

# UTAH'S MATERNAL MENTAL HEALTH TOOLKIT

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COLLABORATIVE



# OVERVIEW

- Maternal Mental Health Vision
- Provider Resources
- Screening & Referral
- Crisis Resources
- Patient Resources
- How to get the toolkit

# VISION

All childbearing individuals in Utah receive mental health education and screening during pregnancy and the postpartum period. Every individual with perinatal mental health concerns receives the most appropriate care, from the most appropriate healthcare professional, within an appropriate, stage-based response time.


## Utah's maternal mental health toolkit

Tools for anyone working with perinatal parents and their children



Created by the Utah Women and Newborns Quality Collaborative Maternal Mental Health Committee





**PSI Psychiatric  
Consult Line:  
1-800-944-4773  
Ext 4**

## **Perinatal Psychiatric Consult Service**

Medical prescribers can call our free consultation line. Within 24 hours of calling you will be connected with an expert perinatal psychiatrist who can provide advice on diagnosis, treatment and medication management for preconception, pregnant and postpartum women.

# **PROVIDER RESOURCES**



- Risk Assessments
- Screening Tools
- PSI Psychiatric Consult Line
- Crisis Resources
- Referral Information
- More In-Depth Information (78 pages!)

# SCREENING TOOLS

- Edinburgh Postnatal Depression Scale (EPDS)
- Mood Disorder Questionnaire (MDQ)
- Risk Factors
- HITS- Intimate Partner Violence Screening
- Perinatal Anxiety Screening Scale (PASS)
- Primary Care PTSD Screen
- Substance Use Screening

**Edinburgh Postnatal Depression Scale (EPDS)**

Date: \_\_\_\_\_ Clinic Name/Number: \_\_\_\_\_

Your Age: \_\_\_\_\_ Weeks of Pregnancy/Age of Baby: \_\_\_\_\_

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a **CHECK MARK (✓)** on the blank by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—not just how you feel today. Complete all 10 items and find your score by adding each number that appears in parentheses (#) by your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, call your health care provider regardless of your score.

*Below is an example already completed.*

I have felt happy: \_\_\_\_\_ (0)  
 Yes, all of the time \_\_\_\_\_ (0)  
 Yes, most of the time  (1)  
 No, not very often \_\_\_\_\_ (2)  
 No, not at all \_\_\_\_\_ (3)

*This would mean: "I have felt happy most of the time" in the past week. Please complete the other questions in the same way.*

1. I have been able to laugh and see the funny side of things:  
 As much as I always could \_\_\_\_\_ (0)  
 Not quite so much now \_\_\_\_\_ (1)  
 Definitely not so much now \_\_\_\_\_ (2)  
 Not at all \_\_\_\_\_ (3)

2. I have looked forward with enjoyment to things:  
 As much as I ever did \_\_\_\_\_ (0)  
 Rather less than I used to \_\_\_\_\_ (1)  
 Definitely less than I used to \_\_\_\_\_ (2)  
 Hardly at all \_\_\_\_\_ (3)

3. I have blamed myself unnecessarily when things went wrong:  
 Yes, most of the time \_\_\_\_\_ (3)  
 Yes, some of the time \_\_\_\_\_ (2)  
 Not very often \_\_\_\_\_ (1)  
 No, never \_\_\_\_\_ (0)

4. I have been anxious or worried for no good reason:  
 No, not at all \_\_\_\_\_ (0)  
 Hardly ever \_\_\_\_\_ (1)  
 Yes, sometimes \_\_\_\_\_ (2)  
 Yes, very often \_\_\_\_\_ (3)

5. I have felt scared or panicky for no good reason:  
 Yes, quite a lot \_\_\_\_\_ (3)  
 Yes, sometimes \_\_\_\_\_ (2)  
 No, not much \_\_\_\_\_ (1)  
 No, not at all \_\_\_\_\_ (0)

6. Things have been getting to me:  
 Yes, most of the time I haven't been able to cope at all \_\_\_\_\_ (3)  
 Yes, sometimes I haven't been coping as well as usual \_\_\_\_\_ (2)  
 No, most of the time I have coped quite well \_\_\_\_\_ (1)  
 No, I have been coping as well as ever \_\_\_\_\_ (0)

7. I have been so unhappy that I have had difficulty sleeping:  
 Yes, most of the time \_\_\_\_\_ (3)  
 Yes, sometimes \_\_\_\_\_ (2)  
 No, not very often \_\_\_\_\_ (1)  
 No, not at all \_\_\_\_\_ (0)

8. I have felt sad or miserable:  
 Yes, most of the time \_\_\_\_\_ (3)  
 Yes, quite often \_\_\_\_\_ (2)  
 Not very often \_\_\_\_\_ (1)  
 No, not at all \_\_\_\_\_ (0)

