Now what?
Starting Conversations and Making Referrals for Perinatal Mental Health Concerns
Presenters

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Overview of Perinatal Mental Health
  – Signs and Symptoms
  – Impacts on family

Resource and Referral
  – Starting the Conversation
  – Addressing Stigma
  – Referral Guidance

Case Studies
  – Role play with partner
  – Group discussion
Gentle Reminder

Many people have experience with perinatal mental health concerns. Topics discussed may illicit strong emotions. If this occurs, please take care of yourself in the way that is most helpful and rejoin us when you are ready.
Parenthood
Parenthood
Perinatal Mental Health Issues

- Most common complication during pregnancy and the postpartum period
- Difficulties can begin anytime in pregnancy or the first year postpartum (including loss)
- People may express their struggles differently (men vs. women)
- High comorbidity of Depression and Anxiety

Postpartum Support International (2014)
Prevalence

• Up to 80% of new mothers experience normal “baby blues” in the first few weeks after the baby arrives

• At least 1 in 7 mothers and 1 in 10 fathers experience serious depression or anxiety during pregnancy or postpartum

• 1-2 out of 1,000 experience postpartum psychosis

• *Suicide is one of the three leading causes of maternal death

Winser KL, et al, JAMA Psychiatry 2013
Paulson, et al, JAMA, 2010
“Baby Blues”

- Very common
- Begins 1-5 days postpartum
- Symptoms may include: mood swings, tearfulness, anxiety, and sleep disturbance
- Does not include suicidal/homicidal thoughts
- Mild or no impairment of functioning
- Time limited (lasts up to two weeks)
- Resolves without direct intervention
Perinatal Mood and Anxiety Disorders (PMADs) **Beyond Depression:**

- Anxiety
- Post-traumatic Stress Disorder
- Bipolar Disorder
- Postpartum Psychosis
- Obsessive Compulsive Disorder
Symptoms: Expected and Unexpected

• Feeling sad or depressed
• Eating or sleeping too much or too little
• Feeling as if you are “out of control” or “going crazy”
• Losing interest in things you used to enjoy
• Feeling very worried or panicky
• Feeling irritable or angry with those around you
• Having upsetting thoughts that you can’t get out of your head
• Feeling as if you never should have become a mother or that someone else could care for your baby better than you
• Having difficulty bonding with your baby
• Worried that you might hurt your baby or yourself
• Mania, such as risky behaviors, rapid speech, and flight of ideas
How do REAL moms talk about PMADS?
Remember Partners

• Fathers and other partners can also experience stress, anxiety, and depression during the perinatal period

• Symptoms- instead of sadness, men may exhibit increased:
  – Anger and conflict with others
  – Frustration or irritability
  – Impulsiveness or risk-taking
  – Distancing behavior
  – Use of alcohol or prescription/street drugs
  – Somatic complaints (headaches, stomachaches)

(Paulson, 2006; Glangeaud-Freudenthal et al., 2005)
Mismatched interactions

- When interacting with depressed moms, infants are often fussier, more avoidant, and less likely to make positive facial expressions and vocalizations.
- Mother-infant dyads can also have difficulty being in tune with one another.
Potential impacts: Infants and Toddlers

• Lower rates of interactive behavior, less concentration, more negative responses
• Interpersonal style may generalize to others
• Insecure infant attachment
• Increased sleeping and eating problems, temper tantrums, separation difficulties
Impact on Children

- Untreated perinatal mental health struggles have the potential to effect health and development throughout the lifespan.
Starting the Conversation

• Ask caring questions:
  – What’s it been like for you to be pregnant/parenting?
  – Taking care of a little one is hard sometimes. How have you been doing?

• Caring responses:
  – Active Listening
  – Support feelings
  – Empathize - accepting and acknowledging emotions
  – Validating that she is not alone in her experience
Starting the Conversation

• Explore social support:
  – Parenting can be hard. Do you have people who can help you out when you need it?
  – We can help connect you with other families

• Address Stigma
  – Many women feel (worried, stressed, low) after having a baby.
  – Taking care of yourself is an important way that you take care of your baby.
  – I am happy to help connect you with resources.
Addressing Stigma: Pregnancy Related Depression Public Awareness Campaign

- Supports mothers in recognizing they are not alone and encourage help seeking behavior
- Includes call to action
- Posters, rack cards business cards and fact sheets available
Spanish Language Campaign

postpartum.net/ayuda | 1.800.944.4773 (Se habla español)

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Referral Guidance

- Acknowledge screen results
- Explore options
- Refer to primary care doctor and/or mental health professional
- Consider referral to other community resources if needed

**Phase 1: Patient Education on Screen Result**

**Explore Options.**
Share examples of ways to reduce symptoms such as:
- Social support including help with taking care of baby
- Healthy lifestyle - sleep, nutrition, exercise, mindfulness
- Mental health interventions
- Medication
- Therapy
- Support Groups

**Respond & Encourage.**
Whether the screen is positive or negative, educate your patient on their results and available support services.

