

BILL M 204 – 2025

PERINATAL AND POSTNATAL MENTAL HEALTH STRATEGY ACT

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HIS MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of British Columbia, enacts as follows:

Definitions

1 In this Act:

- “**health care**” means anything that is done for a therapeutic, preventive, diagnostic or other purpose related to health;
- “**health care provider**” means a person licensed, certified or registered in British Columbia to provide health care;
- “**Indigenous governing body**” has the same meaning as in the *Declaration on the Rights of Indigenous Peoples Act*.

Development

- 2**
- (1) The minister must develop a strategy that includes measures to support perinatal and postnatal mental health in British Columbia.
 - (2) The minister must consider including in the strategy measures to
 - (a) provide universal access to perinatal and postnatal mental health care,
 - (b) ensure timely access to perinatal and postnatal mental health care providers,
 - (c) expand the availability of community based perinatal and postnatal mental health care services,
 - (d) increase awareness of perinatal and postnatal mental health disorders,

- (e) increase the availability of perinatal and postnatal mental health training for health care providers,
 - (f) provide trauma-informed perinatal and postnatal mental health care,
 - (g) address the social determinants of perinatal and postnatal mental health,
 - (h) reduce barriers to accessing perinatal and postnatal mental health care,
 - (i) combat stigma related to perinatal and postnatal mental health care,
 - (j) promote research and data collection on perinatal and postnatal mental health care, and
 - (k) provide grief counselling for those who have experienced or are experiencing miscarriage, termination of a pregnancy, a stillbirth or the death of an infant.
- (3) The minister must
- (a) develop the strategy within one year after the day on which this Act comes into force, and
 - (b) consider reviewing and updating the strategy at least once every two years after that date.

Scope

- 3 In developing and updating the strategy, the minister must consider
- (a) wait times for specialist perinatal and postnatal mental health care services,
 - (b) the availability of community based perinatal and postnatal mental health care services,
 - (c) public awareness of perinatal and postnatal mental health disorders,
 - (d) the availability of training programs for health care providers in respect of perinatal and postnatal mental health, and
 - (e) the social determinants of perinatal and postnatal mental health.

Consultation

- 4 In developing and updating the strategy, the minister must consult with all of the following:
- (a) perinatal health care providers;
 - (b) postnatal health care providers;
 - (c) mental health care providers;
 - (d) individuals with lived experience;
 - (e) Indigenous governing bodies;
 - (f) perinatal and postnatal advocacy organizations;
 - (g) organizations specializing in pregnancy loss and bereavement support;
 - (h) prescribed classes of individuals and organizations.

Tabling

- 5 Upon completion of a strategy referred to in section 2 (3), the minister must, as soon as practicable,
- (a) table the strategy in the Legislative Assembly if the Legislative Assembly is then sitting, or deposit the report with the Clerk of the Legislative Assembly if the Legislative Assembly is not sitting, and
 - (b) post the strategy on a publicly accessible website maintained by or on behalf of the minister.

Review of Act

- 6 Five years after this Act comes into force, a special committee of the Legislative Assembly is to be appointed for the purpose of reviewing this Act.

Offence Act

- 7 Section 5 of the *Offence Act* does not apply to this Act.

Regulations

- 8 The Lieutenant Governor in Council may make regulations referred to in section 41 of the *Interpretation Act*.

Commencement

- 9 This Act comes into force on the date of Royal Assent.