Healthy Human Development Table

Perinatal Mental Health Toolkit for Ontario Public Health Units

Module 3.1: Completing a Situational Assessment
Module 3.2: Conducting a Population Health Assessment and Surveillance

November 2018

Modules 3.1 (Completing a Situational Assessment) and 3.2 (Conducting a Population Health Assessment and Surveillance) are part of the Perinatal Mental Health Toolkit for Ontario Public Health Units. To view the full document and additional resources please visit Healthy Human Development Table Toolkit webpage.

Acknowledgements

The Healthy Human Development Table (HHDT) members would like to thank the Public Health Unit staff and partner organizations for providing the practice examples included in this toolkit. The HHDT would also like to thank Public Health Ontario for providing secretariat support for the development of this toolkit. The views expressed in this toolkit are those of the HHDT and do not necessarily reflect those of Public Health Ontario.

How to cite this document:

Healthy Human Development Table. Perinatal mental health toolkit for Ontario public health units. Toronto, ON: Healthy Human Development Table; 2018.

Disclaimer

The views expressed in this Toolkit are the views of the project team, and do not necessarily reflect those of Public Health Ontario. The Toolkit is not a product of the Ministry of Health and Long-Term Care (MOHLTC). The MOHLTC is not responsible for the Toolkit or its contents. The MOHLTC does not provide any representations, warranties or guarantees with respect to the Toolkit, its quality or its accuracy. MOHLTC has not critically assessed the content of the Toolkit, nor has it evaluated any potential alignment between the content of the Toolkit and any policies or directives issued by the Government of Ontario.

Contents

Module 3.1: Completing a Situational Assessment

Introduction

This module is part of the Healthy Human Development Table (HHDT) Perinatal Mental Health Toolkit. The purpose of this Toolkit is to build capacity and advance practice across Ontario public health units (PHUs). Using these modules, PHUs can plan and deliver a comprehensive, evidence-based and best practice approach to perinatal mental health promotion – one that is customized to meet the unique needs of their communities. Users are strongly encouraged to review all the modules.

This module focuses on the role of Ontario PHUs in completing a situational assessment. This module, in the context of public health in Ontario, can help PHUs to:

- support program development
- provide background for developing a program business case
- share material with and/or engage with community partners to increase their understanding of perinatal mental health in their community

The Population Health Assessment Standard of the *Ontario Public Health Standards* requires boards of health to "assess current health status, health behaviours, preventive health practices, risk and protective factors, health care utilization relevant to public health, and demographic indicators, including the assessment of trends and changes."[1]

Completing a situational assessment is the first step in assuring that perinatal mental health programs and services are informed by evidence – the very foundation of effective public health practice.

Table 3.1.1: HHDT Statement #2

HHDT Statement	Description	Rating
HHDT Statement #2	HHDT consensus supports public health units to complete a situational assessment as the first step in a comprehensive population health promotion approach to perinatal mental health.	Rated*: HHDT-C

*See Module 1.1 for evidence grade definition

What is a Situational Assessment?

To understand a region's unique needs and identify existing perinatal mental health services, it is important to conduct a situational assessment. This is "a systematic process to gather, analyze, synthesize and communicate data to inform planning decisions."[2] The results can be used to identify community assets, needs, populations of interests, trends and priorities,[2] which can be used for priority setting and decision-making.[2]

In the context of perinatal mental health, a situational assessment is a useful way of determining what types of mental health services exist for parents and their families in a region. There can be significant regional variability between PHUs regarding what types of perinatal mental health services are available. A situational assessment can help PHUs make decisions to inform their own care pathways, based on the resources available in their specific regions. For more information about care pathways see Modules 5.1 and 5.2 of this Toolkit. PHUs can also use the information gathered during a situational assessment to strategically plan services. For example, if certain populations or geographical regions have a greater need for perinatal mental health services, targeted interventions may be warranted.

Public Health Ontario's *Focus On: Six strategic steps for situational assessment*[2] details a six-step process to guide public health practitioners. The following section outlines what to consider. Please refer to the full report for more information. The model is laid out in sequential order, but conducting a situational assessment can be an iterative process.

The needs of stakeholders both within an organization and in the larger community should be considered at every step of this process. Stakeholders are more likely to support the results of a situational assessment and act upon them if they feel they were engaged, kept informed and involved in the project.

Applying the Six-step Model for Conducting a Situational Assessment to Perinatal Mental Health

Step 1: Identify Key Questions to be Answered

Consider three broad questions at this step. Within those broad questions, there are specific questions related to perinatal mental health that may be help focus the question. It is not

necessary for the situational assessment to answer all of the questions below. Generate a list of potential questions and prioritize them based on your organizational needs, resources, and project timelines.

1. What is the situation?
    a. What is the impact of perinatal mood disorders in this community (i.e., prevalence, severity)?
    b. Which populations or communities are at a higher risk of developing perinatal mood disorders?
    c. What organizations provide services related to perinatal mental health monitoring, screening, treatment and referral?
    d. What services does the PHU currently provide related to PMH monitoring, screening, treatment and referral?
    e. What do community partners currently know about perinatal mental health?
    f. What does the public currently know about perinatal mental health?

2. What influences are making the situation better or worse?
    a. What are the social, political, and economic conditions that impact perinatal mental health?
    b. What conditions address and support healthy perinatal mental health?
    c. What conditions negatively impact perinatal mental health?

3. What possible actions can be taken to address the situation?
    a. What does the evidence say could be possible solutions to support perinatal mental health?
    b. Is perinatal mental health on the public agenda (locally, provincially, or nationally)?

c. What is the cost of the problem (e.g. social, human, financial)?

d. What is the cost of doing nothing about the problem?

