to understand.
- **Building shared understanding** and a common language around the drivers and impacts of adversity, and ways to build community resilience.
- **Encouraging community action** that fosters collective responsibility and cross-sector partnerships.
- **Increasing impact** to strengthen the effectiveness of initiatives that address adversity and resilience.

ACER Working Group Priorities

- **Strengthen Community Action:** Fostering cross-sectoral community action on early adversity and resilience driven by a sustained ACER Working Group.
- **Create Supportive Environments:** Building foundational knowledge about early adversity and resilience among service providers.
- **Build Healthy Public Policy:** Reduce sources of stress for children, youth, and families by collectively advocating for improved economic and social conditions.

OEAR Framework Alignment

Focus Area 1: Socially connected, equitable and inclusive communities

PATHWAYS TO CHANGE	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Shift social norms	Strengthen positive family and community norms to foster safe, stable, and nurturing relationships and environments		Workplaces should prioritize trauma- and violence-informed support by creating a safe and inclusive environment, offering mental health resources, and training leaders to address the impact of trauma on employees' well-being	Challenge cultural and social constructs of violence, gender and race and promote social norms that protect against violence
			Shape the story of early adversity and resilience through community- wide public awareness campaigns	Shift the focus from individual responsibility to community solutions by creating conditions for resilience and promoting sense of belonging (e.g., cross-sector collaborations, community coalition)
			Provide educational opportunities for communities to learn about the importance of building safe, accessible and sustainable communities (e.g., webinars, workshops)	Modify structures and policies to embed anti-racist practice within health organizations (e.g., ensure staff and board members are representative of racialized communities)

PATHWAYS TO CHANGE	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Integrate upstream strategies			Facilitate local alliances to identify, develop and implement community-specific strategies to address family and community adversity and build resilience (e.g., through development of community coalitions, community awareness and outreach campaigns, joint advocacy, etc.)	Collaborate with urban planning and transportation sectors to advance healthy community design , prioritizing equity-deserving communities
			Consider use of a Collective Impact Model centred in equity to mobilize community action	Embed social prescribing within healthcare and community systems to expand access to social support and strengthen cross-sector collaboration.
			Advocate for neighbourhoods that encourage community interactions and provide safe spaces for children and youth to play	
Influence healthy public policy	Facilitate opportunities to engage young people, to include their voices, build skills, and foster intergenerational learning		Provide an evidence base for municipal policies that reduce sources of stress for children and families such as providing a range of accessible housing, food, transportation, childcare, recreation, and employment services along with liveable wages	
	Advocate for enhanced early learning programs and supports for children and youth with disabilities		Advocate for safe and affordable housing for low-income families with children	
			Advocate for healthy communities and collaborate with planners when designing neighbourhoods to positively impact healthy growth and development, and a sustainable environment	

Focus Area 4: Responsive and culturally safe parenting/caregiving

PATHWAYS TO CHANGE	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Integrate upstream strategies	Expand access to and broaden the reach of parenting/caregiving education that builds skills by utilizing innovative learning platforms (such as text messaging, mobile apps, online courses, and community workshops)		Build capacity of service providers to integrate awareness of early adversity and resilience into programs and resources	Support education about the unique needs of 2SLGBTQ+ children and adolescents, as well as children of 2SLGBTQ+ parents/caregivers
	Use digital solutions to reach parents/caregivers in Ontario, with evidence-based health and development messages to improve child and parent health outcomes		Support youth led and community organizations delivering 2SLGBTQ+ programming	Engage in education and awareness campaigns aimed at reducing screen time for children and youth, using the Canadian Paediatric Society guidelines
Influence healthy public policy	Advocate for comprehensive supports and services for children and youth with specialized care needs		Work alongside racialized, Black and Indigenous communities to co-develop policies and practices that prioritize a child- and family-centered approach, addressing the unique needs and circumstances of these populations	
	Establish policies that support family preservation and strengthen relationships including promoting frequent contact between children and youth in out-of-home care and their families, minimizing placement disruptions, and facilitating engagement for parents facing incarceration or uncertain residential status			Advocate for policies and legislation that strengthen economic supports for families, especially lone parent families and those receiving income assistance (e.g., OW or ODSP)

