1.0 Interactive Flowchart: Screening and support

Please click the box to be taken to the relevant section:

**Does the parent identify as Aboriginal and Torres Strait Islander Origin?**
If so, seek support from Aboriginal and Torres Strait Islander Workforce

**Is Translating and Interpreter Service required?**
If so, contact 131 450

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**Edinburgh Postnatal Depression Scale (or Kimberley Mum’s Mood Scale)**
**Safe Start Psychosocial Form**
Review / complete / repeat as required

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**Explore COVID-related concerns**

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**Support during review**
Validate concerns | Be solution-focused | Provide well-being strategies

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**Mild symptoms**
EPDS Total Score 10 - 12
EPDS Anxiety Q3-5 4 - 5
EPDS Self-Harm Q10 -ve
- No active plans to self harm
- Available support

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**Moderate to severe symptoms**
EPDS Total Score ≥ 13
EPDS Anxiety Q3-5 ≥ 6
EPDS Self-Harm Q10 +ve
- No active plans to self harm
- Available support
- Serious mental illness - history/current
- Red flags

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**Crisis support**
EPDS Total Score ≥ 13
EPDS Anxiety Q3-5 ≥ 6
EPDS Self-Harm Q10 +ve
- Psychotic symptoms
- Active plans to harm self or baby
- High levels of distress

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- Recommend parents to GP or Aboriginal Medical Services for referral to support services such as:
  - *Mental Health Care Plan*
  - *PHN Psychological Therapies Services*
  - Offer options of further perinatal-specific support with hotlines, telehealth psychology & resources:
    - *PANDA 1300 726 306*
    - *Beyond Blue 1300 224 636*
    - *Gidget 1300 831 758*
    - *QCPMH*
    - *MumSpace*
    - *COPE*
  - Provide 1300 MH CALL (1300 64 22 55) in case acute mental health symptoms arise

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- Assess acute risks
- Liaise with senior midwife / social worker / Safe Start Team
- Document discussion of your actions for referrals & further assessment to keep parent safe
- Refer to Perinatal MH Service if available and/or Safe Start / Social Work Team following local pathways
- Provide 1300 MH CALL
- Contact GP + treating psychiatrist or mental health professional
- Refer to private perinatal psychiatrist
- Consider child safety
- Consider Aboriginal Medical Services
- Repeat the EDS in 2 weeks

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- Complete same actions as those for parents with moderate to severe mental health symptoms
- Call 1300 MH CALL or refer to Emergency Department
- Forward a referral to Perinatal MH Service outlining that crisis support was initiated and request follow-up
- May require MHA if refuses further assessment

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- Seek advice from child health or social worker for parent-baby bonding concerns
- Recommend continuity of care / models (GP, midwifery and child health)
- Advise GP, maternity, child health services and support persons of mental health recommendations
- Consult, seek support and guidance from Indigenous Health Worker or Aboriginal and Torres Strait Islander Workforce

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2.0 Background

- The purpose of this clinical guidance note is to support maternity and child health staff to screen and respond to “perinatal parents” (any person identifying as a parent in the perinatal period) experiencing heightened distress due to COVID-19 (referred to as COVID in this document).

- The perinatal period is the time period from conception until two years following the birth of a baby.

- Perinatal anxiety and depression affects 1 in 5 women and 1 in 8 men in the perinatal period.

- While some uncertainty is normal during COVID, it is important for clinicians to identify and respond to anxiety and depression that is significantly impacting on daily functioning, relationships, pregnancy care and early parenting.

- Perinatal parents are more vulnerable to higher levels of anxiety and depression during COVID for a range of reasons such as:
  - Increase in domestic and family violence
  - Reduced family and community support due to travel & social distancing restrictions
  - Financial difficulties due to recent unemployment
  - Interruption to baby celebrations, schooling & childcare arrangement
  - Changes and uncertainty with birth plans
  - Additional restrictions for remote communities and Aboriginal and Torres Strait Islander communities, leading to isolation from family, community and country

- The perinatal period is a high-risk time for onset and relapse of mental health difficulties, with suicide being the leading cause of maternal deaths.