The remaining steps will focus on this question: Which organizations provide services related to perinatal mental health monitoring, screening, treatment and referral?

Step 2: Develop a Data Gathering Plan

Identify sources of evidence that you can use to answer the question(s) prioritized in Step 1. For example, if the aim of the situational assessment is to learn more about the range of services provided in a community, you could conduct an environmental scan (via an online survey, a search of community partner websites, targeted phone calls or emails, key informant interviews, or a combination of these methods). Table 3.1.2 provides additional examples of common data sources used in a situational assessment.

Table 3.1.2: Examples of Data Sources

If you want…	Type of Data	Data Gathering Method	Examples of Sources
Information about community needs	Community health status indicators	Literature search/review	• Local board of health • Community health status reports • Rapid risk factor surveillance system (RRFSS) • PHO Snapshots (BORN; HBHC-ISCIS; Intellihealth) • Canadian Community Health Survey (CCHS) • Public Health Agency of Canada (PHAC) InfoBase
Information about what conditions (social or organization environment, or at the broader public policy level) are causing or helping to alleviate the situation	Environmental scan	Focus group, key informant interviews	• Staff from community service organizations that are already working on the problem • Project team • Local public health epidemiologist • Members of the intended audience • Municipal planning department • LHINs
Information about what evidence exists to support various courses of action	Best practice synthesis and guidelines, summaries of systematic reviews	Search of databases populated with guidelines or pre-appraised systematic reviews	• National Guidelines Clearinghouse • Turning Research into Practice (TRIP) • Healthevidence.org
Guidance about the nature and scope of the final program	Review of stakeholder mandates, policies, guidelines, etc.	Internal document review	• Organizational strategic plans • Professional standards and guidelines • Organizational budgets • Funder information

Adapted from Public Health Ontario's Online Health Program Planner.[3]

Step 3: Gather the Data

Collect information using the methods outlined in the plan developed in Step 2. To determine which organizations provide services related to perinatal mental health monitoring, screening, treatment and referral, an environmental scan would be the principal data collection method. In this case, staff training may be required to ensure that information from all relevant community partners is collected using consistent methods.

Step 4: Organize, Synthesize and Summarize the Data

Once the data has been gathered, it needs to be cleaned and analyzed, perhaps using an existing framework or template. In the case of an environmental scan, it may be useful to organize the data based on the level of service provided. For example, you might choose to group community partners by the severity of cases treated by each organization. This type of categorization could be useful at a later stage in program development, when a community is establishing its system of care (Module 5.1) and the PHU is developing its care pathway (Module 5.2).

Step 5: Communicate the Information

Relevant audiences should be informed of the results of the situational assessment. Consider the needs of each audience when determining how to communicate the results of the situational assessment. Create summary documents and visuals to communicate key messages.

An Ontario Health Promotion E-bulletin article contains useful guidance for communicating findings to diverse stakeholder groups.[4]

Step 6: Consider How to Proceed with Planning

Determine how to use the findings of the situational assessment. For example, an environmental scan might reveal that a local hospital hosts a cognitive behavioural therapy group for women whose Edinburgh Postpartum Depression Scale (EPDS) screen indicates that they are at risk for perinatal depression. A PHU may choose to develop a partnership that allows them to refer women to that program.

Practice Examples from the Field

The following practice examples can help PHUs to understand and consider how to apply key concepts from this module. These examples were independently developed by PHUs and other partners. They are not products of the HHDT, nor has the HHDT evaluated or critically assessed their quality.

North Simcoe Muskoka:

Perinatal Mood Disorder Coalition – Situational Assessment

The North Simcoe Muskoka Perinatal Mood Disorder (NSM PMD) Coalition is a regional group with representation from public health, family health teams, community health centres, midwifery, doulas, Community Care Access Centres, Canadian Mental Health Association, EarlyOn Child and Family Centres, Indigenous/Metis agencies, individuals with lived experience, and other child and family services. The work of this group is coordinated by a regional perinatal mood disorder (PMD) coordinator, employed by Orillia Soldiers' Memorial Hospital.

Perinatal mental health was identified as a priority by the North Simcoe Muskoka Local Health Integration Network (NSM LHIN) in 2015. The PMD coordinator conducted a situational assessment related to PMD supports within NSM, the gaps for referral and services and also for the purpose of developing a community care pathway. An initial informal consultation with PMD service providers in NSM revealed that major barriers existed across the region, with frontline workers and health care providers being able to access appropriate referrals for their clients.

This was largely accomplished through dissemination of a survey created using the Survey Monkey Platform (see attached survey and results documents for more information) and distributed to care providers (family physicians, obstetricians, midwives, nurse practitioners, psychiatrists, psychologists, and psychotherapists) via members of the NSM PMD Coalition. Survey results indicated that:

- 80% of health care providers (HCPs) believe that inadequate PMD services exist in NSM.
- 70% of HCP would like more training/education on PMD.
- Many family physicians lack the resources to provide options other than pharmacotherapy.

- HCPs stated a very strong need for NSM PMD programming to support women and families locally.

The NSM PMD coalition used this information to determine their next steps and ultimately to create a community service pathway in collaboration with their care providers (see Module 5.1 for a practice example related to the development of this document).

Attachments:

- Service map
- Summary of survey results/ survey template

For more information:

Please contact the North Simcoe Muskoka LHIN at northsimcoemuskoka@lhins.on.ca or the Perinatal Mood Disorder Coordinator, Jaime Charlebois, at jpcharlebois@osmh.on.ca.