Focus Area 3: Reproductive health and parenting/caregiving readiness

PATHWAYS TO CHANGE	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Integrate Upstream Strategies		Implement evidence-based preconception health promotion initiatives	Require ongoing education and mentorship for community organizations and healthcare providers on the concepts of early adversity, resilience and use of a trauma- and violence-informed approach	Advocate for digital solutions at the provincial-level to reach expectant and new parents/caregivers in Ontario, with evidence-based health messages to improve prenatal, child, and parent health outcomes
			Prioritize the participation of local partners in solutions to address barriers to reproductive health services for all people	
	Expand access and reduce barriers to multi-component family-focused interventions for perinatal mood and anxiety disorders (including CBT, psychotherapy, and psychoeducation) to enhance parenting skills, mental health, parent/caregiver-child			
	Utilize The Care Pathway for the Management of Perinatal Mental Health for primary care providers to standardize the identification, assessment and monitoring of mental health issues during pregnancy and post-partum		Integrate mHealth digital tools, like tailored SMS messaging and apps, into healthcare systems to enhance access to prenatal education, improve social connectedness, and provide stage-appropriate information on healthy pregnancy and parenting	



OEAR Framework Intervention Spotlight

Nipissing-Parry Sound Perinatal Mental Health Care Pathway

Moving from pathway to practice





**Perinatal mental health
looks different for
everyone.**





Mental health concerns:

- Depression
- Anxiety
- OCD
- PTSD
- Bipolar Disorder
- Psychosis

Why they matter:

- Parent well-being
- Attachment
- Early relationships
- Child development
- Family well-being
- Long-term outcomes



