

MAY 2021

perinatal

MENTAL HEALTH TOOLKIT

Lake County

Created to establish a foundation for the system of support surrounding perinatal mental health.

For Providers

Perinatal Mood and Anxiety Disorder Provider Resource Tool

Collaboration

This work has been made possible through a grant from Lake County Behavioral Health Services and works previously completed by the Orange County Perinatal Mood and Anxiety Disorder Collaborative.

This toolkit was modified and updated by First 5 Lake County with guidance from Mother-Wise, Hope Rising, Lake County Public Health, Easterseals Northern California, Redwood Community Services, and Lake County Office of Education



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Background

NEARLY ONE IN TWO WOMEN LIVING IN LAKE COUNTY ARE AFFECTED BY A FORM OF DEPRESSION OR ANXIETY EITHER DURING PREGNANCY, UP TO 12 MONTHS AFTER BIRTH, OR BOTH.

1 in 5 women living in California is affected by a form of depression or anxiety either during pregnancy, up to 12 months after birth, or both. Nationally, one in ten men is impacted as well.

Referred to as Perinatal Mood and Anxiety Disorders (PMADs) the rate of these conditions increases among mothers experiencing multiple stressors, such as poverty, or adversity (ACEs) in childhood. Left untreated, maternal depression can negatively impact all aspects of a young child's development, with the potential to increase the growing child's risk of mental illness.

While a number of perinatal health resources exist in Lake County, access to these programs is limited due to such factors as limited awareness of the issue, available resources, and insufficient screening for PMADs.

In 2019, the Orange County Perinatal Mood and Anxiety Disorder Collaborative was formed to

address the prevalence of mental health disorders during pregnancy and facilitate access to resources that help providers identify at-risk women who may benefit from preventive, screening, and treatment services. Based on the Collaboratives' work, community partners of Lake County created a collaborative to adapt the Orange County toolkit to fit the needs and resources of our community.

We want to express our gratitude to the Orange County PMAD Collaborative for creating a toolkit and to First 5 Orange County for allowing Lake County to adapt this resource. We hope you find this toolkit useful for your practice.

For questions regarding mental health support and treatment programs, contact Lake County Behavioral Health Services at 1-800-900-2075.

California Health Care Foundation. (2021, January). *Improving Maternal Mental Health Care*. <https://www.chcf.org/project/improving-maternal-mental-health/>
Help for Dads: Postpartum Support International (PSI). <https://www.postpartum.net/get-help/help-for-dads/>



Nationally, 1 in 5 women is not asked about experiencing depression symptoms while visiting their doctor for a prenatal visit. This statistic drops even lower for postpartum visits with 1 in 8 women reporting their provider did not inquire about depression or anxiety symptoms. Statistically, 1 in 5 moms living in California suffers from depression and/or anxiety relating to pregnancy or after childbirth. This means that 16% of moms suffering from Perinatal Depression or Anxiety are not being diagnosed. Perinatal Mood and Anxiety Disorders are real illnesses and should be treated and evaluated as such. While pregnancy brings on hormonal changes and stress, it is not normal to experience acute distress and debilitating anxiety. These could be signs of a serious Perinatal Mood and Anxiety Disorder and any actions that raise suspicion should require screening.

There is significant stigma around postpartum depression and Perinatal Mood and Anxiety Disorders, especially for mothers. The fear of endangering their child, having their child taken away from them, and failing to be a successful mother are often misconceptions around what suffering from a Perinatal Mood and Anxiety Disorder entails. **Simply asking a patient if they are experiencing depressive symptoms or anxiety is not enough, providers must debunk the stigma and show their patients the seriousness and importance of seeking proper treatment.** If a patient does not trust their provider or feel that they are in a safe environment, the rates of undiagnosed postpartum depression will continue to climb and negatively impact the mothers in our community. Bringing a child into the world is not an easy task and is paired with many changes, both emotional and physical. Establishing a relationship with the patient built on trust and genuine intentions is a critical step in decreasing the number of women that suffer from undiagnosed Perinatal Mood and Anxiety Disorders.