Simcoe Muskoka District Health Unit:

Effective Psychological and Psychosocial Interventions to Prevent Perinatal Depression and Anxiety Disorders Rapid Review

As stated in this module, a literature review may be required to better understand the research base related to issue. In 2016, Simcoe Muskoka District Health Unit conducted a rapid review to answer the research question*: What are the effective psychological or psychosocial interventions to prevent diagnoses perinatal mood disorders?* It should be noted that while a rapid review is not, by itself a comprehensive situational assessment, it can provide valuable information that contributes to the completion of a situational assessment.

Attachments:

- SMDHU's Rapid Review Full Report

Region of Peel:

Use of Services by Immigrant Women with Symptoms of Postpartum Depression: A Rapid Review

A rapid review is not, by itself, a comprehensive situational assessment. However, it can provide valuable information that helps to define the key question; that's step 1 of a situational

assessment. A rapid review was conducted in 2014 with the aim of determining strategies to assist immigrant women to have better access to services in the Region of Peel. Click the links below to see the summary report and full report.

Attachments:

- Peel's Rapid Review One Page Summary
- Peel's Rapid Review Full Report

References for Module 3.1

1. Ontario. Ministry of Health and Long-Term Care. Ontario public health standards: requirements for programs, services, and accountability, 2018. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2018_en.pdf

2. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Meserve A, Bergeron K. Focus on: six strategic steps for situational assessment [Internet]. Toronto, ON: Queen's Printer for Ontario; 2015 [cited 2017 June 20]. Available from: https://www.publichealthontario.ca/en/eRepository/FocusOn-Situational_Assessment_2015.pdf

3. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Planning health promotion programs: introductory workbook. 4th ed. Toronto, ON: Queen's Printer for Ontario; 2015. Available from: https://www.publichealthontario.ca/en/eRepository/Planning_health_promotion_programs_workbook_En_2015.pdf

4. Bellissimo L, Meserve A. Evaluate for action: developing a communication and reporting plan for evaluation results [Internet]. Toronto, ON: Queen's Printer for Ontario; 2017 [cited 2017 Jun 20]. Available from: http://www.ohpe.ca/node/17528

Introduction

This module is part of the Healthy Human Development Table (HHDT) Perinatal Mental Health Toolkit. The purpose of this Toolkit is to build capacity and advance practice across Ontario public health units (PHUs). Using these modules, PHUs can plan and deliver a comprehensive, evidence-based and best practice approach to perinatal mental health promotion – one that is customized to meet the unique needs of their communities. Users are strongly encouraged to review all the modules.

This module focuses on role of Ontario PHUs in conducting a population health assessment, including the collection and analysis of data in relation to perinatal mental health. This module, in the context of public health in Ontario, can help PHUs to:

- support program development
- provide background for developing a program business case
- identify populations at risk for perinatal anxiety and/or depression, and reduce health inequalities
- monitor and communicate trends in perinatal mental health

The *Ontario Public Health Standards* (OPHS) describe population health assessment as "the measurement, monitoring, analysis, and interpretation of population health data and knowledge and intelligence about the health status of populations and subpopulations, including social determinants of health and health inequities."[1] Completing a population health assessment is a critical step in assuring that perinatal mental health programs and services are tailored to the community.

Table 3.2.1: HHDT Statement #3

HHDT Statement	Description	Rating
HHDT Statement #3	HHDT consensus supports public health units to conduct a population health assessment related to perinatal mental health, in collaboration with their LHIN(s), primary care providers, and community partners, as appropriate.	Rated*: HHDT-C

*See Module 1.1 for evidence grade definition

Table 3.2.2: HHDT Statement #4

HHDT Statement	Description	Rating
HHDT Statement #4	HHDT consensus supports public health units to identify, collect, and regularly monitor appropriate indicators and sources of data related to risk factors and/or symptoms of perinatal mental health.	Rated*: HHDT-C

*See Module 1.1 for evidence grade definition

Provincial Data Sources

To deliver effective perinatal mental health programming, PHUs can leverage relevant provincial and local data sources available in their communities. There is currently no ongoing provincial population health monitoring of postpartum depression or related mood disorders in the perinatal period.[2] However, PHUs can access some data sources that contain indicators related to perinatal mental health:

- Better Outcomes Registry Network (BORN)
- Healthy Babies, Healthy Children- Integrated Services for Children Information System (HBHC-ISCIS)
- Rapid Risk Factor Surveillance System (RRFSS)
- Health care administrative data[2]

PHO Snapshots provide access to several relevant indicators from BORN, HBHC-ISCIS, and the Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario.

Better Outcomes Registry Network (BORN)

BORN is a mandatory provincial registry and network that collects data related to pregnancy, birth and childhood.[3] The BORN Information System (BIS) provides some indicators related to

perinatal mental health. For more information on how to access the BIS, visit the BORN website.

BORN indicators related to PMH can be accessed at the PHU-level by using the Public Health Ontario (PHO) Snapshots tool[4]. This tool provides information on four indicators related to PMH.