9. I have been so unhappy that I have been crying:  
 Yes, most of the time \_\_\_\_\_ (3)  
 Yes, quite often \_\_\_\_\_ (2)  
 Only occasionally \_\_\_\_\_ (1)  
 No, never \_\_\_\_\_ (0)

10. The thought of harming myself has occurred to me: \*  
 Yes, quite often \_\_\_\_\_ (3)  
 Sometimes \_\_\_\_\_ (2)  
 Hardly ever \_\_\_\_\_ (1)  
 Never \_\_\_\_\_ (0)

**TOTAL YOUR SCORE HERE ▶**

\* If you scored a 1, 2 or 3 on question 10, PLEASE CALL YOUR HEALTH CARE PROVIDER (OB/Gyn, family doctor or nurse-midwife) OR GO TO THE EMERGENCY ROOM NOW to ensure your own safety and that of your baby.

If your total score is 11 or more, you could be experiencing postpartum depression (PPD) or anxiety. PLEASE CALL YOUR HEALTH CARE PROVIDER (OB/Gyn, family doctor or nurse-midwife) now to keep you and your baby safe.

If your total score is 9-10, we suggest you repeat this test in one week or call your health care provider (OB/Gyn, family doctor or nurse-midwife).

If your total score is 3-8, new mothers often have mood swings that make them cry or get angry easily. Your feelings may be normal. However, if they worsen or continue for more than a week or two, call your health care provider (OB/Gyn, family doctor or nurse-midwife). Being a mother can be a new and stressful experience. Take care of yourself by:

- ▶ Getting sleep—nap when the baby naps.
- ▶ Asking friends and family for help.
- ▶ Drinking plenty of fluids.
- ▶ Eating a good diet.
- ▶ Getting exercise, even if it's just walking outside.

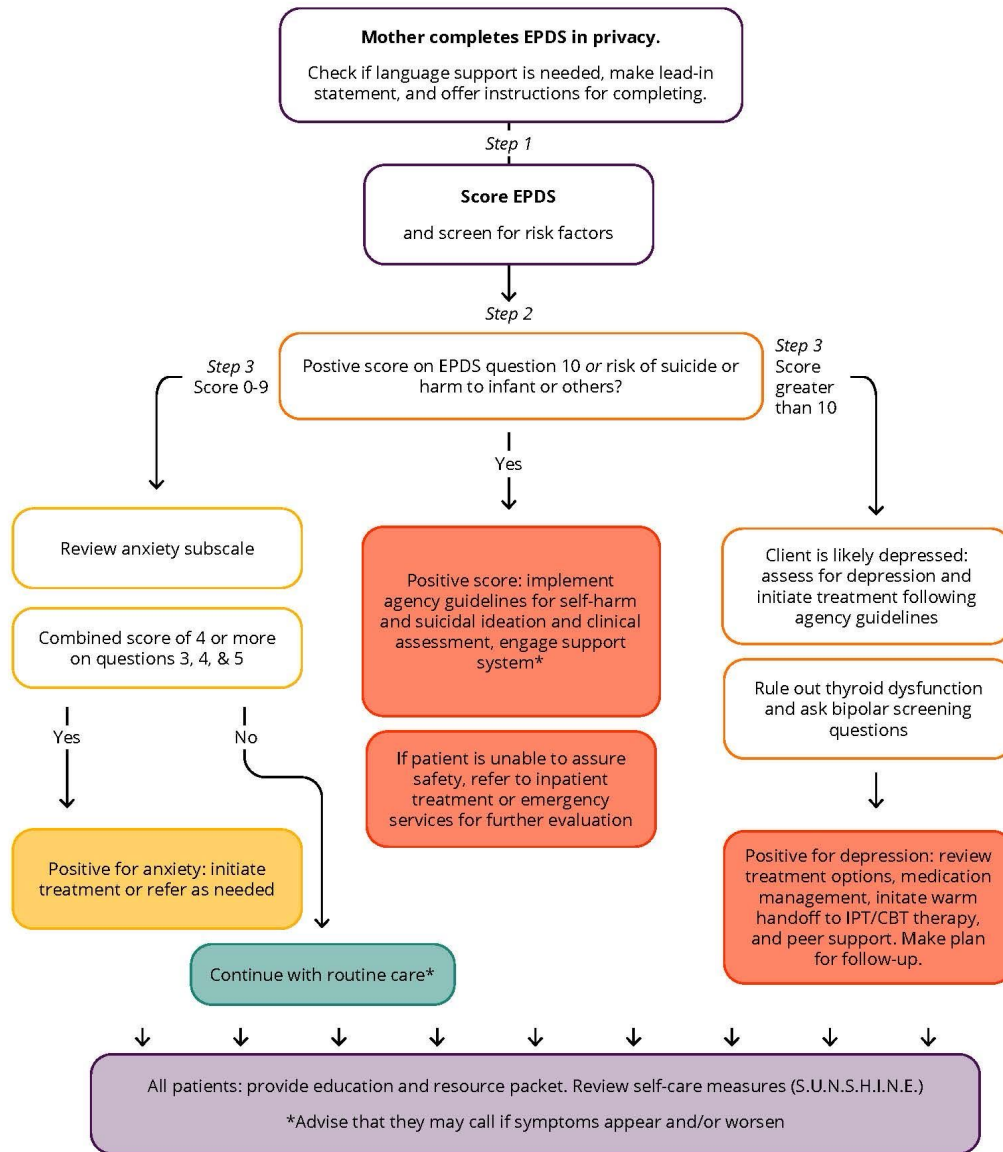
Regardless of your score, if you have concerns about depression or anxiety, please contact your health care provider.