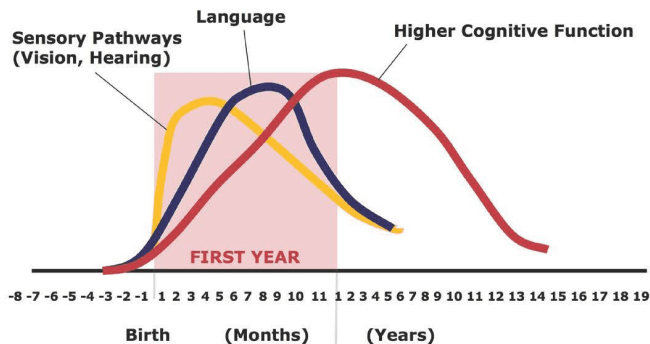
Taking a Two-Generational Approach



Center on the Developing Child
HARVARD UNIVERSITY

Human Brain Development

Neural Connections for Different Functions Develop Sequentially

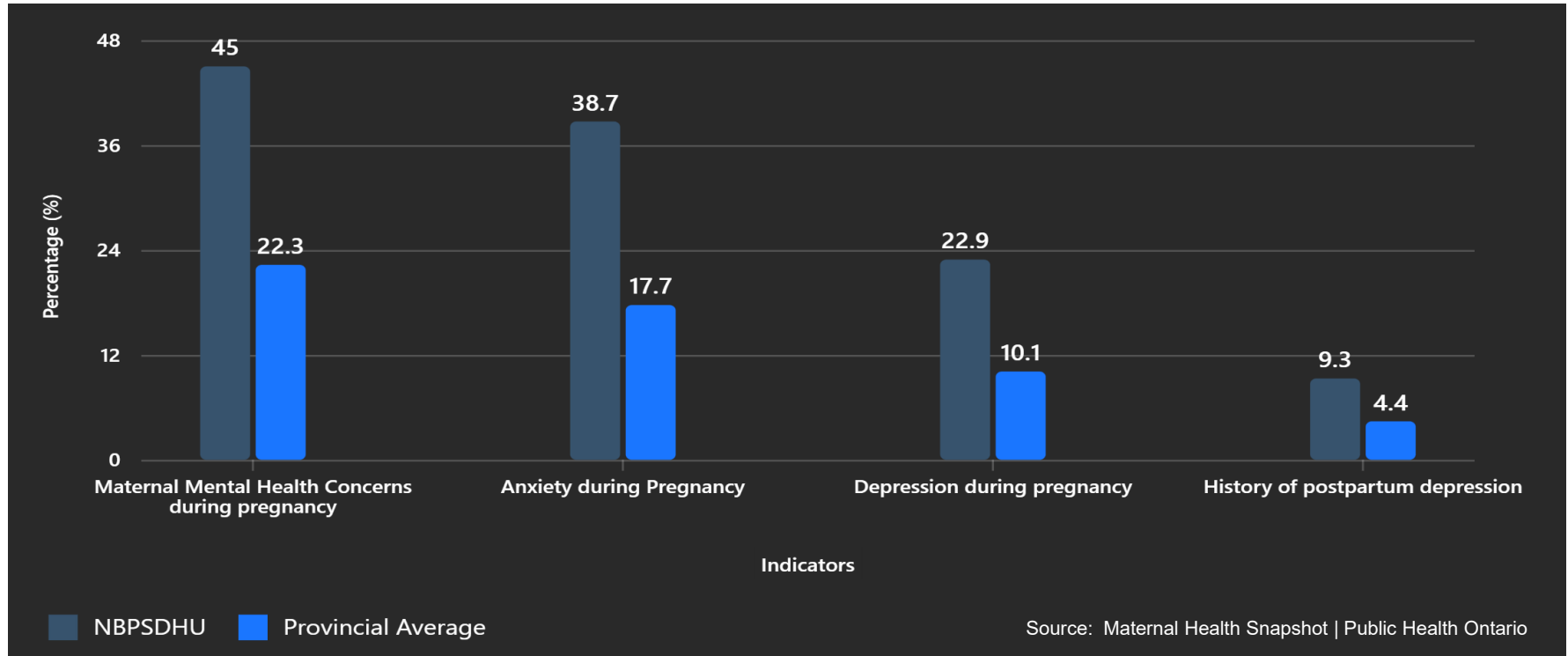


Source: C.A. Nelson (2000)

Why early intervention matters:

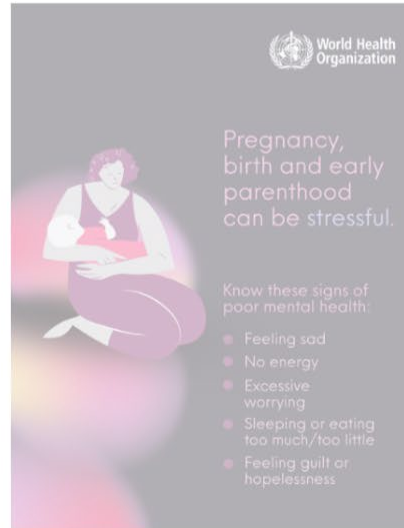
Perinatal mental health influences early relationships during a critical window of development.

Nipissing – Parry Sound District Rates



Awareness -raising is not enough to prevent future tragedies.

Experts point to the need for systems of care that **recognize, assess, and respond effectively** to severe perinatal mental illness.



The graphic features a stylized illustration of a woman sitting and holding a baby. To the right of the illustration, the text reads: 'Pregnancy, birth and early parenthood can be stressful. Know these signs of poor mental health:' followed by a bulleted list of symptoms.

World Health Organization

Pregnancy, birth and early parenthood can be stressful.

Know these signs of poor mental health:

- Feeling sad
- No energy
- Excessive worrying
- Sleeping or eating too much/too little
- Feeling guilt or hopelessness

Sections

Los Angeles Times

SUBSCRIBE

By speaking her truth, Hayden Panettiere broke the silence around postpartum depression



Subscribers are Reading >

Prep talk: Bell football team is blessed with five baseball players as starters

FOR SUBSCRIBERS

Cash buried in L.A. politician's backyard helped expose huge marijuana corruption scheme

Apple TV raises prices without offering an ad

Women's health

Lindsay Clancy trial highlights gaps in postpartum psychosis research, experts say



News 1d

Clancy trial sparks conversation about postpartum psychosis and the support...

The Lindsay Clancy trial is prompting new conversations about postpartum psychosis and how patients and families can get support. Heather Wright reports.



