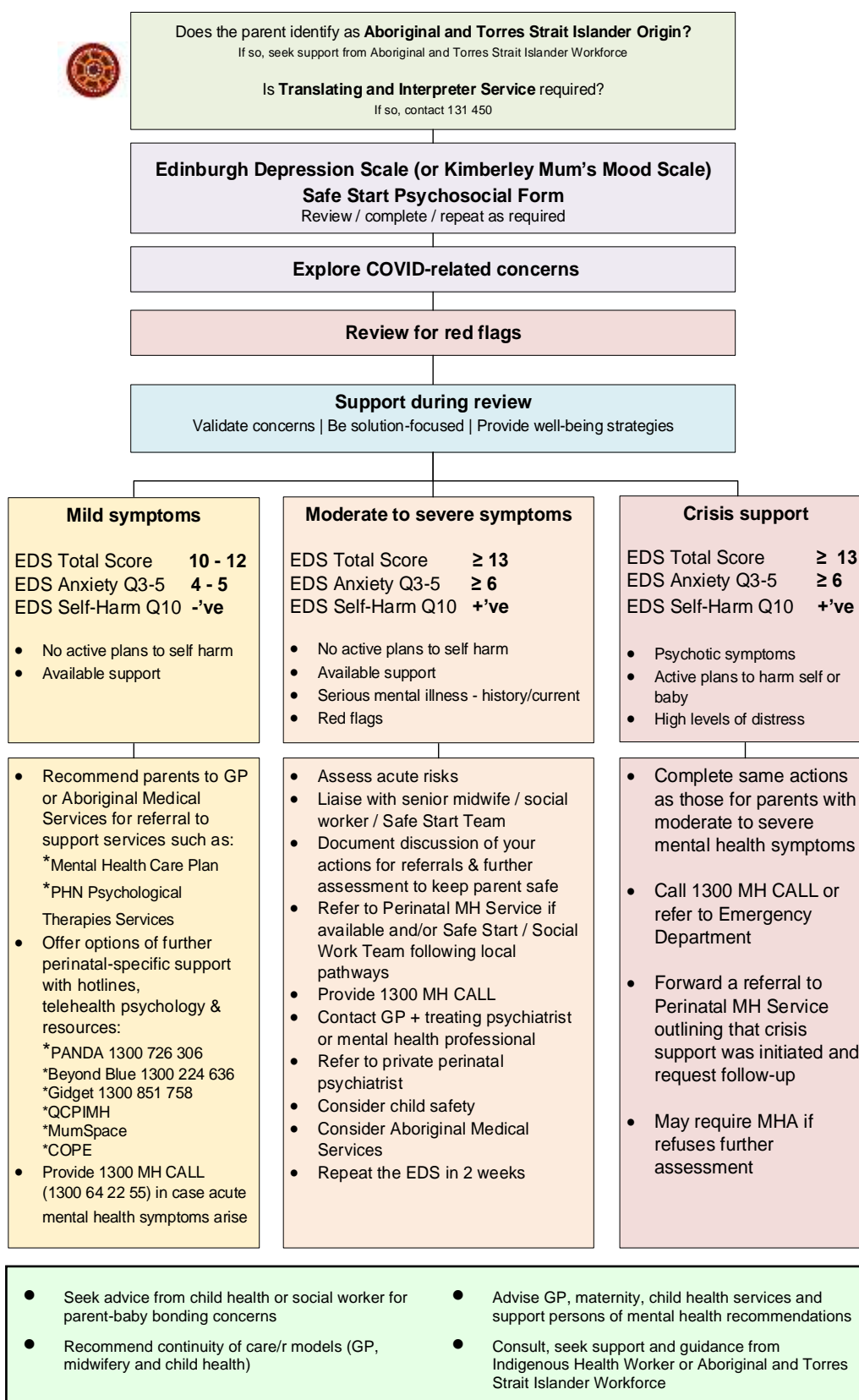


# Perinatal Mental Health Screening in COVID-19

## 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 a time period defined as being 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](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](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>