Table 3.2.3: BORN Indicators

Indicator	Numerator	Denominator
Maternal mental health concerns during pregnancy	Individuals who gave birth who reported any mental health concerns during pregnancy (i.e., anxiety, depression, history of postpartum depression, addiction, bipolar disorder, schizophrenia, other). (BORN Dimension: maternal health history, mental health concern.)	Individuals who gave birth. (BORN Measure: number of pregnancies – women who gave birth.)
Anxiety during pregnancy	Individuals who gave birth who reported anxiety during pregnancy. (BORN Dimension: mental health concerns, anxiety.)	Individuals who gave birth. (BORN Measure: number of pregnancies – women who gave birth.)
Depression during pregnancy	Individuals who gave birth who reported depression during pregnancy. (BORN Dimension: mental health concerns, depression.)	Individuals who gave birth. (BORN Measure: number of pregnancies – women who gave birth.)
History of post-partum depression	Individuals who gave birth who reported post-partum depression after a previous birth. (BORN Dimension: mental health concerns, post-partum depression.)	Individuals who gave birth. (BORN Measure: number of pregnancies – women who gave birth.)

Adapted from PHO Maternal Health Snapshot metadata[4]

BORN captures data prenatally as well as at the time of birth, so can be useful for gathering information related to both the prenatal and immediate postpartum period. However, it does not capture data on post-partum health following hospital discharge. The indicator "history of post-partum depression" could suggest risk for developing postpartum depression based on experience during previous pregnancies. However, this indicator would not capture any information related to the experience of first-time parents.

Healthy Babies, Healthy Children- Integrated Services for Children Information System (HBHC-ISCIS)

HBHC is a home visiting program that all 36 PHUs deliver to help children get a healthy start in life.[5,6] To determine eligibility, women in the prenatal, postpartum and early childhood period are screened using a 36-question tool. Rates of screening vary across time periods and across health units. In the prenatal and early childhood period, screening is largely opportunistic; in the postpartum period the goal is universal screening.

Question 27 on this screening tool asks if the client or parenting partner has a history of depression, anxiety, or other mental illness.[5-7] This question broadly identifies mental illness and does not specifically refer to mental illness experienced during the perinatal period. However, this data source is still worth considering. Depression is often a recurrent disorder. A history of depression can be a strong risk factor for developing depression during the perinatal period.

Some clients have an infant at risk for poor child developmental outcomes, and go on to receive more services through HBHC. For those clients, additional information related to perinatal mental health may be attainable. For example, clients who receive an in-depth assessment (IDA) are asked about depression during pregnancy and their ability to cope with stress.[5] HBHC staff are certified to use standardized, evidence-based assessments in their ongoing work with families. These tools, such as the Parent-Child Interaction Feeding and Teaching Scales, may provide further detailed information related to parent-child attachment.

For more information on the screen and programming, visit the Ministry of Children, Community and Social Services' website:[6]

Rapid Risk Factor Surveillance System (RRFSS)

The RRFSS is a collaborative of public health units that collects ongoing health-related surveillance data.[8] Public health units who pay the required fee to join can contribute to the selection of health indicators measured in each round of surveying. The Institute for Social Research at York University conducts the telephone-based surveys on behalf of each participating public health unit. In the past, surveys have gathered information related to knowledge and awareness of postpartum depression and baby blues.[2] One barrier to using this data source is that there is no provincial comparator data available. The related costs also may be prohibitive for some public health units.

For more information visit the RRFSS website.

Health Care Administrative Data

Some health care administrative databases capture information that may be useful when reporting about perinatal mental health.[2] Although not all administrative data in Ontario are accessible, PHUs can access some through dissemination tools such as IntelliHEALTH ONTARIO.[2] Relevant databases include:[2,9]

Table 3.2.4: Healthcare Administrative Data

Database	Brief Description
Discharge Abstract Database (DAD)	Acute care hospitalization data
National Ambulatory Care Reporting System (NACRS)	Emergency department visit data
Ontario Mental Health Reporting System (OMHRS)	Hospitalization data for designated mental health beds

PHUs may be able to combine indictors from these databases to report on perinatal mental health issues. For example, by linking OMHRS and DAD databases, one could determine how many individuals had been admitted to a hospital for depression (OMHRS) within one year of delivery (DAD).[2] However, because OMHRS only captures hospitalized cases of depression, this method can only be used to monitor the most severe cases. An exploratory analysis indicated that data examined using this method yielded very low case counts[2] and was not particularly informative.

For more information on these administrative databases and how to access them, consult Ministry of Health and Long-Term Care's *Health Analyst Toolkit* [9]

Association of Public Health Epidemiologists in Ontario (APHEO) – Core Indicators Project

The Core Indicators Project aims to provide a go-to resource for public health epidemiology in Ontario. This mission is fulfilled on a voluntary basis by the development and sharing of population health indicator definitions and metadata, trusted for population health assessment in Ontario PHUs.[10] Efforts have been made to ensure the core indicators are relevant and reflective of the current public health mandate (i.e., OPHS).

Under the Core Indicators Workgroup, perinatal mental health content falls under the responsibility of the Reproductive Health Core Indicators Subgroup. They recently developed a core indicator on maternal mental health during pregnancy. It outlines how PHUs can analyze data from the BORN Information System (BIS).[11] This indicator definition for mental health during pregnancy is comparable to that shown in the PHO Snapshots described earlier.

The APHEO BORN Public Health work group advocates for access to and use of BORN data for public health purposes, and to establish an effective mechanism for communication between member agencies (BORN, PHUs, and PHO).[12] This group is continually working to improve access and usefulness of the data available to PHUs through the BORN Information System (BIS) public health standard reports, as well as the public health data cube. The group has documented an inventory of known "issues" with the BIS. Each year, the group works with BORN to negotiate enhancements to the BIS for public health users. It has also recently developed a BORN user guide for PHU epidemiologists and data analysts.[13]

Plans for Data Collection

Canadian Health Survey on Children and Youth (CHSCY)

Statistics Canada has begun piloting a new survey: the Canadian Health Survey on Children and Youth (CHSCY). This national telephone-based survey will measure health-related information for children aged 1—17.[14] For children 1—12, the person most knowledgeable (PMK), often the child's parent, will complete the questionnaire.