**How confident are you
that you know what to
do when you identify a
perinatal mental health
concern?**

slido.com

Code: 1581878



What is the biggest barrier you experience when connecting a pregnant or postpartum person to mental health support?

slido.com

Code: 1581878

Care Pathway for Management of Perinatal Mental Health

Standardized care

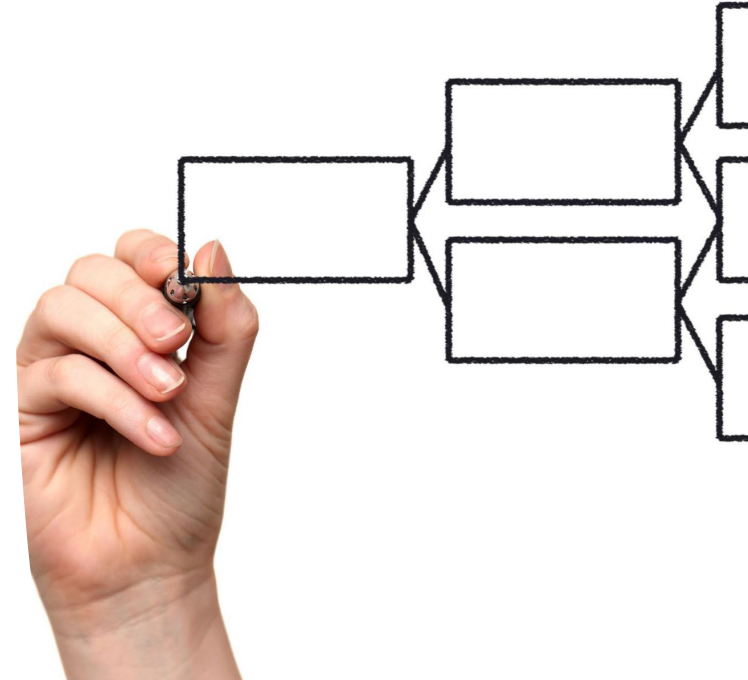
To assist providers in delivering high quality standardized care to pregnant and postpartum individuals .

Evidence-based

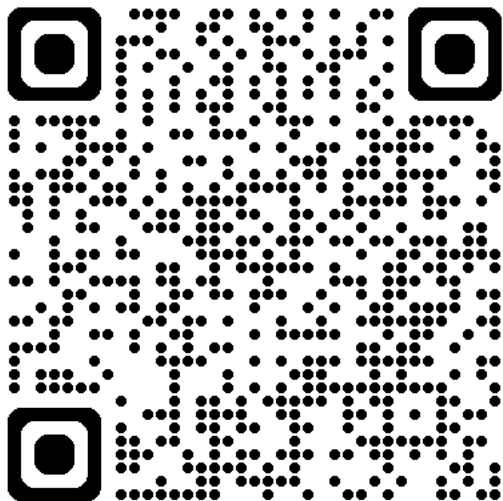
Adopting evidence-based strategies to improve perinatal and child health outcomes.

Fosters a community approach

Encouraging a community collaboration to foster a wrap around approach, to supporting expectant and postpartum families.



Where to Access the Pathway



myhealthunit.ca/pathway

A screenshot of the myhealthunit.ca website. The top navigation bar includes links for PUBLIC HEALTH SERVICES, HEALTH TOPICS, HEALTH PROFESSIONALS AND PARTNERS, COMMUNITY DATA AND REPORTS, and ABOUT US. A search icon is also present. Below the navigation bar, there is a section for 'Information for Health Care Providers' which includes a paragraph about perinatal mental illness, a link to the 'Care Pathway Document', and a 'See the Document' button. To the right, there is a 'Contact Us' section for the North Bay Parry Sound District Health Unit, providing address, phone, and email information. At the bottom, there is a 'Subscribe to this page' button and a footer with a privacy policy link and an 'Understand' button.

PMH Care Pathway

Perinatal Mental Health Care Pathway

A Guide of **Mental Health Resources** for
Families During Pregnancy and Postpartum

Perinatal Mental
Guidance for the identification
mental health in pregnant or
July 2021

Mild Depression or anxiety - page 4
I'm looking for effective ways to cope with stress and manage my emotions.