"Infographic: Identifying Maternal Depression." Centers for Disease Control and Prevention. May 14, 2020. <https://www.cdc.gov/reproductivehealth/vital-signs/identifying-maternal-depression/index.html>.

"Improving Maternal Mental Health Care." California Health Care Foundation. January 26, 2021. <https://www.chcf.org/project/improving-maternal-mental-health/#related-links-and-downloads>.



When to Use This Resource

In accordance with best practice recommendations by the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, Bright Futures, as well as compliance with California Assembly Bill 2193 requiring prenatal and postpartum mental health screenings, this package is intended to support primary care providers to screen all expecting parents while providing them with up-to-date resources locally. It is recommended that all perinatal clients receive an evidence-based screening during their primary care visit, whether in the obstetric, family practice, or pediatric setting. Recommendations include but are not limited to*:

- Obstetric visit: At minimum once prenatally and once postpartum
- Pediatric visit: At minimum during the first, second, fourth, and sixth-month well-child visits.
- Whenever index for suspicion is high

**Regulations are subject to change. Providers should always check with their governing board for the most up-to-date requirements and recommendations for screening.*



Key Risk Factors

Regardless of ethnicity, level of education, socio-economic status, or other factors, perinatal mood and anxiety disorders affect all parents universally. Furthermore, additional factors known to increase the risk for psychiatric conditions include:

- Personal or family history of depression,
- History of physical or sexual abuse, intimate partner violence
- Unplanned or unwanted pregnancy
- Current stressful life events
- Pregestational or gestational diabetes
- Complications during pregnancy (e.g. preterm delivery or pregnancy loss)
- Low socioeconomic status
- Lack of social or financial support
- Adolescent parenthood

The imminent short and long-term impact of the current COVID-19 pandemic on the emotional and mental well-being of parents and their young are proof in point of the importance of screening for risk and signs of distress in order to mitigate additional family hardships.

For that reason, this Resource Package begins first with preventive interventions and ends with educational resources to underscore the importance and effectiveness of education and prevention to reduce the risk of perinatal anxiety and depression on mothers, fathers, and their infants.

Prevention

Implementation of preventive interventions for women at risk of developing perinatal depression, such as those with a history of depression, current depressive symptoms, or certain socioeconomic risk factors (eg, low income or young or single parenthood) was recommended by a 2019 Preventive Services Task Force publication due to evidence supporting its effectiveness in reducing the risk of postpartum depression. See the previous page for a more complete list of risk factors.

Mothers and Babies Program

This 6-12 week individual or group-based program uses psychoeducation, attachment theory, and cognitive behavioral therapy approaches to provide new mothers with tools to help reduce the onset of depressive symptoms. Designed to be delivered prenatally, this curriculum empowers mothers by encouraging them to engage in enjoyable activities, build their social support network, and develop healthier ways of thinking. It can be offered in a clinic or community-based settings (such as home visiting programs, WIC, or community centers) by either paraprofessionals or professionals with mental health training. Training information and curriculum are available online at <https://www.mothersandbabiesprogram.org/>.

ROSE: Reach Out Stay Strong Essentials for Mothers of Newborns

This preventive intervention consists of four to five individual or group sessions using an interpersonal therapy approach to provide psycho-education, stress management, role transitions, and interpersonal conflicts. Intended to prevent postpartum depression among low-income women, the ROSE program may be offered by paraprofessionals or mental health professionals in either clinic or community-based settings. For information on free training and technical assistance as part of the ROSE Sustainment Study, visit <https://www.publichealth.msu.edu/flint-research/the-rose-sustainment-study>.

Counseling to Prevent Perinatal Depression is Now Reimbursable

see page 38

A woman with voluminous, curly brown hair is shown in profile, kissing a baby on the cheek. She is wearing a light-colored, textured knit sweater. The baby is wearing a light green long-sleeved shirt and striped pants. They are standing in front of a large window with a view of greenery outside. The scene is softly lit, creating a warm and intimate atmosphere.