- The following clinical guidance note outlines:
  - Standardised screening tools to measure:
    - Perinatal depression and anxiety using the Edinburgh Postnatal Depression Scale
    - Psychosocial risk factors using the Safe Start Psychosocial Form
  - Clinical interviewing considerations, such as questions to ask and red flags to look out, when exploring COVID-related anxiety and depression
  - Support and strategies for clinicians to provide to parents during the review
  - Recommended actions and referrals based on the acuity of mental distress, as categorised by mild mental health symptoms, moderate to severe mental health symptoms, and mental health crisis support
  - Clinical documentation examples when assessing acute risk and safety planning
3.0 Screening tools

3.1 Perinatal depression and anxiety – EPDS

- The Edinburgh Postnatal Depression Scale (EPDS) identifies symptoms of depression and anxiety in the last 7 days.
  - Online training and information on EPDS:

3.1.1 Recommended actions from the EPDS

- Review, complete, or repeat the EPDS:
  - EPDS should be repeated in 2 weeks’ time if previous score was > 13, or if any clinical concerns. Generally, EPDS completed twice both antenatally and postnatally.

- Further assessment is required when:
  - Overall distress: Total Score ≥ 13
  - Anxiety: Total of Q3, Q4 & Q5 ≥ 6
  - Self-harming thoughts: Q10 positively scored as option 1, 2, or 3

- Use the EPDS to discuss a parent's mental health (rather than focusing on the score)

3.1.2 Cultural considerations

- Use translated versions for Culturally And Linguistically Diverse (CALD) parents:

- Use the Kimberley Mum’s Mood Scale (KMMS) for Aboriginal and Torres Strait Islander women: https://kahpf.org.au/kmms

- Additional resources for working with Aboriginal and Torres Strait Islander Families:
3.2 Psychosocial risk factors - Safe Start Psychosocial Form

- The Safe Start Psychosocial Form identifies psychosocial risk factors that may increase parent's vulnerability to poorer mental health outcomes (e.g., limited social support, recent stressors).

- The Antenatal (Psychosocial) Risk Questionnaire (ANRQ) is an alternative validated measure that can be used in addition to the Safe Start Psychosocial Form: [https://www.cope.org.au/health-professionals/clinical-tools-health-professionals](https://www.cope.org.au/health-professionals/clinical-tools-health-professionals)

3.2.1 Recommended actions from the Safe Start Psychosocial Form

- Review or complete Safe Start Psychosocial Form in the setting of COVID as there may have been recent changes

- If "Section IV - History of anxiety/depression or other mental health problems" is identified as ‘yes’, explore further as these parents will be more vulnerable at this time. Those with a history or current symptoms of serious mental illness listed below should be referred to perinatal mental health specialist services, if not already engaged with an adult mental health service:
  - Schizophrenia
  - Postpartum psychosis or other psychotic disorders
  - Bipolar affective disorder
  - Severe depression and/or anxiety disorder
  - Eating disorder
  - Severe and complex co-morbidity including personality pathology, substance misuse and multiple psychosocial co-morbidities

- Explore the parent’s strengths (including cultural strengths), current mental health supports, and social supports

- Discuss referrals if they are not currently seeing a mental health professional or General Practitioner to support their mental health

- If domestic and family violence concerns are identified (Q11 – Q16), discuss referrals to DFV services: [https://campaigns.premiers.qld.gov.au/dfvsupport/](https://campaigns.premiers.qld.gov.au/dfvsupport/)

- If alcohol and drug use concerns arise, recommend free call and online service by ADIS (24/07 Alcohol and Drug Support): 1800 177 833 | [https://adis.health.qld.gov.au/](https://adis.health.qld.gov.au/)

4.0 Each review

During each of the reviews, explore COVID-related anxiety / depression:

1. First normalise anxiety / depression in the setting of COVID and related restrictions, then explore anxiety / depression symptoms and degree of impact on daily life.

2. Discuss current coping strategies and supports. Explore maladaptive coping strategies (e.g., nicotine, alcohol, substance abuse, avoidance).

“It’s normal to be feeling anxious during COVID as there have been a lot of changes recently. What I would like to know is if the anxiety you are experiencing is getting in the way of your daily life such as self-care and sleep.
How much do you feel you and your family have been impacted by COVID and the related restrictions?
How are you coping during this tough time?
Who do you turn to for help to manage these concerns?
Are you relying on any unhealthy strategies at the moment?”
4.1 Probing further and reviewing for red flags:

- Use the following questions to discuss the impact of COVID-related factors on mental health.
- Review for the ‘red flags’ of moderate to severe mental health symptoms.