Ongoing symptoms affecting my daily life - page 7
I'm finding it hard to feel better on my own and may benefit from some extra support.

Persistent emotional distress affecting my quality of life - page 10
I've tried supports and/or medication, but I still feel overwhelmed and unsure how to manage my emotions or ongoing thoughts.

In need of immediate help - page 12
I'm having trouble caring for myself and/or my children, or I'm experiencing thoughts of harming myself, my baby, or others.

For the full pathway document and resources, visit myhealthunit.ca/pathway

This document was adapted and revised with permission from
women & Children's Health Network: Central Region North
Linkage on

Last updated: October 2, 2025

Care Pathway for the Management of Perinatal Mental Health in Nipissing Parry Sound District

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.

- | | |
|---|---|
| <p>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.</p> <ul style="list-style-type: none"> • Ask about mood and well-being of the pregnant or postpartum person at each visit and consider pain from patient's current or past. Assessment "Tool" can be used (see below link). • Advise a supportive environment that centers of the pregnant's mental health with their own unique situation with a focus on addressing common concerns. • Identify factors that precipitate symptoms (e.g., lack of resources, isolation, no social support). | <p>2. ADVISE by providing education on perinatal mental health and advocate support to mitigate factors that are affecting mental health.</p> <ul style="list-style-type: none"> • Provide information about mental health programs in pregnancy or postpartum, how common they are and that effective treatments are available. • Discuss strategies to increase practical and emotional social supports, improve night time sleep and incorporate regular meals and physical activity. • Three factors that improve outcomes include: early identification of perinatal mental health problems, access to mental health treatment for both problems that are more severe. • Arrange assessment in addressing prenatally and postpartum factors, and supporting factors, and screening care if services are needed. <p>Link to Community Support:</p> <div style="display: flex; justify-content: space-between;"> Perinatal Health Information Line
 <small>1-877-942-7462</small> Indiana Support and Health Resource Partners
 <small>1-800-458-3333</small> </div> |
|---|---|

Last updated: October 2, 2025.

Treatment Stepped-Care Approach

[illegible]

The Perth Bay Plenty Sexual Care Pathway for the Management of Perinatal Morbidity has been adapted with permission from the Provincial Council for Maternal and Child Health's (2001) Care Pathway for the Management of Perinatal Morbidity. Note that the PMPC's current pathway has modified the treatment steps. This is an important difference to notice when accessing the accompanying guidance document. The pathway was modeled after the SA's Consensus (Goldman, Whitlock, & O'Neil, 2004). Please refer to the guidance document for full list of references. The Care Pathway is meant to be clinical.

Page 3 of 3

Where do **YOU** fit?



**Which “A” feels most natural in your role?
Which is hardest?**

The pathway is a map, not
a staircase .



STEP 1
Psychosocial / community

STEP 2
Psychological / medication

STEP 3
Specialized interventions

STEP 4
Urgent / Hospitalization



**People can enter
at any step and
move up or down**



Meet Sarah

- 31 weeks pregnant
- first baby
- Increasingly anxious
- poor sleep
- limited support
- History of depression as a teen
- “I’m okay. I think I’m just not handling pregnancy very well.”

Pair & Share: What would you do next?

Meet Sarah

What would you do next?

- a) Reassure her this is common
- b) Ask more about how she's feeling
- c) Screen her and move on
- d) Refer immediately to mental health services
- e) Something else



Meet Sarah.

Last updated: October 2, 2025

Care Pathway for the Management of Perinatal Mental Health in Nipissing Parry Sound District

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 individual**

ASK: About the mood and well-being of the person at every visit

A person can only follow the Care Pathway and move through the treatment step being applied, continuing

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 (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.).

