What is Next? For a Positive Depression Screen

What does a positive screen mean?
• This woman is suffering from many of the symptoms of depression.
• It does NOT mean she has depression.
• Only a mental health professional or primary care provider can determine a diagnosis of depression.
• There is a 25 to 40% chance that she will be diagnosed with depression. The screening tools are designed to over-identify because of the potentially life-threatening consequences of depression.

How do I know if I should make a referral to a mental health professional?
• A referral is necessary for scores of 10 or more on the EPDS or 15 or more on the PHQ-9.
• A score of less than 10 on the EPDS or 5 - 14 on PHQ-9 is a sign of possible depression and may not require immediate referral; use your professional judgement and provide interventions described in the next section.
• Any positive score on item #10 on the EPDS or #9 on the PHQ-9 requires a referral.
• Ask specific questions:
  1. “Do you have any thoughts of harming yourself?”
      *Any person who is thinking about harming themself or others should talk to a mental health professional, regardless of the EPDS score.*
  2. If she answers yes to thoughts of self-harm in any way, then ask:
      “Do you have a plan to hurt yourself (e.g. pills)?”
      *If there is any kind of plan of self-harm or harm to others, refer to psychiatric emergency services immediately.*
      Assist in arrangements for someone to be with her and for transportation to the emergency room, hospital or clinic
• If your client thinks she may be depressed or is exhibiting symptoms of depression, extreme anger, or anxiety, refer even if she did not screen positive. A majority of women who are depressed will screen positive on these tools but some may not
• Offer to help to make the first call to the mental health provider to facilitate access to mental health services

What else can I do?
• Support your client by listening and validating that what she is feeling is real, is not her fault, and she is not alone (at least 1 in 5 women will experience depression after childbirth). Inform her that treatment is very effective and that she will feel better in time.

The following is an example of what you might say:

“I really appreciate that you shared what you’re feeling with me. Based on what you’ve told me and your score, I am concerned that you have some symptoms of depression. What you are feeling is real and it is not your fault. It can be hard to feel this way when you have a baby/young child. There are things you can do to feel better. Would it be okay if we talk about some ideas that might work for you?”

• Your support and validation is very powerful and can make a difference in whether this client will seek help and care for herself.
• Educate her about depression verbally and leave brochures or handouts about depression. You can start by with, “May I ask you what you already know about depression?” Followed by, “Would it be okay if I give you some information about depression?”

• Encourage an appointment with her primary care provider (Obstetrician, Family Physician, Nurse Midwife, etc.) to rule out other medical conditions or for treatment of depression if that is indicated. Assist client with making an appointment and securing transportation if this is needed.

• Inform her of mental health professionals in the area and provide contact information. Assist client with making an appointment and securing transportation if this is needed.

• Assess level of social support. Who can she rely on for childcare for respite? Who can she talk to? Social support includes her partner, family, friends, neighbors, faith community, child care providers, etc.

• Offer a list of other community resources for support such as local pastors, parent groups such as ECFE, faith community, neighbors, friends, volunteer groups, local support groups, etc.

• Educate on the importance of self-care for physical and mental wellness including:
  o Take care of your body by caring for physical illness and taking prescribed medications
  o Good balanced nutrition
  o Limit caffeine
  o Avoid mood altering drugs
  o Adequate sleep
  o Adequate exercise
  o Do something every day to make yourself feel competent and in control
  o Take time away for relaxation and enjoyable activities
  o Participating in hobbies and interests outside of daily work and family obligations
  o Talk to supportive family and friends
  o Regular visits with primary care provider for physical exam and assessment

• Inform of emergency resources in the area if depression symptoms worsen or thoughts of self-harm or harm of others develops.
  o Crisis lines - Crisis Connection at 866-379-6363; TTY 612-379-6377 or call 911
  o Hospital emergency rooms, crisis centers
  o Outpatient clinics for daytime hours

• Help client make a personal plan of action and arrange to follow up with a phone call in a few hours or days to support and encourage follow-through.

What about the Baby?

Mother’s who experience depression often experience a profound sense of emptiness, including a loss of interest and pleasure in being with the baby. Depression may impact the mother’s ability to pick up on subtle cues expressed by the infant which can have a significant impact on the parent child interaction.

Consider the following strategies:
• NCAST Parent Child Interaction Scales (Teaching and Feeding)
• Referral to an Infant Mental Health clinician
• Provide ongoing assessment, support, and intervention that is focused on the infant parent relationship
• Collaborate with other clinicians to support treatment of maternal and/or infant disorders/delays

Other Resources:

- **Mother-Baby HopeLine – 612-873-HOPE (4673)** – this is a free telephone support service for pregnant women/parents of young children as well as providers. Calls are not answered immediately. Callers will be asked to leave a message and a mental health staff member will call back within 2 business days.

- Minnesota Department of Health Postpartum depression education materials/fact sheets [MDH Prenatal Postpartum Depression or Anxiety](http://www.health.state.mn.us/divs/cfh/topic/pmad/materials.cfm)

- National Alliance on Mental Illness (NAMI) provides educational fact sheets, support, publications [NAMI Minnesota Fact Sheets](http://www.namihelps.org/education/fact-sheets.html)

- National Institute for Mental Health (NIMH) provides information on mental health topics [NIMH Health Topics Index](http://www.nimh.nih.gov/health/topics/index.shtml)

- National Suicide Hopeline: 800.784.2433 or On-line chat: [Hopeline.com](http://hopeline.com/)

- National Suicide Prevention Lifeline: 800.273.8255  [National Suicide Prevention Lifeline](http://www.suicidepreventionlifeline.org/)

- Pregnancy Postpartum Support Minnesota Resource List: [www.ppsupportmn.org](http://www.ppsupportmn.org)

- PPSM HelpLine (612) 787-PPSM or PPSMhelpline@gmail.com. For questions, resources, and phone support, please call the PPSM Helpline or visit [www.ppsupportmn.org](http://www.ppsupportmn.org). All calls are taken by a trained mental health professional. Support and information provided by peer volunteers 7days a week. The PPSM HelpLine is **not a crisis** phone line

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