Identification

While many providers may rely on conversations with expecting or new parents to detect perinatal mood or anxiety disorder, studies have shown that cases can be missed without the use of a standardized screening tool. Furthermore, routine practice of asking standardized questions will help normalize discussions around mental health and can eliminate stigma associated with the issue.

Mental Health Screening Tools

Below and through page 14 are some commonly used, evidence-based tools to screen for depression, anxiety, or both, some of which may already be included in your practice’s electronic medical record (EMR). Otherwise, patients may be able to complete surveys on a printed form or tablet, after which the score can be entered into the chart. Some practices may choose to screen all patients with an initial Patient Health Questionnaire (PHQ)-2 or PHQ-4 as part of the routine intake and follow up a positive score with the PHQ-9 or Edinburgh.

PHQ-4				
Over the <u>last 2 weeks</u>, how often have you been bothered by the following problems? <i>(Use “✓” to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Little interest or pleasure in doing things	0	1	2	3
4. Feeling down, depressed, or hopeless	0	1	2	3

(For office coding: Total Score T___ = ___ + ___ + ___)

EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

NAME: _____	DATE: _____
WEEKS OF PREGNANCY: _____	(or) AGE OF BABY: _____

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please mark "X" (☒) on the box by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—*not just how you feel today*. Complete all 10 items and find your score by adding each number that appears to the right of your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, *talk to your health care provider regardless of your score.*

Below is an example, already completed.

I have felt happy:

- 0 Yes, all of the time
- 1 Yes, most of the time
- 2 No, not very often
- 3 No, not at all

This would mean: "I have felt happy most of the time" in the past week.
Please complete the other questions in the same way.

In the past 7 days:

- | | |
|--|--|
| <p>1. I have been able to laugh and see the funny side of things:</p> <ul style="list-style-type: none"> 0 <input type="checkbox"/> As much as I always could 1 <input type="checkbox"/> Not quite so much now 2 <input type="checkbox"/> Definitely not so much now 3 <input type="checkbox"/> Not at all <p>2. I have looked forward with enjoyment to things</p> <ul style="list-style-type: none"> 0 <input type="checkbox"/> As much as I ever did 1 <input type="checkbox"/> Rather less than I used to 2 <input type="checkbox"/> Definitely less than I used to 3 <input type="checkbox"/> Hardly at all <p>*3. I have blamed myself unnecessarily when things went wrong</p> <ul style="list-style-type: none"> 3 <input type="checkbox"/> Yes, most of the time 2 <input type="checkbox"/> Yes, some of the time 1 <input type="checkbox"/> Not very often 0 <input type="checkbox"/> No, never <p>4. I have been anxious or worried for no good reason</p> <ul style="list-style-type: none"> 0 <input type="checkbox"/> No, not at all 1 <input type="checkbox"/> Hardly ever 2 <input type="checkbox"/> Yes, sometimes 4 <input type="checkbox"/> Yes, very often <p>*5. I have felt scared or panicky for no very good reason</p> <ul style="list-style-type: none"> 3 <input type="checkbox"/> Yes, quite a lot 2 <input type="checkbox"/> Yes, sometimes 1 <input type="checkbox"/> No, not much 0 <input type="checkbox"/> No, not at all | <p>*6. Things have been getting on top of me</p> <ul style="list-style-type: none"> 3 <input type="checkbox"/> Yes, most of the time I haven't been able to cope 2 <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual 1 <input type="checkbox"/> No, most of the time I have coped quite well 0 <input type="checkbox"/> No, I have been coping as well as ever <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <ul style="list-style-type: none"> 3 <input type="checkbox"/> Yes, most of the time 2 <input type="checkbox"/> Yes, sometimes 1 <input type="checkbox"/> No, not very often 0 <input type="checkbox"/> No, not at all <p>*8. I have felt sad or miserable</p> <ul style="list-style-type: none"> 3 <input type="checkbox"/> Yes, most of the time 2 <input type="checkbox"/> Yes, quite often 1 <input type="checkbox"/> Not very often 0 <input type="checkbox"/> No, not at all <p>*9. I have been so unhappy that I have been crying</p> <ul style="list-style-type: none"> 3 <input type="checkbox"/> Yes, most of the time 2 <input type="checkbox"/> Yes, quite often 1 <input type="checkbox"/> Only occasionally 0 <input type="checkbox"/> No, never <p>*10. The thought of harming myself has occurred to me</p> <ul style="list-style-type: none"> 3 <input type="checkbox"/> Yes, quite often 2 <input type="checkbox"/> Sometimes 1 <input type="checkbox"/> Hardly ever 0 <input type="checkbox"/> Never |
|--|--|