To leverage this contact, the HHDT recommended that CHSCY include questions related to the PMK's mental health during the first year of the child's life. These questions may provide a good approximation of parental depression during the postpartum period.

Statistics Canada has confirmed that it will include these two questions in the upcoming CHSCY:

4. In the first year of this child's life, how often did you feel down, depressed, or hopeless?
    a. Always
    b. Often
    c. Sometimes
    d. Rarely
    e. Never
5. In the first year of this child's life, how often did you have little interest or little pleasure in doing things?
    a. Always
    b. Often
    c. Sometimes
    d. Rarely
    e. Never

These questions were adapted from the depression screen known as the Patient Health Questionnaire-2 (PHQ-2).[15] An individual answering "often" or "always" to either question is classified as experiencing self-reported depression. The CHSCY lacked the space to use a longer and more accurate depression screening tool. Still, studies have shown that the PHQ-2 is appropriate for the postpartum period,[16,17] and can provide a good approximation of self-reported depression.[18]

Statistics Canada has not released the results of their pilot or information about when this survey will be conducted. For updates on the status visit the Statistics Canada website[19] .

Local Data Collection

Current provincial data sources do not provide any direct measure of perinatal mood disorders. Therefore, collection of local data is needed to help fill this data gap at a population health level. PHUs can partner with other organizations in their communities to share this task.

PHUs who would like to develop a Population Health Assessment and Surveillance plan, or wish to know more about York Public Health's data process, can contact: Valerie D'Paiva, Child and Family Health Manager at valerie.d'paiva@york.ca or Denis Heng, Epidemiologist at denis.heng@york.ca.

Practice Examples from the Field

The following practice examples can help PHUs to understand and consider how to apply key concepts from this module. These examples were independently developed by PHUs and other partners. They are not products of the HHDT, nor has the HHDT evaluated or critically assessed their quality.

To determine if any PHUs were involved in any local data collective initiatives related to perinatal mental health, the HHDT put out a request through APHEO and the Central West Perinatal Mood Disorder Network. No PHUs reported surveillance activities directly related. However, there were interesting examples of local data collection around the mental health and development of children.

Wellington-Dufferin-Guelph:

Coalition for Report Cards on the Well-Being of Children – Youth Survey

The Wellington-Dufferin-Guelph (WDG) Coalition for Report Cards on the Well-Being of Children is a committee of community service providers, committed to raising the profile of children by collecting data, examining trends, and reporting on the state of their well-being.[20]

In an effort to meet the data needs of their community, the coalition produces and maintains an online data portal organized into five domains related to child well-being: education, health, living environment, safety and social relationships.[21] To learn more about this work or to access their data portal, visit the Wellington-Dufferin-Guelph Report Card Website.

In 2011, the coalition began administering the WDG Youth Survey to improve the quality and variety of local indicators related to the health and well-being of youth. The coalition decided to adapt an existing youth survey developed by the Halton Our Kids Network. Since 2011, the coalition has administered this survey to Grade 7 and 10 students twice (2011-12 and 2014-15 school years). The third edition, of this survey is planned for the 2017-18 school year. This edition will also survey grade 4 students.

There are three versions of the survey, one tailored to each grade level. Each version gathers information related to family and friends, school and the community, physical and mental health, and protective and risk behaviours. Many of the indicators captured in this survey are reported on the WDG Report Card Website. You may also access the 2014-15 WDG Youth Survey to learn more about the specific questions asked.

There are indicators that are specifically related to the mental health featured in the WDG Youth Survey. The survey includes questions which pertain to:

- stress
- self-esteem
- suicidal thoughts
- self-rated mental health[22]

These indicators are all reported alongside other mental health measures on the WDG Report Card Website's data portal.

To learn more, about the WDG Youth Survey contact the WDG Coalition for Report Cards on the Well-Being of Children using their online question submission form.

Attachments:

- Grade 7 and 10 WDG Youth Survey

York Region Public Health – Early Development Instrument

It is well documented that perinatal depression and anxiety can have child development consequences including poor cognitive, behavioral and emotional outcomes.

These altered developmental trajectories for children may include: difficult temperament, insecure attachment, difficulty regulating emotions, risk of ADHD and conduct disorders, and risk of depression/anxiety.[23-26] Health surveillance and overlaying data sets have enabled us to effectively consider local needs and plan our service delivery sites for our mental health and wellness groups.

The Early Development Instrument (EDI) is a population-level research tool completed by kindergarten teachers that measures children's ability to meet age appropriate developmental expectations in a number of domains.[27]

By providing a kindergarten benchmark for monitoring child development trajectories, EDI data contributes developmentally-based indicators that, combined with additional indicators, can inform research and policy about the outcomes of the early years and predictors of later development. It also provides a neighbourhood level indicator that can be used to target early years programming. The EDI social competence and emotional maturity domains directly align with objectives of York Region Public Health's Bounce Back and Thrive! (BBT) program, an evidence-based 10-week resiliency skills group for parents/caregivers.[28]

An evaluation of the BBT showed that, by the end of the program, the greatest positive change in attitudes related to resilience and parenting were observed in parents with the least 'resilient' attitudes at the beginning. Similarly, the greatest improvements in the Depression Subscale scores were observed for parents who scored most poorly at the beginning of the program.[2]

York Region Public Health regularly accesses EDI results and maps the top and bottom ranked EDI neighbourhoods within the various EDI domains to visualize the spatial distribution of these leading and lagging EDI neighbourhoods (see Figures 3.2.1 and 3.2.2). This allows us to better understand specific community characteristics that may contribute to the variation of EDI results across our public health unit. By considering EDI results in our program planning, we are better able to apply a health equity lens to our service delivery within different service areas including establishing BBT service delivery sites to those neighbourhoods that have lower EDI scores in the social competence and emotional maturity domains.