Table 1. Suggested probing questions to identify COVID-related factors that may contribute to poorer mental health outcomes

<table>
<thead>
<tr>
<th>Have any of the following changes negatively impacted on your mental health?</th>
<th>Red flags</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General</strong></td>
<td></td>
</tr>
<tr>
<td>• Precautions when going out to the shops</td>
<td></td>
</tr>
<tr>
<td>• Watching the COVID news / social media</td>
<td></td>
</tr>
<tr>
<td><strong>Caring for Baby</strong></td>
<td></td>
</tr>
<tr>
<td>• Changes in plans / access to antenatal care, giving birth, or postpartum care</td>
<td>Psychotic thoughts*</td>
</tr>
<tr>
<td>• Changes in how feel about your pregnancy or your birth</td>
<td>Thoughts and/or plans for self-harm and/or suicide*</td>
</tr>
<tr>
<td>• Not feeling as connected towards your (unborn) baby</td>
<td>Thoughts and/or plans of harm towards baby*</td>
</tr>
<tr>
<td>• Difficulties obtaining and organising practical supplies for baby</td>
<td></td>
</tr>
<tr>
<td>• Changed plans for family and friends to support you at your birth, in hospital, and in the early weeks following birth</td>
<td>Intrusive worry / obsessional thoughts or preoccupation with COVID interfering with other activities, including sleep and eating</td>
</tr>
<tr>
<td>• Difficulties holding baby celebrations</td>
<td></td>
</tr>
<tr>
<td>• Worries about your baby’s sleep, feeding or crying</td>
<td>Feeling nervous, on edge, restless / anxious for most of the day, &amp; unable to relax most days</td>
</tr>
<tr>
<td><strong>Family Life</strong></td>
<td></td>
</tr>
<tr>
<td>• Changes in your own or partner’s employment or working conditions</td>
<td>Feeling easily annoyed and irritable in everyday situations and/or towards partner most days</td>
</tr>
<tr>
<td>• Partner’s own well-being</td>
<td></td>
</tr>
<tr>
<td>• Changes in dynamics in your relationship with your partner</td>
<td>Increased focus on health and/or illness related symptoms with frequent health presentations</td>
</tr>
<tr>
<td>• Increased care of any older children</td>
<td></td>
</tr>
<tr>
<td><strong>Social Networks</strong></td>
<td></td>
</tr>
<tr>
<td>• Difficulties finding online parenting support groups or playgroups</td>
<td>Depressive symptoms – low mood, loss of enjoyment, feeling flat, numb, &amp; withdrawing most days</td>
</tr>
<tr>
<td>• Changes with connecting with friends and family</td>
<td></td>
</tr>
<tr>
<td><strong>Health Visits</strong></td>
<td></td>
</tr>
<tr>
<td>• Use of technology for health appointments if face-to-face not available</td>
<td>Struggling to take care of baby and/or older children</td>
</tr>
<tr>
<td>• Changes with contacting doctor / midwife / child health appointments</td>
<td></td>
</tr>
<tr>
<td><strong>Culture &amp; Spirituality</strong></td>
<td></td>
</tr>
<tr>
<td>• Changes in how you access cultural and spiritual supports</td>
<td></td>
</tr>
<tr>
<td>• Difficulties connecting to culture and country</td>
<td></td>
</tr>
</tbody>
</table>

*Immediate mental health support is required (see 5.3.1 Mental Health Crisis Support)
5.0 Support during review

Based on a compassionate and trusting relationship, it is important to:

- **Validate and normalise** the parent’s feelings and experiences
- Help the parent **focus on what is in their control** and **to name their anxiety**
- Highlight the parent’s key **strength and protective factors**
- Use **active listening skills** to understand their situation
- **Discuss your concerns** for their mental health based on their EPDS (or KMMS) and Safe Start results
- Be solution-focused and support parents to **problem-solve** ways to overcome challenges

6.0 Recommended actions


6.1 Any level of mental health concerns

- Consider General Practitioner, midwifery and child health models with **continuity of care**
- Explore parent-baby **attachment**. Seek advice from child health or social worker if concerned.
- With parent consent, advise **General Practitioner, Maternity, Child Health Services** and, if appropriate, **support persons** of mental health recommendations
- Consult, seek support and guidance from an **Indigenous Health Worker** or Aboriginal and Torres Strait Islander Workforce
- Contact the **Translating & Interpreter Service** (TIS National) on 131 450 if required