## 3.0 Screening tools

### 3.1 Perinatal depression and anxiety – EDS

- The **Edinburgh Depression Scale (EDS)** identifies symptoms of depression and anxiety in the last 7 days.
  - Online training and information on EDS: <https://www.cope.org.au/course/basic-skills-in-perinatal-mental-health/> and <https://www.cope.org.au/health-professionals/health-professionals-3/calculating-score-epds/>

#### 3.1.1 Recommended actions from the Edinburgh Depression Scale

- **Review, complete, or repeat the EDS:**
  - EDS should be repeated in 2 weeks' time if previous score was > 13, or if any clinical concerns. Generally, EDS 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 EDS 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<sup>^</sup>: <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](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](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](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. **Normalise** anxiety / depression in the setting of COVID and related restrictions.
  - “It’s normal to be feeling anxious during COVID as there have been a lot of changes recently.”
2. Explore **anxiety / depression symptoms and degree of impact** on daily life in the context of COVID.
  - “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?”
3. Discuss **current coping strategies and supports**.
  - “How are you coping during this tough time?”
  - “Who do you turn to for help to manage these concerns?”
4. Explore **maladaptive coping strategies** (e.g., nicotine, alcohol, substance abuse, avoidance).
  - “Are you relying on 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
<b>General</b>	<ul style="list-style-type: none"> <li>• Precautions when <b>going out</b> to the shops</li> <li>• Watching the <b>COVID news / social media</b></li> </ul>	<ul style="list-style-type: none"> <li>■ <b>Psychotic thoughts*</b></li> <li>■ <b>Thoughts and/or plans for self-harm and/or suicide*</b></li> </ul>
<b>Caring for Baby</b>	<ul style="list-style-type: none"> <li>• Changes in <b>plans / access to antenatal care, giving birth, or postpartum care</b></li> <li>• Changes in how <b>feel about your pregnancy or your birth</b></li> <li>• Not feeling as <b>connected</b> towards your (unborn) baby</li> <li>• Difficulties <b>obtaining and organising practical supplies for baby</b></li> <li>• Changed <b>plans for family and friends</b> to support you at your birth, in hospital, and in the early weeks following birth</li> <li>• Difficulties holding <b>baby celebrations</b></li> <li>• Worries about your <b>baby’s sleep, feeding or crying</b></li> </ul>	<ul style="list-style-type: none"> <li>■ <b>Thoughts and/or plans of harm towards baby*</b></li> <li>■ <b>Intrusive worry / obsessional thoughts or preoccupation with COVID interfering with other activities</b>, including sleep and eating</li> </ul>

Have any of the following changes negatively impacted on your mental health?		Red flags
<b>Family Life</b>	<ul style="list-style-type: none"> <li>Changes in your own or partner's <b>employment or working conditions</b></li> <li><b>Partner's</b> own well-being</li> <li>Changes in <b>dynamics in your relationship</b> with your partner</li> <li>Increased <b>care of any older children</b></li> </ul>	<ul style="list-style-type: none"> <li>Feeling <b>nervous</b>, on edge, restless / anxious for most of the day, &amp; unable to relax most days</li> <li>Feeling <b>easily annoyed and irritable</b> in everyday situations and/or towards partner most days</li> <li><b>Increased focus on health and/or illness</b> related symptoms with frequent health presentations</li> <li><b>Depressive symptoms</b> – low mood, loss of enjoyment, feeling flat, numb, &amp; withdrawing most days</li> <li><b>Struggling to take care</b> of baby and/or older children</li> </ul>
<b>Social Networks</b>	<ul style="list-style-type: none"> <li>Difficulties finding <b>online parenting support groups or playgroups</b></li> <li>Changes with <b>connecting with friends and family</b></li> </ul>	
<b>Health Visits</b>	<ul style="list-style-type: none"> <li>Use of <b>technology</b> for health appointments if face-to-face not available</li> <li>Changes with contacting <b>doctor / midwife / child health appointments</b></li> </ul>	
<b>Culture &amp; Spirituality</b>	<ul style="list-style-type: none"> <li>Changes in how you access <b>cultural and spiritual supports</b></li> <li>Difficulties connecting to <b>culture and country</b></li> </ul>	

\*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 EDS (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
  - To access resources: <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.

