

Now what?

Starting Conversations and Making Referrals for
Perinatal Mental Health Concerns



Presenters



Jennifer Paul, Ph.D.
Clinical Director
Healthy Expectations Program
University of Colorado Denver/
Children's Hospital Colorado

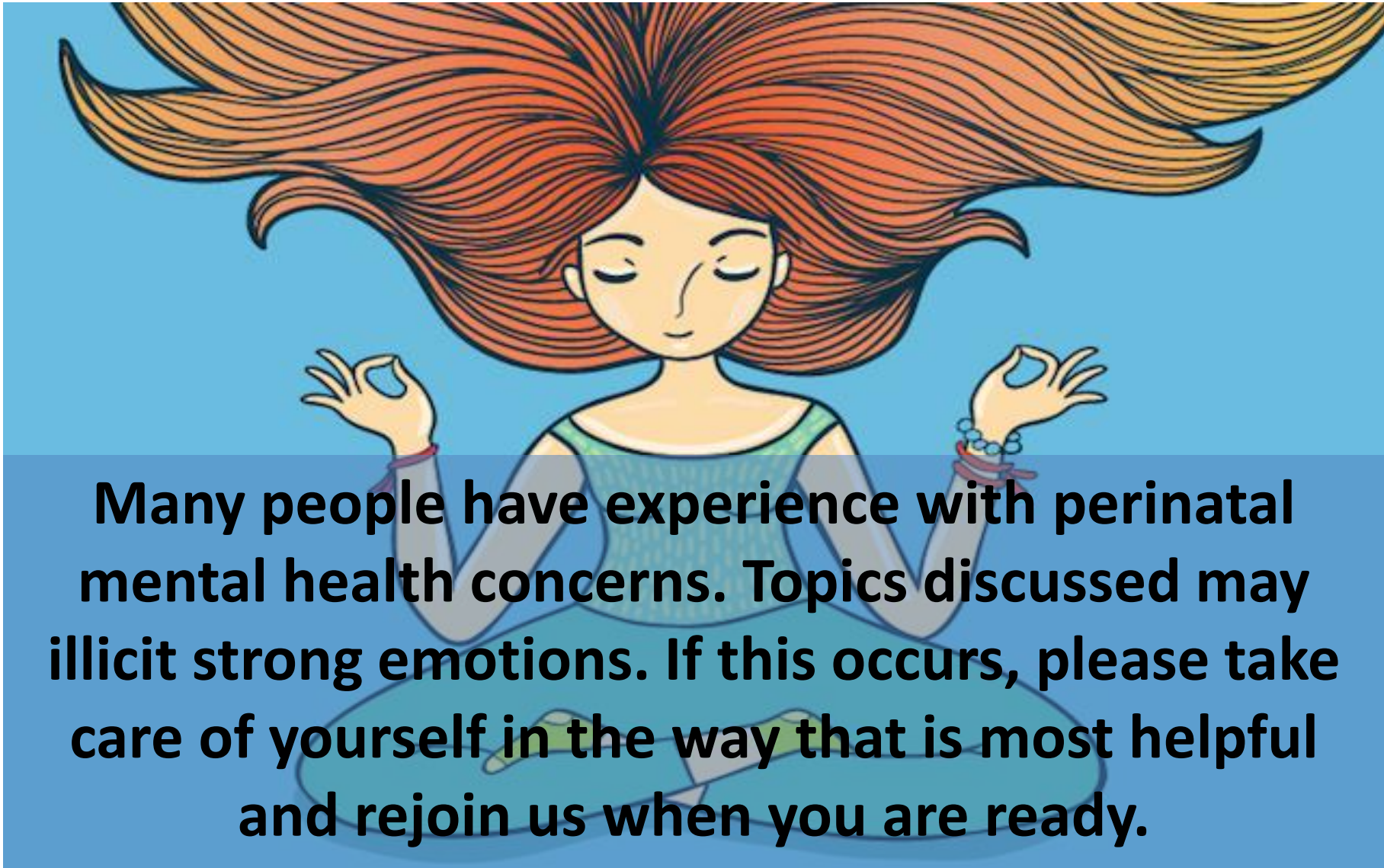


Kelly Stainback-Tracy, MPH, PT, IMH-E
Perinatal/Infant Mental Health Specialist
Denver Public Health

