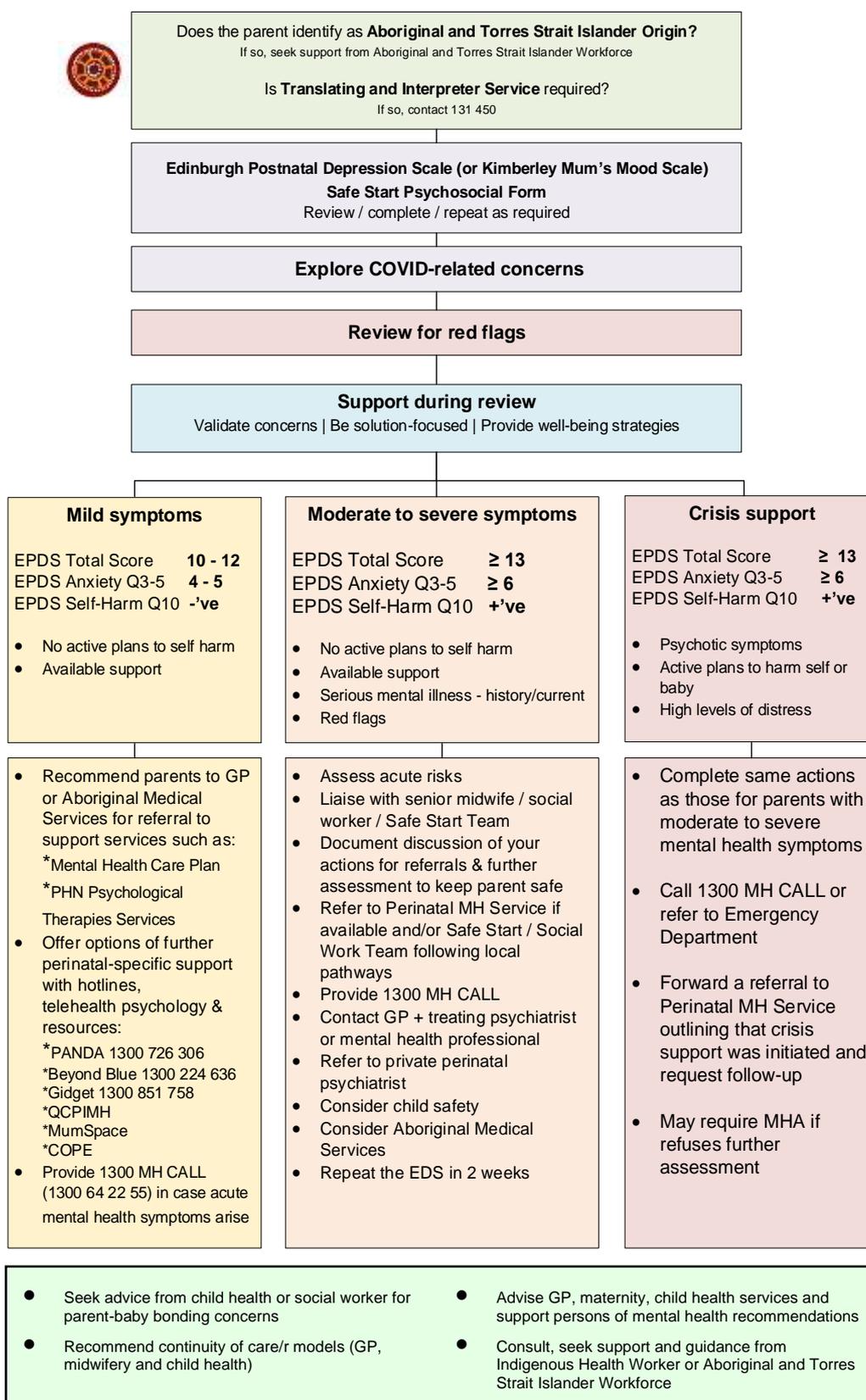


Perinatal Mental Health Screening in COVID-19

Clinical Guidance Note

1.0 Interactive Flowchart: Screening and support

Please [click the box](#) to be taken to the relevant section:



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.
 - Perinatal Anxiety Fact Sheet:
https://www.cope.org.au/wp-content/uploads/2017/11/Perinatal-Anxiety_Health-Prof-Fact-Sheet.pdf
 - Perinatal Depression Fact Sheet:
https://www.cope.org.au/wp-content/uploads/2017/11/Perinatal-Depression_Health-Prof.pdf
- 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.
 - Queensland Mothers and Babies 2016 and 2017 – Report of the QLD Maternal and Perinatal Quality Council 2019: <https://clinicalexcellence.qld.gov.au/sites/default/files/docs/safety-and-quality/qmpqc-report-2019.pdf>
- 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:
<https://www.cope.org.au/course/basic-skills-in-perinatal-mental-health/>
<https://www.cope.org.au/health-professionals/health-professionals-3/calculating-score-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 focussing on the score)

3.1.2 Cultural considerations

- Use **translated versions** for Culturally And Linguistically Diverse (CALD) parents:
<https://www.mhcs.health.nsw.gov.au/publications/epds>
- 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:**
 - Perinatal Social and Emotional Wellbeing Screening: A Learning Package:
https://www.health.qld.gov.au/_data/assets/pdf_file/0024/439017/smncn-atsi-report-phase2.pdf
 - Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019-2025: https://www.health.qld.gov.au/_data/assets/pdf_file/0030/932880/Growing-Deadly-Families-Strategy.pdf



