POSTPARTUM PERINATAL MOOD AND ANXIETY DISORDERS

Policy:

To assure that the families of Callaway County are screened and referred, as necessary, for Perinatal Mood and Anxiety Disorders (PMADs)

Purpose:

To promote positive outcomes for families who struggle with Perinatal Mood and Anxiety Disorders and to reduce the severity of symptoms.

Procedure:

The Callaway County Health Department will screen postpartum clients using the Edinburgh Postnatal Depression Scale (EPDS) according to the procedure listed below.

- 1. At the first postpartum WIC appointment, the Callaway County Health Department will ask the client to complete a written EPDS and a Mental Health Screening Release (Form 1). These forms will be presented to the client in the lobby. Clients may refuse PMAD screening. Refusal to be screened does not affect participation in the WIC program.
 - a. The client is asked to check the response that comes closest to how they have been feeling the previous 7 days.
 - b. All the items must be completed for the EPDS to be scored.
 - c. Care should be taken to avoid the possibility of the client discussing their answers with others (answers should be from the client).
 - d. The client should complete the scale themselves unless they have limited English or difficulty reading.
- 2. The EPDS will be reassessed with the postpartum client at the second postpartum visit. The initial EPDS score and second assessment will be reevaluated with the client to monitor for changes.
- 3. The nurse will score the EPDS according to the following:
 - 1 Confirm that Form 1: Mental Health Screening and Release has been signed and only continue with scoring process if signed.
 - 2 Take the EPDS score card and align it next to completed EPDS. For each one, write the score next to the box.
 - Tabulate the scores and write the total at the top of the client's EPDS and Form 2: Screening Result and Community Referral Documentation.
 - 4 Document the EPDS score as an alert in MOWINS.
 - 5 The nurse will report the results to the client.
 - 6 If score is 10 or higher, complete referral process, staring with Form 3: Mental Health Referral.

4. Provide families with handouts for further education and resources.

If the score is 13 or higher or if staff notes signs and symptoms of postpartum psychosis:

- 1. Scores of 13 or higher will be treated as a same-day referral or emergency referral if client is actively suicidal or showing signs of psychosis.
- 2. Staff will assist the client in calling:
 - a. his or her emergency contact (spouse, partner, friend, family member) and
 - b. doctor or a local referral resource for a same-day appointment
 - c. Mental Health Hotline if same-day appointment is not available via referral resources. When calling the hotline, a Mental Health Professional will assess the situation and recommend next steps. If it's during working hours (8:00-5:00) they may refer the client to the nearest Community Mental Health Center for a crisis assessment or call the following hotline phone numbers for each county:
 - d. Boone, Cooper, Howard and Moniteau 1-800-395-2132
 - e. Cole, Osage 1-800-833-3915
 - f. Audrain, Callaway 1-800-833-2064
- 3. You may need to contact 911 if the family is unable to see a doctor that day; refuses to call the Mental Health hotline support services or allow someone to take them to an ER.
- 4. Place an alert on the MOWINS system to ensure that next WIC appt will include follow-up.

For Men:

Score EPDS as for women, and change cut-off for referral to 8. Change cut-off for same-day or emergency referral to 11.

How to provide a referral:

- 1. Fill out Form 3: Mental Health Referral.
- 2. Using the information from Form 3, circle the most appropriate referral on Form 5: Mental Health Referral: Client Copy and give it to the client.
- 3. Place Form 3 in folder for follow-up call within two weeks.

1: Mental Health Screening Release

anxiety disorders will be kept confidential by th only share the results of this screening if I author that I am at serious risk of harming myself or ot screening results.	hers. I know that I can request a copy of my ning with my doctor or other healthcare	
Phone number:	· 	
Signed:	(full name) Date:	
For mental health emerge	ncies, call: 1-800-273-8255	
How can I help myself feel better on my	-	
own (take a walk, watch a movie)?	me if I feel overwhelmed? Names and	
	phone #s:	
	2.	
	3.My emergency contact person:	
	Name: Number:	
I would like more information about:		
☐ Diapers	☐ Dental care	
Mental health careRelationships	☐ Support groups☐ Prescription assistance	
☐ Baby supplies	☐ Child care	

This screening tool is not intended to diagnose or provide treatment for a mental health disorder, and is not a substitute for mental health care. CCHD does not provide mental health care services. Always contact your healthcare provider with questions or concerns about your mental health.