OVERVIEW

- Overview of Perinatal Mental Health
 - Signs and Symptoms
 - Impacts on family
- Resource and Referral
 - Starting the Conversation
 - Addressing Stigma
 - Referral Guidance
- Case Studies
 - Role play with partner
 - Group discussion

Gentle Reminder

A stylized illustration of a woman with long, flowing, vibrant red hair that fans out around her head. She is depicted in a meditative lotus position, with her eyes closed and a serene expression. She wears a green sleeveless top and a blue skirt. Her hands are held in a mudra (gesture) with fingers curled. The background is a solid light blue. A semi-transparent blue rectangular box is overlaid on the lower portion of the image, containing the text.

Many people have experience with perinatal mental health concerns. Topics discussed may illicit strong emotions. If this occurs, please take care of yourself in the way that is most helpful and rejoin us when you are ready.



Parenthood





Parenthood



Perinatal Mental Health Issues

- Most common complication during pregnancy and the postpartum period
- Difficulties can begin anytime in pregnancy or the first year postpartum (including loss)
- People may express their struggles differently (men vs. women)
- High comorbidity of Depression and Anxiety

Prevalence

- Up to 80% of new mothers experience normal “baby blues” in the first few weeks after the baby arrives
- At least 1 in 7 mothers and 1 in 10 fathers experience serious depression or anxiety during pregnancy or postpartum
- 1-2 out of 1,000 experience postpartum psychosis
- ***Suicide is one of the three leading causes of maternal death**



“Baby Blues”

- Very common
- Begins 1-5 days postpartum
- Symptoms may include: mood swings, tearfulness, anxiety, and sleep disturbance
- **Does not** include suicidal/homicidal thoughts
- Mild or no impairment of functioning
- Time limited (lasts up to two weeks)
- Resolves without direct intervention



Perinatal Mood and Anxiety Disorders (PMADs) Beyond Depression:

- Anxiety
- Post-traumatic Stress Disorder
- Bipolar Disorder
- Postpartum Psychosis
- Obsessive Compulsive Disorder

Symptoms: Expected and Unexpected

- Feeling sad or depressed
- Eating or sleeping too much or too little
- Feeling as if you are “out of control” or “going crazy”
- Losing interest in things you used to enjoy
- Feeling very worried or panicky
- Feeling irritable or angry with those around you
- Having upsetting thoughts that you can’t get out of your head
- Feeling as if you never should have become a mother or that someone else could care for your baby better than you
- Having difficulty bonding with your baby
- Worried that you might hurt your baby or yourself
- Mania, such as risky behaviors, rapid speech, and flight of ideas

How do REAL moms talk about PMADS?

Isolated **struggle**
who am I now? weak
fight battle
my hormones feel out
of whack
drowning
having a hard time
*I don't want to be a
burden* **crazy**
identity crisis
sleep deprived
*I thought I was
the only one*
failure suffocating
bad mom my fault

Remember Partners

- Fathers and other partners can also experience stress, anxiety, and depression during the perinatal period
- Symptoms- instead of sadness, men may exhibit increased:
 - Anger and conflict with others
 - Frustration or irritability
 - Impulsiveness or risk-taking
 - Distancing behavior
 - Use of alcohol or prescription/street drugs
 - Somatic complaints (headaches, stomachaches)



Mismatched interactions

- When interacting with depressed moms, infants are often fussier, more avoidant, and less likely to make positive facial expressions and vocalizations
- Mother-infant dyads can also have difficulty being in tune with one another