**Determine Referral.**
Identify if your patient’s needs can be addressed within your practice.
- Within practice interventions may include lifestyle counseling, integrated behavioral health visit, or medication prescription and management
- If additional support is needed, consider referral options below
Referral Considerations

Key Questions

- Does the patient need immediate crisis intervention?
- What is the insurance status?
- What are your patient’s initial treatment preferences?
- Are there barriers to accessing services to be addressed?
Referral Options

• Simplify the referral process
• Leverage care coordination and case management services
• “No wrong door”
Making a Referral

Phase 3: Making A Referral

☐ Confirm referral decision with patient
☐ Have patient complete Release of Information form, including exchange of mental health information, for patient to give to referral source to facilitate coordination of care
☐ Schedule follow up visit to assess status

Maternal Mental Health Referral

You are not alone. You are not to blame. You can get help.

☐ Colorado Crisis Services
  1-844-493-8255 | coloradocrisisservices.org | text “talk” to 38255 for support via text
  Services provided by phone or text only

☐ Mental Health Center of Denver (MHCD):
  303-504-7900 | Option 2 for Adult Recovery
  303-504-7900 | Option 4 for Child and Family/Right Start
  303-504-6565 | Wellshire Behavioral Services
  mhcd.org | AccessCenter@mhcd.org
  Services provided at multiple locations in Denver County

☐ Colorado Access Care Management Services
  866-833-5717 | coaccess.com/care-management
  Services provided by phone or in patient’s home or community

☐ Postpartum Support International (PSI)
  800-944-4773 | postpartum.net/Colorado
  Services provided by phone only

☐ Healthy Expectations Perinatal Mental Health Program
  303-864-5252 | childrenscolorado.org/healthyexpectations | healthyexpectations@childrenscolorado.org
  Services provided at Children’s Hospital Colorado

I was referred by: ____________________________ Date: _____________________

- Ensure the client understands referral
- Check back in with client about referrals and support follow through
Summary: What you can do:

H - HEAR her story
O - OFFER support and resources
P – PLAN together
E – EVALUATE/Check in
Case Presentation & Skill Practice
Case Presentation 1
Role Play Guidance

Do your best to stay in character!!

1. Get in pairs of 2
2. Choose 1 person to role play mom & 1 to role play home visitor
3. Think about the information you have & explore more together
4. Practice making referrals as needed

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - As much as I always could
   - Not quite so much now
   - Definitely not so much now
   - Not at all

2. I have looked forward with enjoyment to things
   - As much as I ever did
   - Rather less than I used to
   - Definitely less than I used to
   - Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
   - Yes, most of the time
   - Yes, some of the time
   - Not very often
   - No, never

4. I have been anxious or worried for no good reason
   - No, not at all
   - Hardly ever
   - Yes, sometimes
   - Yes, very often

*5. I have felt scared or panicky for no very good reason
   - Yes, quite a lot
   - Yes, sometimes
   - No, not much
   - No, not at all

*6. Things have been overwhelming me
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all

*7. I have been so unhappy that I have had difficulty sleeping
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all

*8. I have felt sad or miserable
   - Yes, most of the time
   - Yes, quite often
   - Not very often
   - No, not at all

*9. I have been so unhappy that I have been crying
   - Yes, most of the time
   - Yes, quite often
   - Only occasionally
   - No, never

*10. The thought of harming myself has occurred to me
    - Yes, quite often
    - Sometimes
    - Hardly ever
    - Never
Skill Practice Reflective Questions

Case 1

1. What did you find most difficult to discuss as the home visitor?

2. As the mom, how did it feel to be asked about your experience with depression and anxiety?

3. What will you do differently in your real life moving forward?
Case Presentation

2
Role Play Guidance  Do your best to stay in character!!

1. Stay in your pairs of 2
2. Switch roles: Mom now home visitor & vice versa
3. Think about the information you have & explore more together
4. Practice making referrals as needed

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5. I have felt scared or panicky for no very good reason
   - Yes, quite a lot
   - Yes, sometimes
   - No, much
   - No, not at all

6. Things have been overwhelming me
   - Yes, most of the time I haven’t been able to cope at all
   - Yes, sometimes I haven’t been coping as well as usual
   - No, most of the time I have coped quite well
   - No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all

8. I have felt sad or miserable
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Skill Practice Reflective Questions

Case 2

1. What thoughts and feelings did you have while exploring these responses together?

2. How did your pair view the response to question 10?

3. What will you do differently in your real life role moving forward?
Web-Based Resources

- www.postpartum.net – PSI Website
- www.healthynewmoms.org
- www.postpartum.org
- www.2020mom.org
- www.womenshealth.gov
- www.post-partum-depression.com
- www.nimh.nih.gov ➔ Women and Mental Health
- www.postpartumstress.com
- www.safermaternity.org
- www.colorado.gov/pacific/cdphe/pregnancy-related-depression
Resources for Fathers

- www.postpartum.net/family/tips-for-postpartum-dads-and-partners/
- www.postpartumdads.org
- www.becomingdad.com.au
- www.postpartummen.com
- www.bcnd.org
  (boot camp for new dads)
Contact Us!

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