Please note: The Edinburgh Postnatal Depression Scale (EPDS) is a screening tool that does not diagnose postpartum depression (PPD) or anxiety.

See more information on reverse. ▶

Edinburgh Postnatal Depression Scale (EPDS). Adapted from the British Journal of Psychiatry, June, 1987, vol. 150 by J.L. Cox, J.M. Holden, R. Segovsky.

## Utah response and triage algorithm



# EPDS ALGORITHM

- Assists Providers with determining severity and possible course of action.
- Any positive response on question 10 warrants a screen for suicide risk.

# RISK ASSESSMENT

Patient screening and referral resources

## Risk Factor Screener

### Significant Life Events Checklist

During the past 12 months (check all that apply):

- I lost my job even though I wanted to go on working
- My husband or partner lost his job
- I had a lot of bills I couldn't pay
- I moved to a new address
- My husband or partner said he didn't want me to be pregnant
- I argued with my husband or partner more than usual
- I got separated or divorced from my husband or partner
- I have been physically or sexually abused in the past

### Past Experience of Depression & Anxiety

At any time in the past, including during or after a previous pregnancy (check all that apply):

- A doctor, midwife, nurse, or counselor told me I had depression
- A doctor, midwife, nurse, or counselor told me I had anxiety
- I sought help for depression or anxiety from a doctor, midwife, nurse or counselor
- I had symptoms of depression or anxiety that lasted more than 2 weeks
- I have taken medications for depression or anxiety

### Also Include:

Marital Status (single, married, living with partner, divorced, widowed) and Age

Scoring: if any patient selects two or more of the above, they are at risk for developing a Perinatal Mood and Anxiety Disorder, even if their EPDS score is low.



## Assessing Risk of Harm to Baby

### Ask about unwanted or intrusive thoughts

Unwanted or intrusive thoughts, including those of harming the baby, are common (up to 70%) among postpartum women. Most women will not act on these thoughts because they are usually due to anxiety, depression, and obsessive/compulsive disorder, which is very different than thoughts of harming the baby that are due to psychosis/delusions. The following wording can be used to get information about whether these thoughts are present and how current and concerning they are.

*"People often have intrusive thoughts or thoughts that seem to pop in from nowhere. Women often have thoughts about something bad happening to their baby. These thoughts can feel awful and sometimes feel as if they could be an escape from something too hard to bear. We are here to help you. We ask about these thoughts because they are so common."*

- Have you had any unwanted thoughts?
- Have you had any thoughts of harming your infant, either as an accident or on purpose?
- If the patient answers yes to the above question, follow up with:
  - How often do you have them?
  - How recently have you had them?
  - How much do they scare you?
  - How much do they worry you?"

### Assess Risk

	LOW RISK <i>(symptoms more consistent with depression, anxiety, and/or OCD)</i>	MODERATE RISK	HIGH RISK <i>(symptoms more consistent with psychosis)</i>
Assessment	Thoughts of harming baby are scary  Thoughts of harming baby cause anxiety or are upsetting (ego dystonic)  Mother does not want to harm her baby and feels it would be a bad thing to do  Mother very clear she would not harm her baby	Thoughts of harming baby are somewhat scary  Thoughts of harming baby cause less anxiety  Mother is not sure whether the thoughts are based on reality or whether harming her baby would be a bad thing to do  Mother is less clear she would not harm her baby	Thoughts of harming the baby are comforting (ego syntonic)  Feels as if acting on thoughts will help infant or society (e.g., thinks baby is evil and world is better off without baby)  Lack of insight (inability to determine whether thoughts are based on reality)  Auditory and/or visual hallucinations are present  Bizarre beliefs that are not reality based  Perception that untrue thoughts or feelings are real