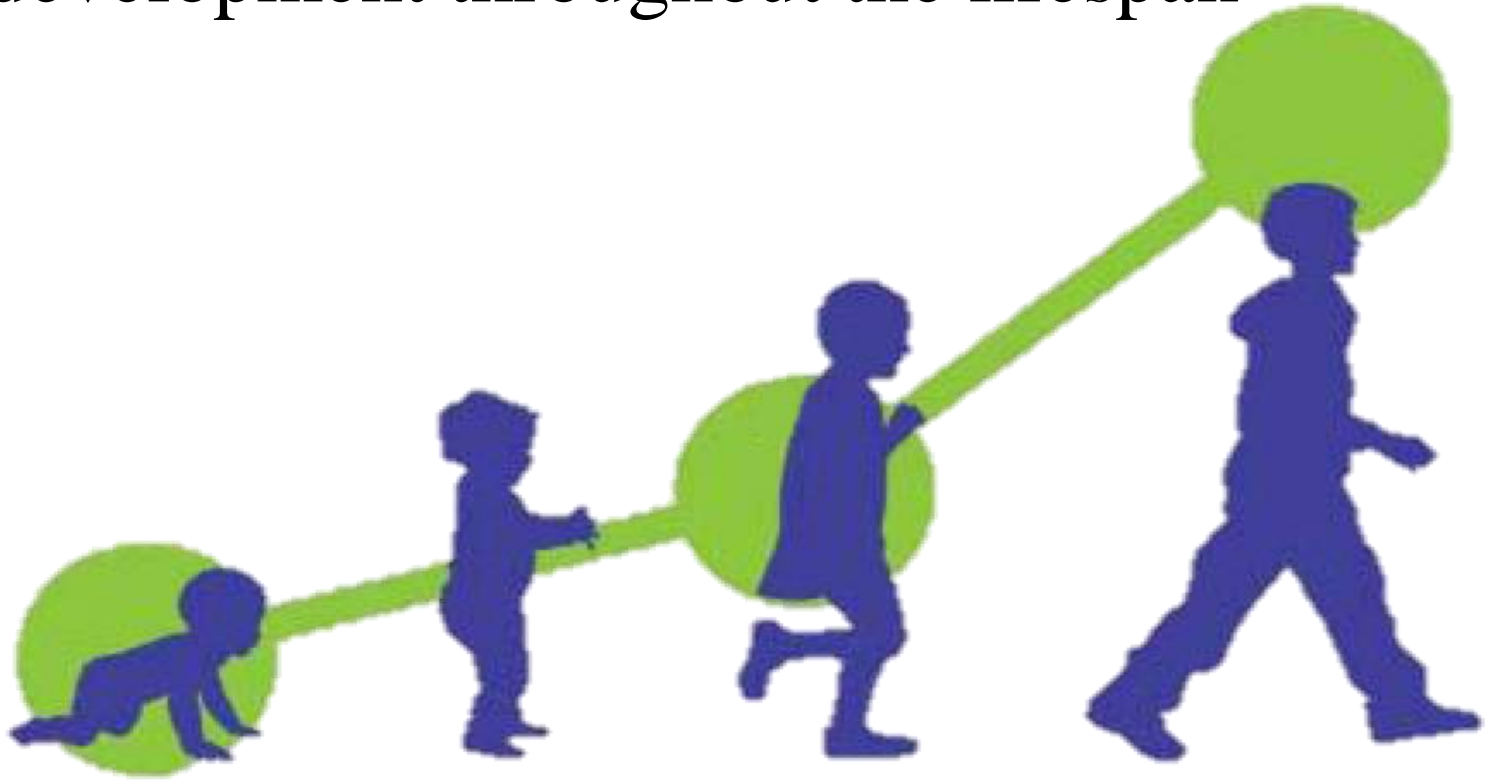
Potential impacts: Infants and Toddlers

- Lower rates of interactive behavior, less concentration, more negative responses
- Interpersonal style may generalize to others
- Insecure infant attachment
- Increased sleeping and eating problems, temper tantrums, separation difficulties



Impact on Children

- Untreated perinatal mental health struggles have the potential to effect health and development throughout the lifespan



Starting the Conversation



- Ask caring questions:
 - What's it been like for you to be pregnant/parenting?
 - Taking care of a little one is hard sometimes. How have you been doing?
- Caring responses:
 - Active Listening
 - Support feelings
 - Empathize - accepting and acknowledging emotions
 - Validating that she is not alone in her experience

Starting the Conversation



- Explore social support:
 - Parenting can be hard. Do you have people who can help you out when you need it?
 - We can help connect you with other families
- Address Stigma
 - Many women feel (worried, stressed, low) after having a baby.
 - Taking care of yourself is an important way that you take care of your baby.
 - I am happy to help connect you with resources.

