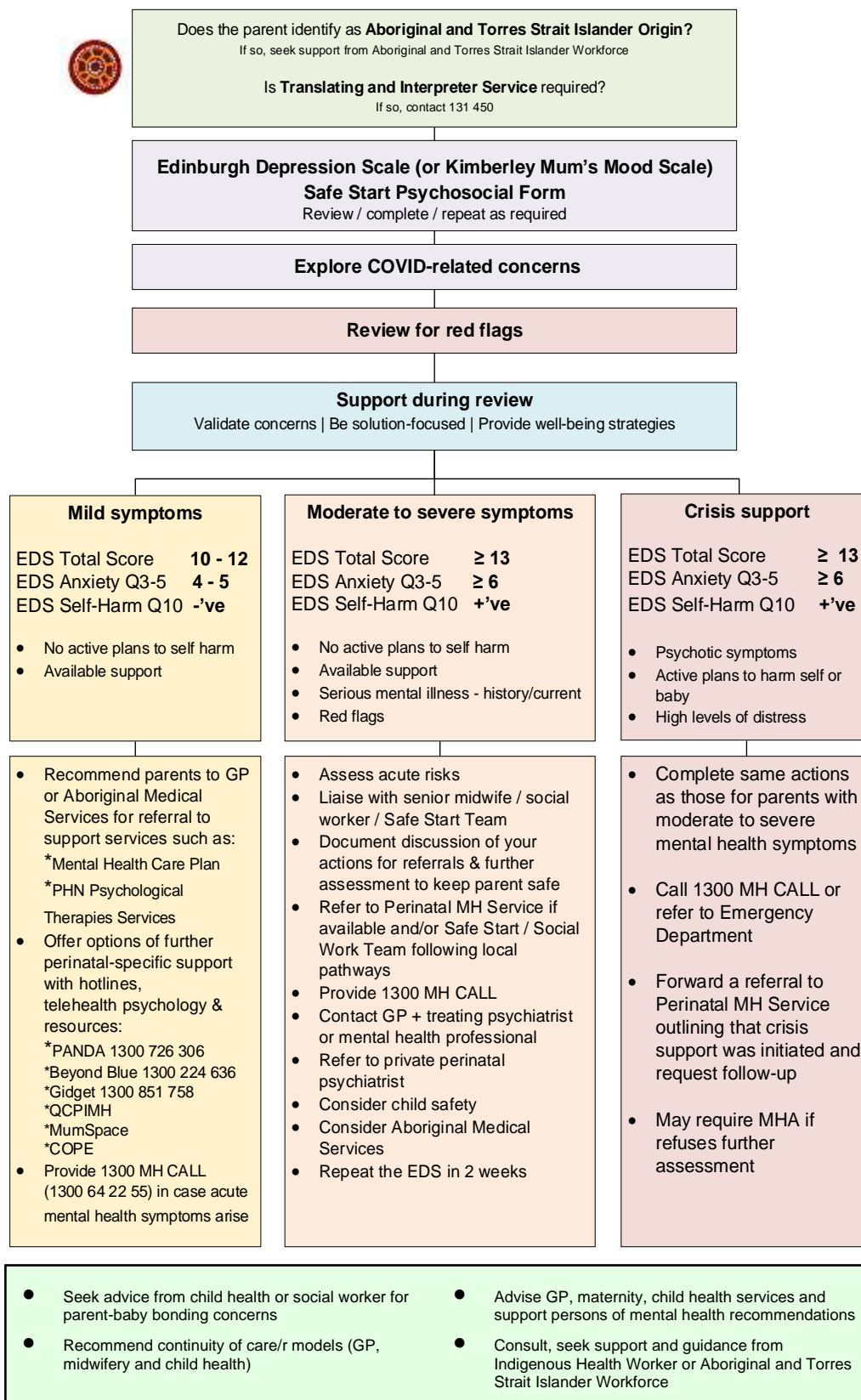


# Perinatal Mental Health Screening in COVID-19

## 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”<sup>1</sup> experiencing heightened anxiety and depression due to COVID<sup>2</sup>.
- [Perinatal anxiety](#) and [depression](#) affects 1 in 5 women and 1 in 10 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](#).