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).
 - Safe Start Psychosocial Form: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0031/417748/mr63ak.pdf
- 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>

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/>
- 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/>

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

	Have any of the following changes negatively impacted on your mental health?	Red flags
General	<ul style="list-style-type: none"> • Precautions when going out to the shops • Watching the COVID news / social media 	<ul style="list-style-type: none"> ■ Psychotic thoughts*
Caring for Baby	<ul style="list-style-type: none"> • Changes in plans / access to antenatal care, giving birth, or postpartum care • Changes in how feel about your pregnancy or your birth • Not feeling as connected towards your (unborn) baby • Difficulties obtaining and organising practical supplies for baby • Changed plans for family and friends to support you at your birth, in hospital, and in the early weeks following birth • Difficulties holding baby celebrations • Worries about your baby's sleep, feeding or crying 	<ul style="list-style-type: none"> ■ Thoughts and/or plans for self-harm and/or suicide* ■ Thoughts and/or plans of harm towards baby* ■ Intrusive worry / obsessive thoughts or preoccupation with COVID interfering with other activities, including sleep and eating
Family Life	<ul style="list-style-type: none"> • Changes in your own or partner's employment or working conditions • Partner's own well-being • Changes in dynamics in your relationship with your partner • Increased care of any older children 	<ul style="list-style-type: none"> ■ Feeling nervous, on edge, restless / anxious for most of the day, & unable to relax most days ■ Feeling easily annoyed and irritable in everyday situations and/or towards partner most days
Social Networks	<ul style="list-style-type: none"> • Difficulties finding online parenting support groups or playgroups • Changes with connecting with friends and family 	<ul style="list-style-type: none"> ■ Increased focus on health and/or illness related symptoms with frequent health presentations
Health Visits	<ul style="list-style-type: none"> • Use of technology for health appointments if face-to-face not available • Changes with contacting doctor / midwife / child health appointments 	<ul style="list-style-type: none"> ■ Depressive symptoms – low mood, loss of enjoyment, feeling flat, numb, & withdrawing most days
Culture & Spirituality	<ul style="list-style-type: none"> • Changes in how you access cultural and spiritual supports • Difficulties connecting to culture and country 	<ul style="list-style-type: none"> ■ Struggling to take care of baby and/or older children

*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
- **Provide resources** to support parent's mental health: <https://www.childrens.health.qld.gov.au/chq/our-services/mental-health-services/qcpimh/for-families/>

6.0 Recommended actions

A range of mental health services are available to support parents experiencing mental health difficulties: <https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/qcpimh/qld-perinatal-mental-health-support.pdf>

6.1 Any level of mental health concerns

- Consider General Practitioner, midwifery and child health models with **continuity of care/r**
- 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>
 - Primary Health Network (PHN) may offer access to Psychological Therapies Services
- Link parents with **perinatal-specific services** to access helplines and resources such as:
 - **Perinatal Anxiety and Depression Australia (PANDA)**: 1300 726 306, <https://www.panda.org.au/info-support/panda-response-to-coronavirus>
 - **Beyond Blue**: 1300 224 636, <https://coronavirus.beyondblue.org.au/managing-my-daily-life/coping-with-isolation-and-being-at-home/coping-as-an-expectant-parent-during-a-pandemic.html>
 - **Gidget Foundation**: 1300 851 758, providing free Telehealth psychological counselling <https://gidgetfoundation.org.au/get-support/start-talking-telehealth/>
 - **Queensland Centre of Perinatal and Infant Mental Health (QCPIMH)**: <https://www.childrens.health.qld.gov.au/chq/our-services/mental-health-services/qcpimh/>
 - **MumSpace**: Online programs, <https://www.mumspace.com.au/>
 - **Centre of Perinatal Excellence (COPE)**: Newsletter, video series and online resources <https://www.cope.org.au/getting-help/self-help/covid-19-updates-for-pregnant-women-children-and-parents/>
- 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

7.0 Appendix: Documenting acute risk

- As part of Safety Planning, complete the following actions to keep parent safe: <https://www.cope.org.au/health-professionals/health-professionals-3/risk-suicide/>
- Examples of documentation for two (2) hypothetical cases are provided.

Table 1. Actions and documentation examples when Safety Planning to keep parent safe

Actions	Example 1: Moderate to severe mental health symptoms	Example 2: Mental Health Crisis Support
<ul style="list-style-type: none"> • Discuss positive answer to Edinburgh Postnatal Depression Scale Q10 <ul style="list-style-type: none"> ○ Are self-harming thoughts current (past 7 days) or historical? ○ Do these thoughts become worse in particular situations? ○ Are there suicidal thoughts, plan and / or intent? 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • Discuss mother's thoughts to harm baby and/or older children 	<ul style="list-style-type: none"> • Nil thoughts to harm baby and older children. 	<ul style="list-style-type: none"> • Nil thoughts to harm baby and older children.
<ul style="list-style-type: none"> • Discuss protective factors 	<ul style="list-style-type: none"> • Her baby is a protective factor, as are her two dogs and partner. 	<ul style="list-style-type: none"> • Patient cannot clarify protective factors.
<ul style="list-style-type: none"> • Discuss current supports and options for further support • Document current presentation of distress, level of engagement, and willingness to accept referrals 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • Ensure support person is aware of what to do when distressed 	<ul style="list-style-type: none"> • Support person was present and aware to call if concerns. Discussed safety plan with support person. 	<ul style="list-style-type: none"> • Asked permission to contact partner / support person.

Document Custodian: Queensland Centre of Perinatal and Infant Mental Health