Total Score:

EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

The EPDS was developed for screening postpartum women in outpatient, home visiting settings, or at the 6–8 week postpartum examination. It has been utilized among numerous populations including U.S. women and Spanish speaking women in other countries. The EPDS consists of 10 questions. The test can usually be completed in less than 5 minutes. Responses are scored 0, 1, 2, or 3 according to increased severity of the symptom. Items marked with an asterisk (*) are reverse scored (i.e., 3, 2, 1, and 0). The total score is determined by adding together the scores for each of the 10 items.

Validation studies have utilized various threshold scores in determining which women were positive and in need of referral. Cut-off scores ranged from 9 to 13 points. **Therefore, to err on safety's side, a woman scoring 9 or more points or indicating any suicidal ideation – that is she scores 1 or higher on question #10 – should be referred immediately for follow-up.** Even if a woman scores less than 9, if the clinician feels the client is suffering from depression, an appropriate referral should be made. The EPDS is only a screening tool. It does not diagnose depression – that is done by appropriately licensed health care personnel. Users may reproduce the scale without permission providing the copyright is respected by quoting the names of the authors, title and the source of the paper in all reproduced copies.

Instructions for Users

1. The mother is asked to underline 1 of 4 possible responses that comes the closest to how she has been feeling the previous 7 days.
2. All 10 items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others.
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult



Substance Use Screening Tools

Pregnancy is an opportune time to screen and connect women to resources because of an increased motivation to change habits for the future well-being of their child. Estimates of perinatal psychiatric and substance use comorbidity range from 57 to 91%, with the most common diagnoses being depression, anxiety, and post-traumatic stress disorder. For this reason, it is crucial to screen, *at minimum*, those with positive perinatal mood and anxiety disorder scores for substance use risk. Referral and follow-up are warranted for any positive scores on any of the screening tools located on pages 18-25.

It is important to encourage women who may be reluctant to admit to substance use or to accept help. Reassure her that by enrolling in supportive services earlier, she can increase the likelihood of delivering a healthy baby and reduce the chance of having her infant removed.

Recovery Referral Resources:

Beneficiary Access Line: (800) 723-8641,
Available 24/7 for Medi-Cal eligible clients

If you feel that the mother is in need of urgent services contact:

Tule House in Upper Lake: (707) 275-8776

**Lake County Behavioral Health Services:
(800) 900-2075**

Perinatal Substance Use

A summary of core issues affecting Lake County

#1

Prenatal substance abuse is 5x the state rate

The rate of prenatal substance abuse for Lake County – 96.9 per 1,000 hospitalizations of pregnant women – is five times the state rate (19.9).

- Lake County
- California



#2

The impact is long-lasting on babies exposed to drugs

Babies exposed to drugs in utero are more likely to be **stillborn** and are more likely to experience developmental disorders, including **impaired growth, birth defects, and altered brain development.**