Addressing Stigma: Pregnancy Related Depression Public Awareness Campaign



DON'T LET HER KEEP HER FEELINGS BOTTLED UP
New moms may find it hard to be honest about their feelings and accept help. Be patient and available.
postpartum.net/colorado | 1.800.944.4773 (se habla español)

KNOW A NEW MOM WHO'S FEELING DOWN?
You are not alone. You are not to blame. You can get help for pregnancy-related depression and anxiety.
postpartum.net/colorado | 1.800.944.4773 (se habla español)

LET'S TALK ABOUT THE ELEPHANT IN THE ROOM
Pregnancy-related depression and anxiety is a medical condition, not just a bad mood. Encourage your loved one to get help.
postpartum.net/colorado | 1.800.944.4773 (se habla español)

Logos for Colorado Department of Health and Human Services, Colorado Department of Public Health and Safety, and Postpartum Support International are visible in the bottom right of each poster.

- Supports mothers in recognizing they are not alone and encourage help seeking behavior
- Includes call to action
- Posters, rack cards business cards and fact sheets available

Spanish Language Campaign



postpartum.net/ayuda | 1.800.944.4773 (Se habla español)  COLORADO Department of Public Health & Environment  POSTPARTUM SUPPORT INTERNATIONAL



postpartum.net/ayuda | 1.800.944.4773 (Se habla español)  COLORADO Department of Public Health & Environment  POSTPARTUM SUPPORT INTERNATIONAL



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Referral Guidance

Phase 1: Patient Education on Screen Result

Explore Options.

Share examples of ways to reduce symptoms such as:

- Social support including help with taking care of baby
- Healthy lifestyle – sleep, nutrition, exercise, mindfulness
- Mental health interventions
- Medication
- Therapy
- Support Groups

Respond & Encourage.

Whether the screen is positive or negative, educate your patient on their results and available support services.

Determine Referral.

Identify if your patient's needs can be addressed within your practice.

- Within practice interventions may include lifestyle counseling, integrated behavioral health visit, or medication prescription and management
- If additional support is needed, consider referral options below

- Acknowledge screen results
- Explore options
- Refer to primary care doctor and/or mental health professional
- Consider referral to other community resources if needed

Referral Considerations

Key Questions

- *Does the patient need immediate crisis intervention?*
- *What is the insurance status?*
- *What are your patient's initial treatment preferences?*
- *Are there barriers to accessing services to be addressed?*

Referral Options

- Simplify the referral process
- Leverage care coordination and case management services
- “No wrong door”

Phase 2: Referral Considerations

Colorado Crisis Services:

- Immediate crisis intervention by telephone or text, 24/7
- Information, referrals, and connections to other resources
- Spanish and other translation services for multiple languages available

Mental Health Center of Denver (MHCD) - Child and Family/Right Start:

- Medicaid (Denver County prioritized, and other counties as space allows) or private insurance
- Treatment focused on parenting and the parent-child relationship
- Services available in pregnancy
- Some case management support to reduce barriers to access
- Spanish-speaking providers and translation services for multiple languages available

MHCD Adult Recovery Services:

- Medicaid (Denver County)
- Uninsured (Severe and Persistent Mental Illness diagnosis required)
- Individual mental health counseling
- Higher intensity services available (case management, wraparound support services)
- Spanish-speaking providers and translation services for multiple languages available

MHCD Wellshire Services:

- Medicaid (Denver County) or private insurance
- Individual mental health counseling

Key Questions ?