For more information about developing a Population Health Assessment and Surveillance plan or to learn more about the data overlap processes, contact Valerie D'Paiva, Child and Family

Health Manager at valerie.d'paiva@york.ca or Denis Heng, Epidemiologist at denis.heng@york.ca

Figure 3.2.1: "Lagging" York Region Early Development Instrument neighbourhoods: The Regional Municipality of York. Early Development Instrument (EDI) 2015 results.

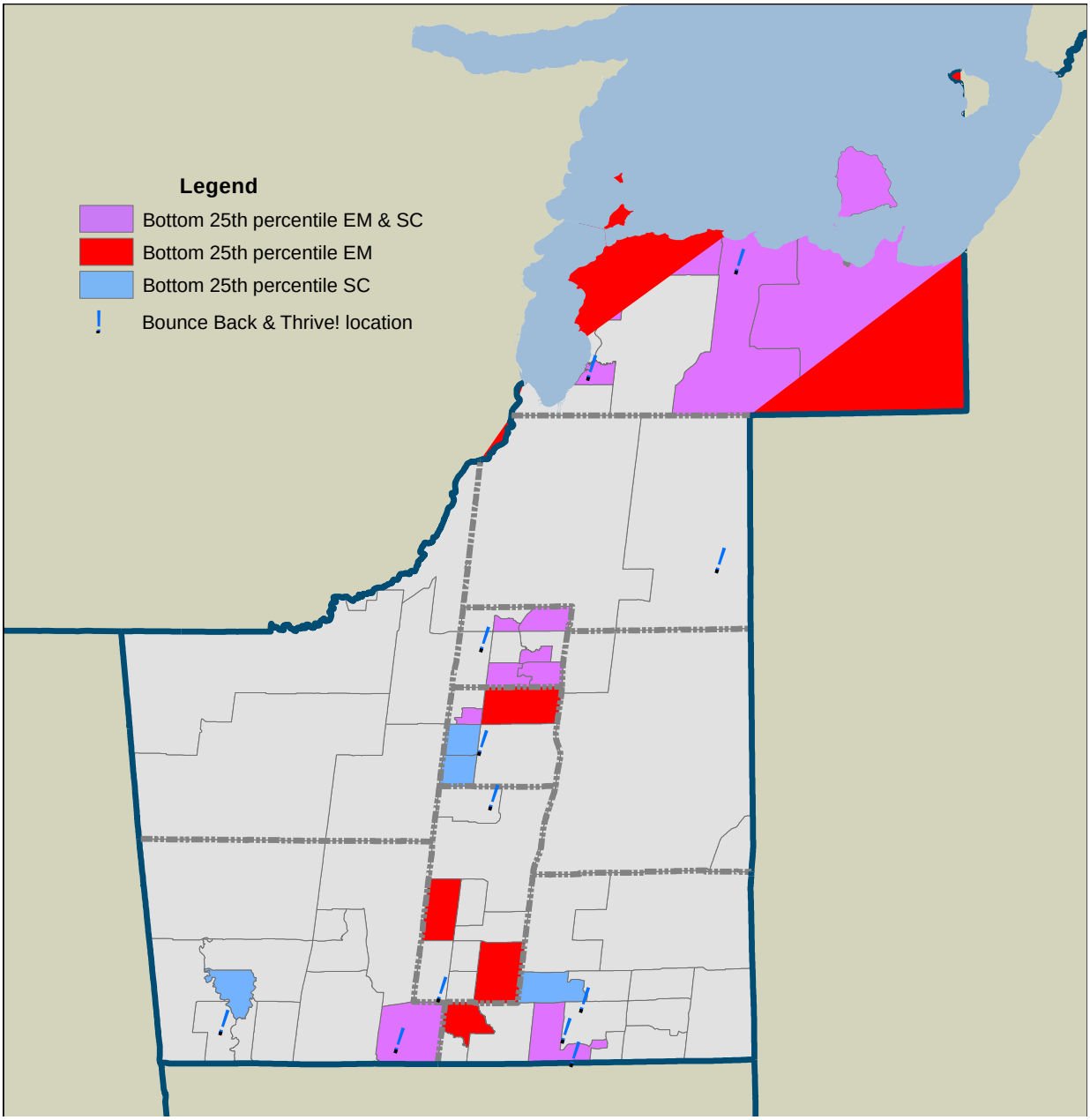
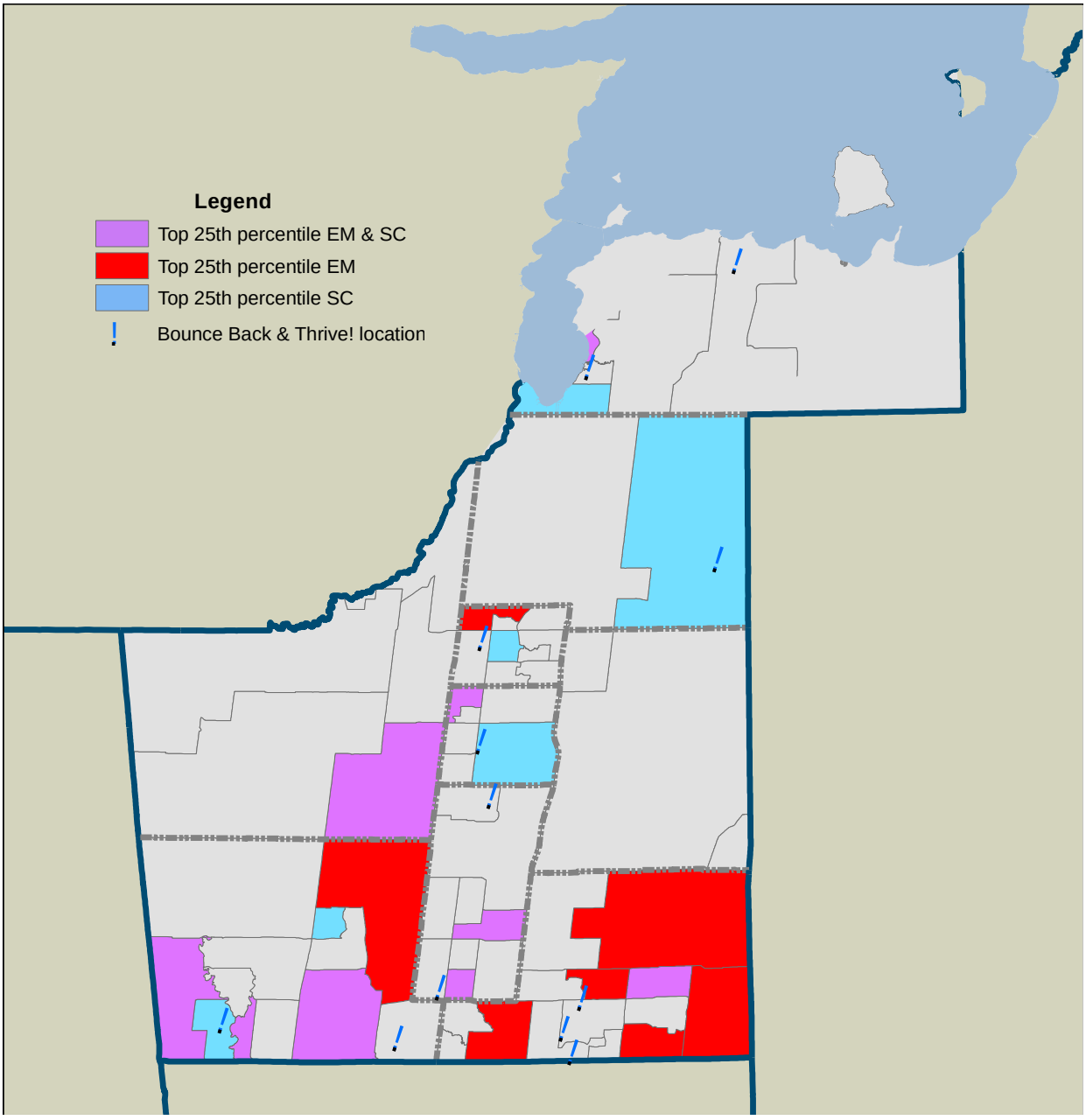