### Consider Best Treatment

	LOW RISK	MODERATE RISK	HIGH RISK
Treatment	Provide reassurance and education Treat underlying illness Discuss warning signs with patient and family Discuss when and how to reach out for help should she feel unsafe	Treat underlying illness Discuss warning signs with patient and family Discuss when and how to reach out for help should she feel unsafe Establish family, friends, and professionals she can contact during a crisis Establish and carry out a plan for close monitoring and follow-up	A true emergency, refer to emergency services ( <a href="#">custom link</a> ), as needed Do not alarm patient (reinforce honesty) and do not leave mother and baby alone while help is being sought Treat underlying illness Discuss warning signs with patient and family Discuss when and how to reach out for help should she feel unsafe Establish family, friends, and professionals she can contact during a crisis Establish and carry out a plan for close monitoring and follow-up

# CRISIS RESOURCES

- HRSA Maternal Mental Health Crisis Line  
1-833-TLC-MAMA
- 988 (National Suicide Hotline)
- PSI HelpLine  
1-800-944-4773

## Not Feeling Like Yourself?

Let's Talk About It.



Always  
Free — 24/7



Support &  
Resources



Confidential  
Call & Text



60+  
Languages



Don't wait. Reach out today.  
1-833-TLC-MAMA (1-833-852-6262)



Utah Maternal  
Mental Health  
Referral Network

Find help  
for maternal  
mental health  
concerns

maternalmentalhealth.utah.gov

Utah Department of  
**Health & Human**  
Services

# MATERNAL MENTAL HEALTH REFERRAL NETWORK

- All providers listed are specifically trained in Perinatal Mental Health
- Providers are listed by specialty, location, and insurance accepted
- Currently around 200 providers listed
- All Counties: Providers available or scheduled for training currently

# PATIENT RESOURCES

- Mental Health Plan
- Discussion Tools
- Self-care Strategies
  - SUNSHINE
  - BAILANDO



### Recursos para la salud durante el embarazo y después del parto

**B** **Bromear:** Dedique tiempo especial cada día para reír- vea una película, juegue con sus hijos, pase tiempo con amigos. Si no puede conectarse con la alegría y la risa, es hora de hablar con su doctor para obtener más ayuda.

**A** **Apoyo:** Comparta sus sentimientos con una amiga o familiar de confianza o encuentre un grupo de apoyo. Pida ayuda con el cuidado de sus bebés para que pueda tener una hora para sí misma.

**I** **Información:** Lea sobre el bienestar emocional en [www.postpartum.net](http://www.postpartum.net) y tome la pantalla de depresión posnatal de Edimburgo. Llame a su doctor si su puntaje es 10 o más alto o marcó cualquier otra cosa que no sea "nunca" en la pregunta 10 sobre autolesiones.

**L** **Levántese:** Caminar por 10-20 minutos al día puede ayudar con su cuerpo, mente y espíritu. También puede tratar de bailar, hacer yoga, zumba, o alguna otra manera de hacer ejercicio si está bien con su doctor.

**A** **Alimentar:** Beba al menos de 2 litros de agua al día. Tome multivitaminas prenatales hasta un año después del parto. Evite cafeína y azúcar cuando sea posible, e incluya proteínas y grasas no saturadas en cada comida.

**N** **Naturaleza:** Haga tiempo semanalmente para hacer cosas que disfruta afuera de la maternidad, como pasatiempos creativos, tiempo en la naturaleza, yoga, citas con amigos y con su pareja, etc.


**D** **Dormir:** Trate de dormir por lo menos 4-6 horas seguidas cada noche por lo menos 5 días a la semana. Cuando sea posible, pida a un familiar que dé la responsabilidad de la noche al bebé mientras duerme.

## Mental Health Plan


Because Perinatal Mood and Anxiety Disorders (PMADs) are common - and treatable - I am making a plan for my mental health and wellbeing. If I'm struggling, there are things I can do to feel better. And I can ask for help.

**My Basic Needs**  
If I'm going to take care of my baby and family, I need to take care of myself.


**Rest**  
I can create a relaxing space.  
I will sleep when I can.  
If I can't sleep, I will rest.  
If I can't rest, I will ask for help.




**Nourishment**  
I will do my best to give my body what it needs to be healthy.  
I know that I am still healing so I will feed and nurture my body.



**Connection**  
We all need to love and be loved.  
Bonding with my baby is important.  
But it is also important that I stay connected to the people I care about



**Joy**  
My happiness matters. I will take time to do things that bring me joy.  
Something I love to do is...





## MMH Provider Toolkit

Resource

Need Help?

Give Feedback

### Download the toolkit

The Utah Women and Newborn's Quality Collaborative has developed a provider toolkit offering essential information on identifying and treating perinatal mood and anxiety disorders. Please click "**Download the toolkit**" to access the Maternal Mental Health Provider Toolkit.

Download the toolkit ↗

Training videos ↗

Patient handouts ↗



# HOW DO I FIND IT?

- <https://mihp.utah.gov/mmhtoolkit>
- Download the toolkit
- Access training videos
- Download Patient Handouts and Screening Tools



QUESTIONS?