- *Does the patient need immediate crisis intervention?*
- *What is the insurance status?*
- *What are your patient's initial treatment preferences?*
- *Are there barriers to accessing services to be addressed?*

Postpartum Support International:

- No insurance required
- Phone-based support services, including connection to local resources
- Spanish-speaking support available at central number; language availability within local communities varies

Colorado Access Care Management Services:

- Medicaid
- Care management to reduce barriers to access and provide information, referrals, and connection to other resources
- Help patients find mental health providers who accept Medicaid
- Spanish and other translation services for multiple languages available

Healthy Expectations:

- Medicaid (any county), private insurance, or uninsured
- Services available during pregnancy and postpartum
- Treatment focused on mother, baby, and the parent-child relationship in a group setting
- Medication consultation within 1-2 weeks, with ongoing care while in group program
- Childcare for siblings 5 years and under during visits

Making a Referral

Phase 3: Making A Referral

- Confirm referral decision with patient
- Have patient complete Release of Information form, including exchange of mental health information, for patient to give to referral source to facilitate coordination of care
- Schedule follow up visit to assess status



Maternal Mental Health Referral

You are not alone. You are not to blame. You can get help.



- Colorado Crisis Services**
1-844-493-8255 | coloradocrisiservices.org | text "talk" to 38255 for support via text
Services provided by phone or text only
- Mental Health Center of Denver (MHCD):**
 - 303-504-7900 | Option 2 for Adult Recovery
 - 303-504-7900 | Option 4 for Child and Family/Right Start
 - 303-504-6565 | Wellshire Behavioral Servicesmhcd.org | AccessCenter@mhcd.org
Services provided at multiple locations in Denver County
- Colorado Access Care Management Services**
866-833-5717 | coaccess.com/care-management
Services provided by phone or in patient's home or community
- Postpartum Support International (PSI)**
800-944-4773 | postpartum.net/Colorado
Services provided by phone only
- Healthy Expectations Perinatal Mental Health Program**
303-864-5252 | childrenscolorado.org/healthyexpectations | healthyexpectations@childrenscolorado.org
Services provided at Children's Hospital Colorado

I was referred by: _____ Date: _____

- Ensure the client understands referral
- Check back in with client about referrals and support follow through

Summary: What you can do:

H - HEAR her story

O - OFFER support and resources

P – PLAN together

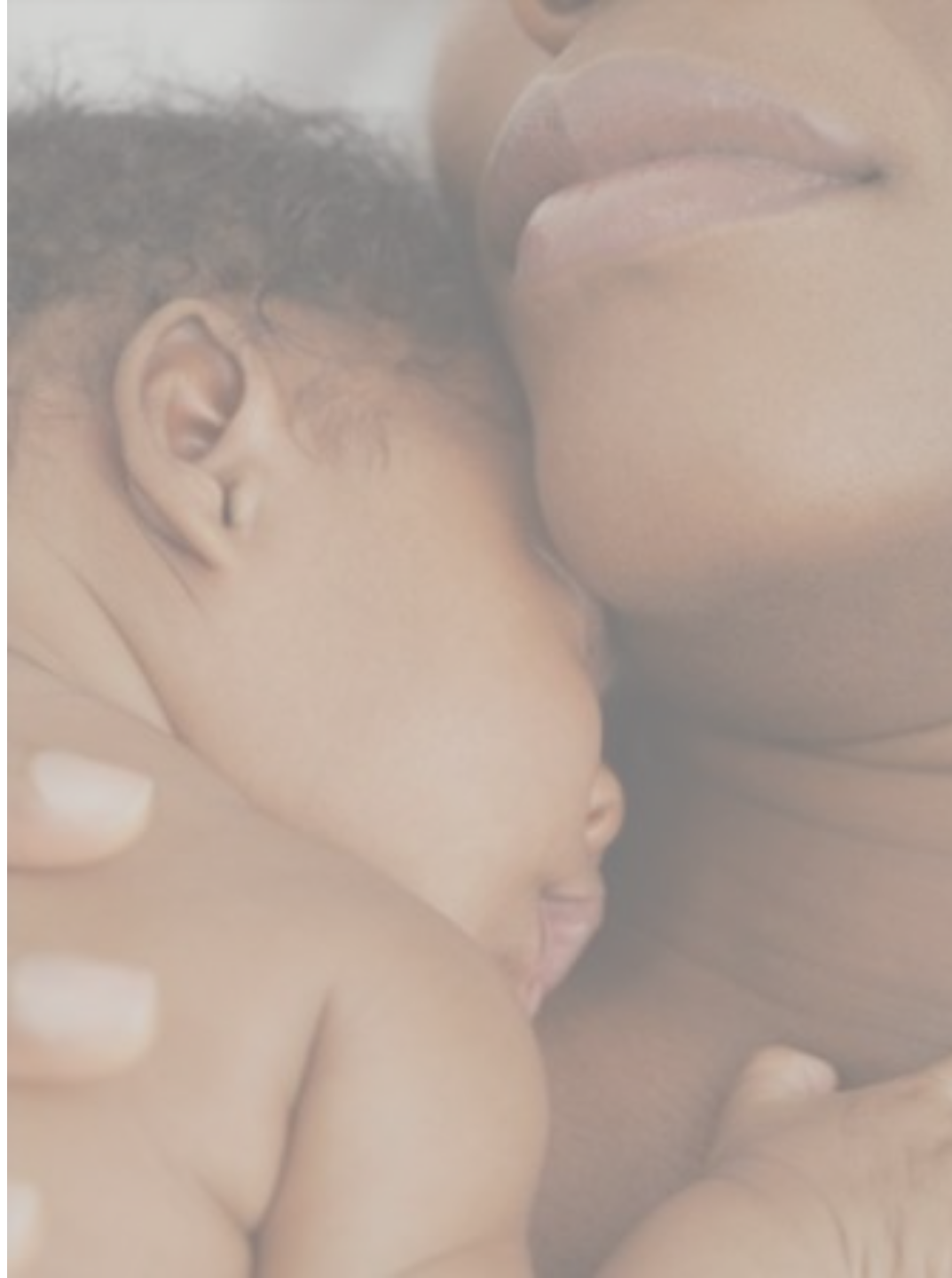
E – EVALUATE/Check in

A close-up photograph of a human hand, palm facing up, with numerous water droplets of varying sizes scattered across its skin. The background is dark and textured, possibly a shower curtain or a similar material, with more water droplets visible. The lighting is soft, highlighting the texture of the skin and the glistening water droplets.

Case Presentation
&
Skill Practice

Case Presentation

1



Role Play Guidance

Do your best to stay in character!!

1. Get in pairs of 2
2. Choose 1 person to role play mom & 1 to role play home visitor
3. Think about the information you have & explore more together
4. Practice making referrals as needed

In the past 7 days:

- | | | | |
|---|--|---|---|
| 1 | 1. I have been able to laugh and see the funny side of things
<input type="checkbox"/> As much as I always could
<input checked="" type="checkbox"/> Not quite so much now
<input type="checkbox"/> Definitely not so much now
<input type="checkbox"/> Not at all | 2 | *6. Things have been overwhelming me+
<input type="checkbox"/> Yes, most of the time I haven't been able to cope at all
<input checked="" type="checkbox"/> Yes, sometimes I haven't been coping as well as usual
<input type="checkbox"/> No, most of the time I have coped quite well
<input type="checkbox"/> No, I have been coping as well as ever |
| 2 | 2. I have looked forward with enjoyment to things
<input type="checkbox"/> As much as I ever did
<input type="checkbox"/> Rather less than I used to
<input checked="" type="checkbox"/> Definitely less than I used to
<input type="checkbox"/> Hardly at all | 2 | *7. I have been so unhappy that I have had difficulty sleeping
<input type="checkbox"/> Yes, most of the time
<input checked="" type="checkbox"/> Yes, sometimes
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, not at all |
| 2 | *3. I have blamed myself unnecessarily when things went wrong
<input type="checkbox"/> Yes, most of the time
<input checked="" type="checkbox"/> Yes, some of the time
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, never | 3 | *8. I have felt sad or miserable
<input checked="" type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, not at all |
| 3 | 4. I have been anxious or worried for no good reason
<input type="checkbox"/> No, not at all
<input type="checkbox"/> Hardly ever
<input type="checkbox"/> Yes, sometimes
<input checked="" type="checkbox"/> Yes, very often | 2 | *9. I have been so unhappy that I have been crying
<input type="checkbox"/> Yes, most of the time
<input checked="" type="checkbox"/> Yes, quite often
<input type="checkbox"/> Only occasionally
<input type="checkbox"/> No, never |
| 3 | *5. I have felt scared or panicky for no very good reason
<input checked="" type="checkbox"/> Yes, quite a lot
<input type="checkbox"/> Yes, sometimes
<input type="checkbox"/> No, not much
<input type="checkbox"/> No, not at all | 0 | *10. The thought of harming myself has occurred to me
<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Sometimes
<input type="checkbox"/> Hardly ever
<input checked="" type="checkbox"/> Never |