Figure 3.2.2: "Leading" York Region Early Development Instrument neighbourhoods



Data Source: The Regional Municipality of York. Early Development Instrument (EDI) 2015 results.

References for Module 3.2

1. Ontario. Ministry of Health and Long-Term Care. Ontario public health standards: requirements for programs, services, and accountability, 2018. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/

2. Sanderson R, Schwartz N. Opportunity for ongoing monitoring of postpartum depression history in Ontario using BORN data and PHO's Snapshot tool. Presented at: Healthy Human Development Table in-person meeting. 2015 May 12; Toronto, ON. Available from: https://www.publichealthontario.ca/en/BrowseByTopic/HealthPromotion/Documents/Monitoring%20of%20postpartum%20depression%20history%20in%20Ontario%20using%20BORN%20data%20and%20PHO%E2%80%99s%20Snapshot%20tool.pdf

3. BORN Ontario. About BORN [Internet]. Ottawa, ON: BORN Ontario; 2017 [cited 2017 Jun 14]. Available from: https://www.bornontario.ca/en/about-born/

4. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Maternal health snapshot. Toronto, ON: Queen's Printer for Ontario; 2017 [cited 2017 Jun 14]. Available from: https://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Maternal-health.aspx.

5. Ontario. Ministry of Children and Youth Services. Healthy Babies Healthy Children guidance document. Toronto, ON: Queen's Printer for Ontario, 2012 [cited 2017 Jun 14]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/guidance/hbhc_gd.pdf.

6. Ontario. Ministry of Children and Youth Services. Healthy babies healthy children [Internet]. Toronto, ON: Queen's Printer for Ontario, 2016 [cited 2017 Jun 14]. Available from: http://www.children.gov.on.ca/htdocs/English/earlychildhood/health/index.aspx.

7. Perth District Health Unit. Healthy babies healthy children [Internet]. Perth, ON: Perth District Health Unit; 2013 [cited 2017 Jun 14]. Available from: http://www.pdhu.on.ca/programs-and-services/healthy-babies-healthy-children/

8. Rapid Risk Factor Surveillance System. FAQ's for health units about RRFSS [Internet]. Toronto, ON: York University; 2015 [cited 2017 Jun 14]. Available from: http://www.rrfss.ca/resources/FAQ%20for%20Health%20Units,%20Oct%202015.pdf.

9. Ontario. Ministry of Health and Long-Term Care. Health analyst's toolkit [Internet]. Toronto, ON: Queen's Printer for Ontario, 2012 [cited 2017 Jun 14]. Available from: http://www.health.gov.on.ca/english/providers/pub/healthanalytics/health_toolkit/health_toolkit.pdf.