### 6.1 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, <https://gidgetfoundation.org.au/get-support/start-talking-telehealth/> - Providing free Telehealth psychological counselling
  - **Queensland Centre of Perinatal and Infant Mental Health (QCPIMH):** <https://www.childrens.health.qld.gov.au/chq/our-services/mental-health-services/qcpimh/>
  - **MumSpace:** <https://www.mumspace.com.au/>
  - **Centre of Perinatal Excellence (COPE):** <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

### 6.2 Moderate to severe mental health symptoms

- **Assess acute risks** to self, baby and other children
- **Liase** 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 Depression Scale** in two (2) weeks
- See Appendix for further details about Safety Planning



### 6.3 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

## 6.4 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



## 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"> <li>• Discuss positive answer to Edinburgh Depression Scale Q10                             <ul style="list-style-type: none"> <li>○ Are self-harming thoughts current (past 7 days) or historical?</li> <li>○ Do these thoughts become worse in particular situations?</li> <li>○ Are there suicidal thoughts, plan and / or intent?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• She has not self-harmed since she was a teenager and there are no suicidal thoughts.</li> </ul>	<ul style="list-style-type: none"> <li>• Thoughts of harming self are long-standing and patient has limited strategies to manage same.</li> <li>• Increased thoughts of harming self within 7 days as has been recently laid-off at work due to COVID, partner unemployed.</li> <li>• Has plan and intent to end his life through crashing car.</li> </ul>
<ul style="list-style-type: none"> <li>• Discuss mother's thoughts to harm baby and/or older children</li> </ul>	<ul style="list-style-type: none"> <li>• Nil thoughts to harm baby and older children.</li> </ul>	<ul style="list-style-type: none"> <li>• Nil thoughts to harm baby and older children.</li> </ul>
<ul style="list-style-type: none"> <li>• Discuss protective factors</li> </ul>	<ul style="list-style-type: none"> <li>• Her baby is a protective factor, as are her two dogs and partner.</li> </ul>	<ul style="list-style-type: none"> <li>• Patient cannot clarify protective factors.</li> </ul>
<ul style="list-style-type: none"> <li>• Discuss current supports and options for further support</li> <li>• Document current presentation of distress, level of engagement, and willingness to accept referrals</li> </ul>	<ul style="list-style-type: none"> <li>• Mother of patient and church community is main source of support.</li> <li>• I have provided the MH CALL number and she knows to contact if there are any concerns.</li> <li>• Agreed to visit General Practitioner for referral to Mental Health Care Plan.</li> <li>• PANDA / Beyond Blue Hotline were saved in her mobile before she left today.</li> </ul>	<ul style="list-style-type: none"> <li>• High conflict with partner and estranged from family.</li> <li>• Discussed with senior midwife/maternity social worker.</li> <li>• Contacted MH Call to refer and obtain advice about acute assessment and management, while parent present.</li> <li>• During Telehealth appointment, clinician asked parent if anyone is with them or if anyone can stay with them at the moment.</li> <li>• Safety could not be guaranteed so ambulance (000) called.</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure support person is aware of what to do when distressed</li> </ul>	<ul style="list-style-type: none"> <li>• Support person was present and aware to call if concerns. Discussed safety plan with support person.</li> </ul>	<ul style="list-style-type: none"> <li>• Asked permission to contact partner / support person.</li> </ul>