3. ASSESS the person's mental health concern.

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

Severity and Symptom Level

Assessment Tools (Depression & Anxiety ONLY)*

- GAD-7 (Anxiety)
- PHQ-9 (Depression)
- EPDS (Depression and Anxiety)

Mild

Mild or few, but persistent symptoms, minimal impact on day-to-day function

- GAD-7 = 5 - 9
- PHQ-9 = 5 - 9
- EPDS = 10 - 12

Moderate

Multiple symptoms, persistent, impacting day-to-day function and quality of life

- GAD-7 = 10 - 14
- PHQ-9 = 10 - 14
- EPDS = 13 - 18

Severe

Many symptoms, impacting day-to-day function and quality of life

- GAD-7 = 15 - 21
- PHQ-9 = 15 - 27
- EPDS = 19 - 30

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
----------------	----------------------------------	-----------------------------	--------

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 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 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.
- Follow patient to remission. Follow the individual on medication treatment for at least six months or longer after remission to assess need for ongoing support.

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. The pathway was modified after the Safe's Construct (Goldsmith, Whitlock, & Culp) is clinically applicable for a wide range of populations. When appropriate, health professionals should consult with specialized organizations dedicated to the support of specific populations when

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 (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.).

Meet Sarah.

ADVISE: Provide Education & Support

Perinatal mental health education

Strategies to increase practical and emotional & social support

Other community connections & supports

A score is not the conversation.



SCREENING → CONVERSATION → CLINICAL ASSESSMENT *

Treatment Step 1: Psychosocial Interventions

Focus of the intervention:

- 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)

INTERVENTIONS BY TYPE AND RECOMMENDED RESOURCES

Self-help/Self-directed workbooks:

- [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., self-guided intervention that may include assistance from trained coach)

- [Bounce Back Ontario postpartum specific resources](#) (online, self and physician referral accepted)

Peer support

- [Postpartum Support International](#)
- [Association of Ontario Doulas](#)
- [Pregnancy & Infant Loss Network](#)

Prenatal specific programs/supports:

- [Great Beginnings](#) (Parry Sound district)
- [Mothercare](#) (Nipissing district)
- [Pregnancy Planning](#)

Family programs/supports:

- EarlyON Programs: [Parry Sound District](#) / [Nipissing District](#)
- [Community Action Program for Children](#)
- [Family Enrichment Program](#)
- [Infant & Child Development \(Nipissing\) / Parry Sound](#)
- [NBPSD Health Unit – HBHC Program](#)
- [North Bay Indigenous Friendship Centre](#)
- [Parry Sound Friendship Center](#)
- [Metis – Healthy Babies, Healthy Children Program](#)
- [Nipissing First Nation – Healthy Babies, Healthy Children](#)



What does Sarah need now?

Clinical supports:

- ✓ Psychotherapy ie. CBT Group
- ✓ Possible medication discussion
- ✓ Primary Care Provider **follow-up**

Protective factors:

- ✓ HBHC
- ✓ Prenatal Group
- ✓ Peer Support
- ✓ Social Support network

Protective Factors Strengthened

Intervention	Protective Factor Strengthened
Community Groups	Social connection
HBHC	Parenting confidence
Peer support (PSI)	Belonging
Education	Self-efficacy
Family supports	Relational health

The referral is not the end of the pathway.