FOR OFFICE USE ONLY: Referral Follow-Up

PPMAD Referral Follow Up: Da	te
Client made an appt: Y /	N
Client called OB/GYN or other healthcare provider	r: Y/N
If Y: was referral acceptable? Y /	N
If Y: what was good about the referral?	
	<u> </u>
If N: why was referral not acceptable?	
Would the client like another referral? Y/N	e de la composition della comp
If Y: Provide another referral.	ALTON AND A
If N: Why?	
·	
ff signature	Date

Signed	Date	
Mental Health Referral: Client Copy		
Your score ofon the Edinburgh Postpartum indicates that you may benefit from follow-up with a mental he and your OB-GYN or family practice physician. Call one of the health professionals to make an appointment. Callaway County you within two weeks to check on this referral. Please call the WIC Clinic right away if you are unable to make an appointment providers for any reason.	ealth professional nese local mental WIC Clinic will call Callaway County	
Local mental health providers:		
Compass 844-853-8937		
Community Health Center of Central Missouri 573-632-2777		
Jennifer Hreber-Ihler, LCSW 573-632-2777		
Ashton Eibel, LCSW 573-721-9930		
Rebecca Seitz, LCSW 573-544-4023		
Center for Women's Ministries 573-642-6198		
Arthur Center 573-642-3215		
Client signatureD)ate	
WIC staff signatureD	ate	

SAFE-T Protocol with C-SSRS - Recent

C-SSRS Suicidal Ideation Severity		
1) Wish to be dead Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Current suicidal thoughts Have you actually had any thoughts of killing yourself?	V	80,0
3) Suicidal thoughts w/ Method (w/no specific Plan or Intent or act) Have you been thinking about how you might do this?		
4) Suicidal Intent without Specific Plan Have you had these thoughts and had some intention of acting	on them?	
5) Intent with Plan Have you started to work out or worked out the details of how	to kill yourself? Do you intend to carry out this plan?	
C-SSRS Suicidal Behavior: "Have you ever done anything, started t life?"	o do anything, or prepared to do anything to end your	Lifetime
Examples: Collected pills, obtained a gun, gave away valuables, wr swallow any, held a gun but changed your mind or it was grabbed actually took pills, tried to shoot yourself, cut yourself, tried to ha	from your hand, went to the roof but didn't jump; or	Past 3 Months
If "YES" Was it within the past 3 months?		
Current and Past Psychiatric Dx:	Family History:	
Current and Past Psychiatric Dx:	□ Suicide	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Step 4: Guidelines to Determine Level of Risk and Develop Interventions to LOWER Risk Level

"The estimation of suicide risk, at the culmination of the suicide assessment, is the quintessential <u>clinical judgment</u>, since no study has identified one specific risk factor or set of risk factors as specifically predictive of suicide or other suicidal behavior."

From The American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors, page 24.

RISK STRATIFICATION	TRIAGE
High Suicide Risk Suicidal ideation with intent or intent with plan in past month (C-SSRS Suicidal Ideation #4 or #5) Or Suicidal behavior within past 3 months (C-SSRS Suicidal Behavior)	 □ Initiate local psychiatric admission process □ Stay with patient until transfer to higher level of care is complete □ Follow-up and document outcome of emergency psychiatric evaluation
Moderate Suicide Risk □ Suicidal ideation with method, WITHOUT plan, intent or behavior in past month (C-SSRS Suicidal Ideation #3) Or □ Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior Lifetime) Or □ Multiple risk factors and few protective factors	 Directly address suicide risk, implementing suicide prevention strategies Develop Safety Plan
Low Suicide Risk ☐ Wish to die or Suicidal Ideation WITHOUT method, intent, plan or behavior (C-SSRS Suicidal Ideation #1 or #2) Or ☐ Modifiable risk factors and strong protective factors Or ☐ No reported history of Suicidal Ideation or Behavior	☐ Discretionary Outpatient Referral
Step 5: Documentation Risk Level: [] High Suicide Risk [] Moderate Suicide Risk [] Low Suicide Risk	
Clinical Note: Your Clinical Observation Relevant Mental Status Information Methods of Suicide Risk Evaluation Brief Evaluation Summary Warning Signs Risk Indicators Protective Factors Collateral Sources Used and Relevant Information Obtaine Specific Assessment Data to Support Risk Determination Rationale for Actions Taken and Not Taken Provision of Crisis Line 1-800-273-TALK(8255) Implementation of Safety Plan (If Applicable)	ed