## 3.0 Screening tools

### 3.1 Perinatal depression and anxiety – EDS

The [Edinburgh Depression Scale \(EDS\)](#) identifies depression & anxiety symptoms in the last 7 days.

Table 1. Actions arising from Edinburgh Depression Scale

Actions	
	<ul style="list-style-type: none"><li>• Review, complete, or repeat the EDS:<ul style="list-style-type: none"><li>○ EDS should be repeated in 2 weeks' time if previous score was &gt; 13, or if any clinical concerns</li><li>○ Generally, EDS completed twice both antenatally and postnatally</li></ul></li><li>• Further assessment is required when:<ul style="list-style-type: none"><li>○ <i>Overall distress</i>: Total Score <math>\geq 13^*</math></li><li>○ <i>Anxiety</i>: Total of Q3, Q4 &amp; Q5 <math>\geq 6</math></li><li>○ <i>Self-harming thoughts</i>: Q10 positively scored as option 1, 2, or 3</li></ul></li><li>• Use the EDS to <a href="#">discuss a parent's mental health</a> (rather than focussing on the score)</li></ul>

#### 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<sup>^</sup>
- Additional resources for working with Aboriginal and Torres Strait Islander Families:
  - [Perinatal Social and Emotional Wellbeing Screening: A Learning Package](#)
  - [Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019-2025](#)




<sup>1</sup>A “perinatal parent” is considered any person identifying as a parent in the perinatal period (i.e., from conception until two years following the birth of a baby);

<sup>2</sup>COVID-19 is referred to as COVID in this document; <sup>\*</sup>Threshold for CALD and Aboriginal and Torres Strait Islander Parents is lower; <sup>^</sup>Only validated in Kimberley Region

## 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).

Table 2. Actions arising from Safe Start Psychosocial Form

Actions	
	<ul style="list-style-type: none"><li>• Review or complete Safe Start Psychosocial Form <b>in the setting of COVID</b> as there may have been <b>recent changes</b></li></ul>
	<ul style="list-style-type: none"><li>• If “<i>Section IV - History of anxiety/depression or other mental health problems</i>” 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:<ul style="list-style-type: none"><li>○ Schizophrenia</li><li>○ Postpartum psychosis or other psychotic disorders</li><li>○ Bipolar Affective Disorder</li><li>○ Severe depression and/or anxiety disorder</li><li>○ Eating disorder</li><li>○ Severe and complex co-morbidity including personality pathology, substance misuse and multiple psychosocial co-morbidities</li></ul></li></ul>
	<ul style="list-style-type: none"><li>• Explore the parent's strengths (including cultural strengths), as well as current mental health and social supports</li></ul>
	<ul style="list-style-type: none"><li>• Discuss referrals if they are not currently seeing a mental health professional or General Practitioner (GP) to support their mental health</li></ul>
	<ul style="list-style-type: none"><li>• If domestic and family violence concerns are identified (Q11 – Q16), recommend contacting <a href="#">DFV services</a>, such as <a href="#">DV Connect</a> (1800 811 811).</li></ul>
	<ul style="list-style-type: none"><li>• If alcohol and drug use concerns arise, recommend free call and online service by ADIS (<a href="#">24/07 Alcohol and Drug Support</a>): 1800 177 833</li></ul>

The [Antenatal \(Psychosocial\) Risk Questionnaire \(ANRQ\)](#) is an alternative validated measure that can be used.

## 4.0 Explore COVID-related concerns each review

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

1. **Normalise** anxiety / depression in the setting of COVID and related restrictions.
2. Explore **anxiety / depression symptoms and degree of impact** on daily life in the context of COVID.
3. Discuss **current coping strategies and supports**.
4. Explore **maladaptive coping strategies** (e.g., nicotine, alcohol, substance, 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 unhealthy strategies at the moment?*

## 4.1 Review for the impact of COVID and red flags

- Use the following prompts to discuss the impact of COVID-related factors on mental health.
- Review for any 'red flags' indicating moderate to severe mental health symptoms.

