

How to assess and care for patients in crisis

When a patient presents in crisis, it is important to conduct a risk assessment and determine what needs your patient might have. Here are some resources to assist in a thorough risk assessment so that patients can get connected to the right resources.



1. Assess patients utilizing a screening instrument such as the EPDS or PHQ.
2. If patient endorses suicidal ideation, do not leave patient unattended. Continue with further assessment around suicidal or homicidal ideation.
3. Use screening tools to help guide further assessment:
 - a. Have access to the following (hard copies are advisable as well):
 - i. Columbia Suicide Severity Rating Scale (CSSRS)
 - ii. Ask Suicide Screening Questions (ASQ)
 - iii. Use Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)
4. If client **is not** deemed an imminent risk, document risk level, rationale, treatment plan, plans to reduce risk and follow-up plan if indicated. Use above resources to guide documentation.
5. If client is deemed an imminent risk to self or others, **contact 911**. Do not leave patient unattended until safe escort for hospital assessment can be guaranteed.
6. Contact **904.202.7900** to inform Baptist Crisis Line of possible impending admission.

A guide to helping your patients care for themselves, their baby and their family before, during and after pregnancy



To view our Frontline Provider Training video on PMADs, scan the QR code to the right:



These contents include:

- PMADs Basics and Risk Factors
- Screening for PMADs
- Talking to your patients about their emotional health
- Assessing and caring for patients in crisis

Questions?

Call 904.376.3800 and select option 4.

Interested in more information on The Motherhood Space?

Visit baptistjax.com/motherhoodspace.

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Perinatal Mood and Anxiety Disorders (PMADs) basics

Maternal mental health (MMH) conditions are the most common complications of pregnancy and childbirth. As many as 1 in 5 moms will experience a perinatal mood and anxiety disorder.

Perinatal – The period of pregnancy and the year or so after having had a baby.

PMADs – Any emotional challenge that occurs in the perinatal period, including:

- Depression
- Anxiety
- Bipolar
- Panic disorder
- PTSD
- OCD
- Psychosis

How to screen for PMADs

Screening your patients for risk factors for PMADs can be one way to help patients proactively manage their mental health in the perinatal period. Consider sharing this risk factor checklist with your patients and encourage those at risk to access supports.



Risk factors of PMADs include:

- Previous PMADs (family history, personal history, symptoms during pregnancy)
- Personal or family history of mental health difficulties
- Significant mood reactions to hormonal changes (puberty, PMS, hormonal birth control, pregnancy loss)
- Endocrine dysfunction – thyroid imbalance, diabetes
- Social factors – limited support (social, family, financial)
- Teen pregnancy
- Single mom
- Recent loss or move
- Mom of multiples
- NICU stay for baby; chronic or medically complex needs for baby
- Mothers who have undergone fertility treatments
- Unplanned pregnancy
- Difficult pregnancy, labor or delivery
- Colicky, difficult or demanding baby
- Lack of social support after baby is born
- Anxiety about returning to work
- Issues surrounding breastfeeding
- Recent life crisis, such as serious illness or death in the family
- Unrealistic expectations (e.g., around changes in the perinatal period)
- Certain personality traits, including perfectionist tendencies or difficulty handling transitions
- Age-related stressors (adolescence, perimenopause)
- Climate-related stressors (seasonal depression/mania)

Screening tips

- Utilize the Edinburgh Postnatal Depression Scale (EPDS), validated for pregnancy and postpartum period for moms, dad, foster/adoptive parents.
- PHQ-9 can be utilized for screening for depression as well.
- Other screeners and lead questions to assess for other PMADs include Generalized Anxiety Scale (GAD-7), Mood Disorder Questionnaire (MDQ), PTSD- Checklist (PCL-C). Inquire around “scary thoughts” for OCD, and “hearing/seeing things other people cannot see or hear” for psychosis.
- Screen and document for safety. Ask the question! ASQ (Ask Suicide-Screening Questions Toolkit through NIMH).

How to talk to your patients about their emotional health

We know it can be difficult at times to broach the subject of your patient’s mental health. Here are a few ideas to help you connect.

Screening patients utilizing the Edinburgh Postnatal Depression Scale (EPDS):

“In addition to your physical health, we value your emotional health. As part of your care, we screen all patients in the perinatal period and would like to get a sense of how you’ve been feeling in the past seven days.” [Present EPDS.]

Because the EPDS does not screen as well for anxiety symptoms, consider also utilizing the Generalized Anxiety Disorder Scale (GAD-7) or inquiring about any general worries or intrusive thoughts with the following:

“It is not uncommon to have worries and scary thoughts during this period of time. Have you been having any worries, thoughts or images that are scaring you or that have been particularly distressing?”

Connecting patients to support:

“We recognize that emotional health is just as vital as the physical health of you and your baby. We partner with our Behavioral Health department to offer you access to a team who specializes in maternal mental health. We know that people who have good support tend to do better in the perinatal period and the Maternal Mental Health team has a number of different ways to get support. Here are some of them.”

“We strongly encourage ALL patients to review The Motherhood Space website as well as The Motherhood Space Video Series that are offered free online. These options can give you more information on perinatal mood and anxiety disorders as well as suggestions of coping skills in the perinatal period. [Provide patient flyer with The Motherhood Space resources]