

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.
 - 3 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, starting 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

_____ I understand that the results of this screening for postpartum and perinatal mood and anxiety disorders will be kept confidential by the Callaway County Health Department, who will only share the results of this screening if I authorize them to do so, or if the results determine that I am at serious risk of harming myself or others. I know that I can request a copy of my screening results.

_____ You may share the results of this screening with my doctor or other healthcare

provider: *Name of provider:* _____

Phone number: _____

Signed: _____ (full name) **Date:** _____

For mental health emergencies, call: 1-800-273-8255

How can I help myself feel better on my own (take a walk, watch a movie)?	Which friends or family can I call to help me if I feel overwhelmed? Names and phone #s:
	1. 2. 3. My emergency contact person: Name: Number:

I would like more information about:

- | | |
|---|--|
| <input type="checkbox"/> Diapers
<input type="checkbox"/> Mental health care
<input type="checkbox"/> Relationships
<input type="checkbox"/> Baby supplies | <input type="checkbox"/> Dental care
<input type="checkbox"/> Support groups
<input type="checkbox"/> Prescription assistance
<input type="checkbox"/> 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: Date _____

Client made an appt: Y / N

Client called OB/GYN or other healthcare provider: Y / N

If Y: was referral acceptable? Y / N

If Y: what was good about the referral?

If N: why was referral not acceptable?

Would the client like another referral? Y / N

If Y: Provide another referral.

If N: Why?

Staff signature _____ Date _____

Signed _____ Date _____

Mental Health Referral: Client Copy

Your score of _____ on the Edinburgh Postpartum Depression Scale indicates that you may benefit from follow-up with a mental health professional and your OB-GYN or family practice physician. **Call one of these local mental health professionals to make an appointment.** Callaway County WIC Clinic will call you within two weeks to check on this referral. Please call the Callaway County WIC Clinic right away if you are unable to make an appointment with one of these providers for any reason.

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 signature _____ Date _____

WIC staff signature _____ Date _____

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 **clinical judgment**, 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
<p style="text-align: center;">High Suicide Risk</p> <p><input type="checkbox"/> Suicidal ideation with intent or intent with plan in past month (C-SSRS Suicidal Ideation #4 or #5)</p> <p style="text-align: center;">Or</p> <p><input type="checkbox"/> Suicidal behavior within past 3 months (C-SSRS Suicidal Behavior)</p>	<p><input type="checkbox"/> Initiate local psychiatric admission process</p> <p><input type="checkbox"/> Stay with patient until transfer to higher level of care is complete</p> <p><input type="checkbox"/> Follow-up and document outcome of emergency psychiatric evaluation</p>
<p style="text-align: center;">Moderate Suicide Risk</p> <p><input type="checkbox"/> Suicidal ideation with method, WITHOUT plan, intent or behavior in past month (C-SSRS Suicidal Ideation #3)</p> <p style="text-align: center;">Or</p> <p><input type="checkbox"/> Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior Lifetime)</p> <p style="text-align: center;">Or</p> <p><input type="checkbox"/> Multiple risk factors and few protective factors</p>	<p><input type="checkbox"/> Directly address suicide risk, implementing suicide prevention strategies</p> <p><input type="checkbox"/> Develop Safety Plan</p>
<p style="text-align: center;">Low Suicide Risk</p> <p><input type="checkbox"/> Wish to die or Suicidal Ideation WITHOUT method, intent, plan or behavior (C-SSRS Suicidal Ideation #1 or #2)</p> <p style="text-align: center;">Or</p> <p><input type="checkbox"/> Modifiable risk factors and strong protective factors</p> <p style="text-align: center;">Or</p> <p><input type="checkbox"/> No reported history of Suicidal Ideation or Behavior</p>	<p><input type="checkbox"/> Discretionary Outpatient Referral</p>

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
 - Access to Lethal Means
 - Collateral Sources Used and Relevant Information Obtained
 - 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)