6.2 Mild mental health symptoms

- Recommend parents to their **GP** or Aboriginal Medical Services within 1-2 weeks for ongoing coordinated care, and referral to support services such as:
  - Private perinatal psychologists, other allied health, or nurses under a Mental Health Care Plan: [https://www.beyondblue.org.au/get-support/find-a-professional](https://www.beyondblue.org.au/get-support/find-a-professional)
  - Primary Health Network (PHN) may offer access to Psychological Therapies Services
- **Link parents with perinatal-specific services** to access helplines and resources such as:
  - **Gidget Foundation:** 1300 851 758, providing free Telehealth psychological counselling [https://gidgetfoundation.org.au/get-support/start-talking-telehealth/](https://gidgetfoundation.org.au/get-support/start-talking-telehealth/)
  - **MumSpace:** Online programs, [https://www.mumspace.com.au/](https://www.mumspace.com.au/)
- Advise parent to call **1300 MH CALL (1300 64 22 55)** if more acute mental health concerns arise
6.3 Moderate to severe mental health symptoms

- **Assess acute risks** to self, baby and other children
- **Liaise** with senior midwife / nurse-in-charge, Safe Start Coordinator, or maternity social worker
- Document discussion of your actions for referrals & further assessment to **keep parent safe** (see Appendix for further details about Safety Planning).
- Refer to a **Perinatal Mental Health Service and/or Social Work Team / Safe Start Team** following local pathways
- Provide **1300 MH CALL (1300 64 22 55)** for interim support and or deterioration
- **Contact** General Practitioner, and **treating mental health professional** or psychiatrist
- Contact your local **Child Protection Liaison Officer** for child safety concerns
- **Liaise with Aboriginal Medical Services** and/or Aboriginal and Torres Strait Islander Health Workers
- **Repeat** Edinburgh Postnatal Depression Scale in two (2) weeks
- See Appendix for further details about Safety Planning

6.4 Mental health crisis support

In addition to the actions taken for parents presenting with moderate to severe mental health symptoms if the parent presents in crisis:

- **Call 1300 MH CALL (1300 64 22 55)** for the Acute Care Mental Health Team or refer to the Hospital Emergency Department
- Depending on local pathways, **forward a referral** to the Perinatal Mental Health Service outlining that crisis support was initiated and request follow-up
- Parent may require **Mental Health Act** implementation by a psychiatrist or authorised mental health professional if they refuse further assessment
Table 1. Actions and documentation examples when Safety Planning to keep parent safe

<table>
<thead>
<tr>
<th>Actions</th>
<th>Example 1: Moderate to severe mental health symptoms</th>
<th>Example 2: Mental Health Crisis Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss positive answer to Edinburgh Postnatal Depression Scale Q10</td>
<td>In the past 7 days, occasionally thinks about self-harm when has been vomiting (hyperemesis) all day, she has no plan or intent to act on these. She has not self-harmed since she was a teenager and there are no suicidal thoughts.</td>
<td>Thoughts of harming self are long-standing and patient has limited strategies to manage same. Increased thoughts of harming self within 7 days as has been recently laid-off at work due to COVID, partner unemployed. Has plan and intent to end his life through crashing car.</td>
</tr>
<tr>
<td>Discuss mother’s thoughts to harm baby and/or older children</td>
<td>Nil thoughts to harm baby and older children.</td>
<td>Nil thoughts to harm baby and older children.</td>
</tr>
<tr>
<td>Discuss protective factors</td>
<td>Her baby is a protective factor, as are her two dogs and partner.</td>
<td>Patient cannot clarify protective factors.</td>
</tr>
<tr>
<td>Discuss current supports and options for further support</td>
<td>Mother of patient and church community is main source of support. I have provided the MH CALL number and she knows to contact if there are any concerns. Agreed to visit General Practitioner for referral to Mental Health Care Plan. PANDA / Beyond Blue Hotline were saved in her mobile before she left today.</td>
<td>High conflict with partner and estranged from family. Discussed with senior midwife/maternity social worker. Contacted MH Call to refer and obtain advice about acute assessment and management, while parent present. During Telehealth appointment, clinician asked parent if anyone is with them or if anyone can stay with them at the moment. Safety could not be guaranteed so ambulance (000) called.</td>
</tr>
<tr>
<td>Document current presentation of distress, level of engagement, and willingness to accept referrals</td>
<td>Support person was present and aware to call if concerns. Discussed safety plan with support person.</td>
<td>Asked permission to contact partner / support person.</td>
</tr>
</tbody>
</table>

Document Custodian: Queensland Centre of Perinatal and Infant Mental Health