Table 3. Suggested prompts to identify COVID-related factors that affect mental health

	Have any of the following 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 <b>feelings towards baby, about the pregnancy, or your birth</b></li> <li>• Difficulties <b>obtaining and organising practical supplies for baby</b></li> <li>• Changes in <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> <li>☐ Feeling <b>nervous</b>, on edge, restless / anxious for most of the day, &amp; unable to relax most days</li> </ul>
<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>easily annoyed and irritable</b> in everyday situations and/or towards partner most days</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>	<ul style="list-style-type: none"> <li>☐ <b>Increased focus on health and/or illness</b> related symptoms with frequent health presentations</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>	<ul style="list-style-type: none"> <li>☐ <b>Depressive symptoms</b> – low mood, loss of enjoyment, feeling flat, numb, &amp; withdrawing most days</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>	<ul style="list-style-type: none"> <li>☐ <b>Struggling to take care</b> of baby and/or older children</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**:

- **Validate and normalise** the parent's feelings and experiences
- Help the parent **focus on what is in their control**
- Help the parent to **name their anxiety**
- Highlight the parent's key **strength and protective factors**
- Use **active listening skills** to understand their situation
- Be solution-focused and support the parent to **problem-solve** ways to overcome challenges
- **Provide resources** to support the parent's mental health

## 6.0 Recommended actions

### 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
  - Primary Health Network (PHN) may offer access to Psychological Therapies Services
- Link parents with **perinatal-specific services** to access helplines, resources & online programs: **PANDA** (1300 726 306), **Beyond Blue** (1300 224 636), **Gidget Foundation** (1300 851 758, providing free Telehealth psychological counselling), **QCPIMH**, **MumSpace**, and **COPE**.
- 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
- **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**
- Refer to a **Perinatal Mental Health Service and/or Social Work Team / Safe Start Team** following local pathways
- Provide **1300 MH CALL** for interim support and or deterioration
- Contact **General Practitioner**, and **treating mental health professional** or psychiatrist
- Referral to **private psychiatrist** with expertise in perinatal mental health depending on availability and local resources
- 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 (EDS)** 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” (see 6.2), if the parent presents in crisis:

- Call **1300 MH CALL** 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
- See **Appendix** for further details about Safety Planning

## 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](#), examples of documentation for two hypothetical cases are provided.

Table 4. Actions and documentation examples when Safety Planning to keep parent safe

Actions	Example 1: Mild symptoms	Example 2: 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>• EDS Total Score = 11, and Q10 scored “Hardly ever” (1)</li> <li>• When explored further, in the past 7 days, parent 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>• EDS Total Score = 15, and Q10 scored “Yes, quite often” (3).</li> <li>• Thoughts of harming self are long-standing, and parent 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 their life through crashing car.</li> <li>• Parent presenting highly distressed.</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>• Parent cannot clarify protective factors.</li> </ul>
<ul style="list-style-type: none"> <li>• Discuss current supports</li> </ul>	<ul style="list-style-type: none"> <li>• Extended family and church community is main source of support</li> </ul>	<ul style="list-style-type: none"> <li>• High conflict with partner and estranged from family.</li> </ul>
<ul style="list-style-type: none"> <li>• Discuss 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>• Agreed to visit General Practitioner for referral to Mental Health Care Plan.</li> <li>• PANDA / Beyond Blue Hotline / Gidget Foundation were saved in her mobile before she left today.</li> <li>• I have provided the 1300 MH CALL number and she knows to contact if there are any concerns.</li> </ul>	<ul style="list-style-type: none"> <li>• Discussed with senior midwife/maternity social worker.</li> <li>• Contacted 1300 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. Safety could not be guaranteed so 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 of safety parent / to call if concerns.</li> </ul>	<ul style="list-style-type: none"> <li>• Asked permission to contact partner / support person.</li> </ul>

Document Custodian: [Queensland Centre of Perinatal and Infant Mental Health](#)