REFERRAL ≠ CONNECTION

ASK



ADVISE



ASSESS



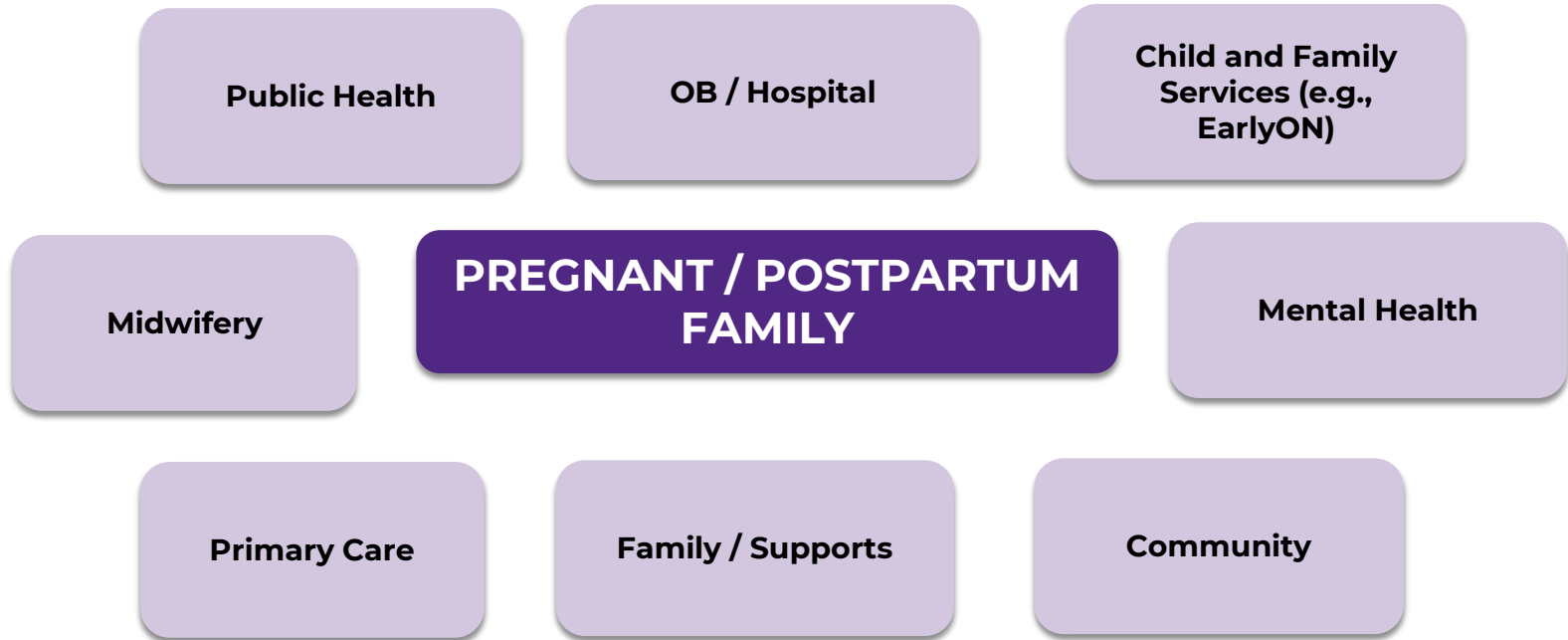
ASSIST



ARRANGE

Reflective Question: Where does the pathway break in our community?

The pathway is a team sport.



No single provider owns the pathway.
WE are the pathway.

One Degree Shift

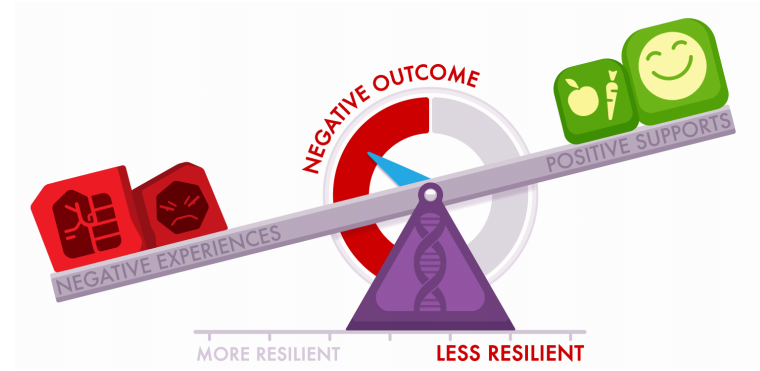
One small change × hundreds of providers = implementation.

**Self-reflection:
What is ONE thing you can change in
your practice tomorrow?**

**If every organization adopted the
Care Pathway, what impacts would
we see as a community?**

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Code: 1581878



“ Building resilience and strength in families and communities is one of the most important investments we can make as a society. ”

Center on the Developing Child at Harvard University

Building Resilience Together: A Cross-Sectoral Workshop

Oct. 26

8:30am - 12pm

Parry Sound

Oct. 29

8:30am - 12pm

North Bay

Nov. 2

8:30am - 12pm

Huntsville

Register here →



Learn more and
stay in touch:



**Community Resilience
Learning Movement**

MUSKOKA, NIPISSING, & PARRY SOUND DISTRICTS

myhealthunit.ca/

[communityresilience](https://communityresilience.ca/)



Thank You

Please feel free to reach out to us.

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