20

Skill Practice Reflective Questions

Case 1

1. What did you find most difficult to discuss as the home visitor?
2. As the mom, how did it feel to be asked about your experience with depression and anxiety?
3. What will you do differently in your real life moving forward?

Case Presentation

2

Role Play Guidance

Do your best to stay in character!!

1. Stay in your pairs of 2
2. Switch roles: Mom now home visitor & vice versa
3. Think about the information you have & explore more together
4. Practice making referrals as needed

In the past 7 days:

1. I have been able to laugh and see the funny side of things

- 1
- As much as I always could
 - Not quite so much now
 - Definitely not so much now
 - Not at all

2. I have looked forward with enjoyment to things

- 1
- As much as I ever did
 - Rather less than I used to
 - Definitely less than I used to
 - Hardly at all

*3. I have blamed myself unnecessarily when things went wrong

- 1
- Yes, most of the time
 - Yes, some of the time
 - Not very often
 - No, never

4. I have been anxious or worried for no good reason

- 0
- No, not at all
 - Hardly ever
 - Yes, sometimes
 - Yes, very often

*5. I have felt scared or panicky for no very good reason

- 0
- Yes, quite a lot
 - Yes, sometimes
 - No, not much
 - No, not at all

*6. Things have been overwhelming me⁺

- 2
- Yes, most of the time I haven't been able to cope at all
 - Yes, sometimes I haven't been coping as well as usual
 - No, most of the time I have coped quite well
 - No, I have been coping as well as ever

*7. I have been so unhappy that I have had difficulty sleeping

- 1
- Yes, most of the time
 - Yes, sometimes
 - Not very often
 - No, not at all

*8. I have felt sad or miserable

- 1
- Yes, most of the time
 - Yes, quite often
 - Not very often
 - No, not at all

*9. I have been so unhappy that I have been crying

- 0
- Yes, most of the time
 - Yes, quite often
 - Only occasionally
 - No, never

*10. The thought of harming myself has occurred to me

- 1
- Yes, quite often
 - Sometimes
 - Hardly ever
 - Never

8

Skill Practice Reflective Questions

Case 2

1. What thoughts and feelings did you have while exploring these responses together?
2. How did your pair view the response to question 10?
3. What will you do differently in your real life role moving forward?

Web-Based Resources

- www.postpartum.net – PSI Website
- www.healthynewmoms.org
- www.postpartum.org
- www.2020mom.org
- www.womenshealth.gov
- www.post-partum-depression.com
- www.nimh.nih.gov → Women and Mental Health
- www.postpartumstress.com
- www.safermaternity.org
- www.colorado.gov/pacific/cdphe/pregnancy-related-depression



Resources for Fathers

- www.postpartum.net/family/tips-for-postpartum-dads-and-partners/
- www.postpartumdads.org
- www.becomingdad.com.au
- www.postpartummen.com
- www.bcnd.org
(boot camp for new dads)



Contact Us!

- Kelly Stainback-Tracy, Denver Public Health
kelly.stainback@dhha.org
- Jenny Paul, Ph.D. Clinical Director, Healthy Expectations Perinatal Mental Health Program
jennifer.paul@ucdenver.edu