50-60%

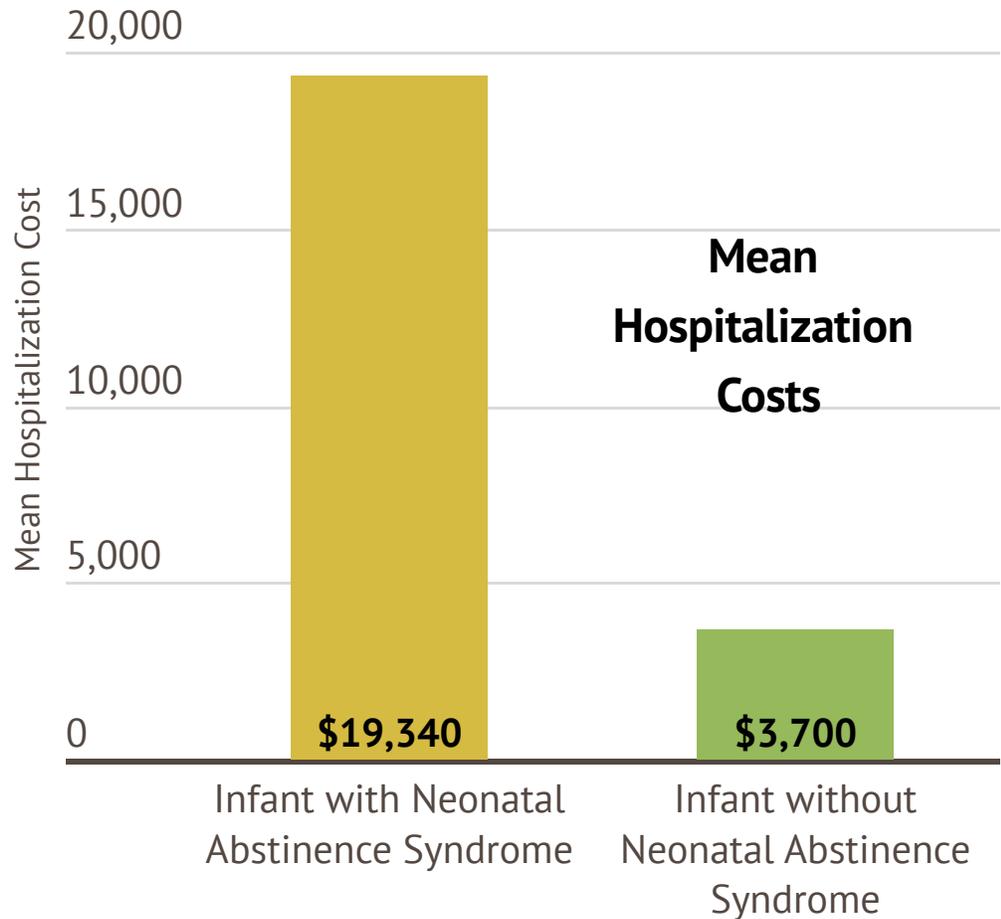
Percent of babies born to mothers addicted to opioids who develop withdrawal symptoms

#3

We pay in other ways, too.

According to an April 2018 article in the journal *Pediatrics*, average hospital costs were more than **five times as high** for a baby in Medicaid with neonatal abstinence syndrome (NAS) than a baby without.

Across the United States, this study found, we paid **\$2 billion in excess costs** from 2004-2014 for babies covered by Medicaid who had NAS.



There *are* solutions.

The National Institute on Drug Abuse notes that every \$1 invested in addiction treatment programs yields a return between \$12-\$16 in reduced drug-related crime, criminal justice costs, theft and health care.



12x-16x ROI

\$1 invested in addiction treatment can yield a return on investment of between \$12 to \$16.