10. Association of Public Health Epidemiologists in Ontario. About the Core Indicators project [Internet]. Toronto, ON: Association of Public Health Epidemiologists in Ontario; 2017 [cited 2017 Jul 11]. Available from: http://www.apheo.ca/core-indicators-project.

11. Association of Public Health Epidemiologists in Ontario. Maternal mental health [Internet]. Toronto, ON: Association of Public Health Epidemiologists in Ontario; 2017 [cited 2017 Jul 11].

12. Association of Public Health Epidemiologists in Ontario. BORN public health working group [Internet]. Toronto, ON: Association of Public Health Epidemiologists in Ontario; 2017 [cited 2017 Jul 11].

13. Association of Public Health Epidemiologists in Ontario. Using BORN Ontario data for public health surveillance [Internet]. Toronto, ON: Association of Public Health Epidemiologists in Ontario; 2017 [cited 2017 Jul 11]. Available from: http://www.apheo.ca/upload/membership/document/2017-02/born-user-guide-born-public-healthanalytical-cube-final-version-1.5-feb-2017.pdf#upload/membership/document/2017-02/born-userguide-born-public-health-analytical-cube-final-version-1.5-feb-2017.pdf.

14. Statistics Canada. Canadian health survey on children and youth (CHSCY)[Internet]. Ottawa, ON: Statistics Canada; 2016 [cited 2017 Jun 14]. Available from: http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5233.

15. Pfizer. Instructional manual: instructions for Patient Health Questionnaire (PHQ) and GAD-7 measures [Internet]. Pfizer; [cited 2017 Jun 14]. Available from: https://phqscreeners.pfizer.edrupalgardens.com/sites/g/files/g10016261/f/201412/instructions.pdf

16. Bennett IM, Coco A, Coyne JC, Mitchell AJ, Nicholson J, Johnson E, et al. Efficiency of a two-item pre-screen to reduce the burden of depression screening in pregnancy and postpartum: an IMPLICIT network study. J Am Board Fam Med. 2008;21(4):317-25. Available from: http://www.jabfm.org/content/21/4/317.full.

17. Chae SY, Chae MH, Tyndall A, Ramirez MR, Winter RO. Can we effectively use the two-item PHQ-2 to screen for postpartum depression? Fam Med. 2012;44(10):698-703.

18. Whooley MA, Avins AL, Miranda J, Browner W. Case-finding instruments for depression: two questions are as good as many. J Gen Intern Med. 1997;12(7):439-45. Available from: http://link.springer.com/article/10.1046/j.1525-1497.1997.00076.x.

19. Statistics Canada. Statistics Canada homepage [Internet]. Ottawa, ON: Statistics Canada; 2016 [cited 2017 Jun 14]. Available from: http://www.statcan.gc.ca/eng/start.

20. Wellington-Dufferin-Guelph Coalition for Report Cards on the Well-Being of Children. About us [Internet]. Guelph, ON: Wellington-Dufferin-Guelph Coalition for Report Cards; 2017 [cited 2017 Aug 14]. Available from: http://www.wdgreportcard.com/en/about/about.aspx?_mid_=14560

21. Wellington-Dufferin-Guelph Coalition for Report Cards on the Well-Being of Children. Data portal [Internet]. Guelph, ON: Wellington-Dufferin-Guelph Coalition for Report Cards; 2017 [cited 2017 Aug 14]. Available from: http://www.wdgreportcard.com/en/data-portal/data-portal.aspx

22. Wellington-Dufferin-Guelph Coalition for Report Cards on the Well-Being of Children. Mental health [Internet]. Guelph, ON: Wellington-Dufferin-Guelph Coalition for Report Cards; 2017 [cited 2017 Aug 14]. Available from: http://www.wdgreportcard.com/en/data-portal/mental-health.aspx

23. Dennis CL. The Importance of addressing mental health in the prenatal period. . Presented at: York Region Public Health Prenatal Education day. 2017 May 20; Richmond Hill, ON.

24. Martins C, Gaffan EA. Effects of early maternal depression on patterns of infant-mother attachment: a meta-analytic investigation. J Child Psychol Psychiatry. 2000;41(6):737-46.

25. Atkinson L, Paglia A, Coolbear J, Niccols, A, Parker KC, Guger S. Attachment security: a meta-analysis of maternal mental health correlates. Clin Psychol Rev. 2000;20(8):1019-40.

26. Campbell S, Marriott M, Nahmias C, MacQueen GM. Lower hippocampal volume in patients suffering from depression: a meta-analysis. Am J Psychiatry. 2004;161(4):598-607.

27. Offord Centre for Child Studies, McMaster University. What is the EDI? [Internet]. Hamilton, ON: Early Development Instrument; 2016 [cited2017 Jul 25]. Available from: https://edi.offordcentre.com/about/what-is-the-edi/

28. York Region Public Health. Bounce back and thrive! (BBT) [Internet]. Richmond Hill, ON: York Region Public Health; 2017 [cited 2017 Jul 25]. Available from: http://www.york.ca/bbt

Reaching IN … Reaching OUT (RIRO). Bounce back and thrive! Summary – ongoing evaluation study #3 (Winter 2015 – Spring 2016) [Internet]. Toronto, ON: Child and Family Partnership; 2016 [cited 2017 Jul 25]. Available from: http://www.reachinginreachingout.com/documents/BBT-Ongoingevaluation-STUDY3-4-pgSUMMARY-FINAL-OCT14-16.pdf