**Orange County Behavioral Health Services
SBIRT Integrated Behavioral Health Screen for Non-Enrolled Participants**

		Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?				SCORE	TOTAL	Positive
		Not at all	Several days	Over Half the days	Nearly Every day			
GAD-2	1	Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		≥3
	2	Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
PHQ-2	3	Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		≥3
	4	Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
Now I am going to ask you some questions about your use of alcoholic beverages during this past month								
AUDIT-C(3)	5	How often do you have a drink containing alcohol?	<input type="checkbox"/> 0 Never (if checked, skip to Q8)	<input type="checkbox"/> 1 Monthly or less	<input type="checkbox"/> 2 2-4 times per month	<input type="checkbox"/> 3 2-3 times per week	<input type="checkbox"/> 4 4 or more times per week	≥3 ≥4
	6	How many drinks containing alcohol do you have on a typical day when you are drinking?	<input type="checkbox"/> 0 1-2	<input type="checkbox"/> 1 3-4	<input type="checkbox"/> 2 5-6	<input type="checkbox"/> 3 7-9	<input type="checkbox"/> 4 10+	
	7	How often do you have five or more drinks on one occasion?	<input type="checkbox"/> 0 Never	<input type="checkbox"/> 1 Less than Monthly	<input type="checkbox"/> 2 Monthly	<input type="checkbox"/> 3 Weekly	<input type="checkbox"/> 4 Daily or almost daily	
SSQ-Other Drugs	8	How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥1
PVS-1	9	In the past year, have you been hit, kicked, punched, or otherwise hurt by someone? (If so, by whom?)	Zero times		<input type="checkbox"/> 0	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3+	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Whom?					
In the past month, how much have you been bothered by:								
PCL-C-2 item	10	Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥4
	11	Feeling very upset when something reminded you of a stressful experience from the past?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
†When all the points are from #5 alone (#6 and #7 are zero), it can be assumed that the patient is drinking below recommended limits and intake can be monitored								
‡ A score of ≥ 1 from item 6 or 7 is considered positive								
If any question is positive, please refer to Behavioral Health Care Manager/Behavioral Health Specialist								
Language: _____ English _____ Spanish								

NIDA Quick Screen V1.0¹

Name: Sex () F () M Age.....

Interviewer..... Date/...../.....

Introduction (Please read to patient)

Hi, I'm _____, nice to meet you. If it's okay with you, I'd like to ask you a few questions that will help me give you better medical care. The questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed. I'll also ask you about illicit or illegal drug use—but only to better diagnose and treat you.

Instructions: For each substance, mark in the appropriate column. For example, if the patient has used cocaine monthly in the past year, put a mark in the "Monthly" column in the "illegal drug" row.

NIDA Quick Screen Question:	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
<u>In the past year</u>, how often have you used the following?					
Alcohol					
<ul style="list-style-type: none"> • For men, 5 or more drinks a day • For women, 4 or more drinks a day 					
Tobacco Products					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					

- If the patient says **"NO"** for all drugs in the Quick Screen, reinforce abstinence. **Screening is complete.**
- If the patient says **"Yes"** to **one or more days of heavy drinking**, *patient is an at-risk drinker*. Please see NIAAA website "How to Help Patients Who Drink Too Much: A Clinical Approach" http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm, for information to **Assess, Advise, Assist, and Arrange** help for at risk drinkers or patients with alcohol use disorders
- If patient says **"Yes"** to **use of tobacco**: *Any current tobacco use places a patient at risk. Advise all tobacco users to quit*. For more information on smoking cessation, please see "Helping Smokers Quit: A Guide for Clinicians" <http://www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.htm>
- If the patient says **"Yes"** to **use of illegal drugs or prescription drugs for non-medical reasons**, proceed to **Question 1** of the NIDA-Modified ASSIST.

¹ This guide is designed to assist clinicians serving adult patients in screening for drug use. The NIDA Quick Screen was adapted from the single-question screen for drug use in primary care by Saitz et al. (available at <http://archinte.ama-assn.org/cgi/reprint/170/13/1155>) and the National Institute on Alcohol Abuse and Alcoholism's screening question on heavy drinking days (available at http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm). The NIDA-modified ASSIST was adapted from the World Health Organization (WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), Version 3.0, developed and published by WHO (available at http://www.who.int/substance_abuse/activities/assist_v3_english.pdf).

The CRAFFT+N Interview

To be verbally administered by the clinician

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the **PAST 12 MONTHS**, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Say "0" if none.

of days

2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Say "0" if none.

of days

3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none.

of days

4. Use a **vaping device*** containing **nicotine or flavors**, or use any **tobacco products†**? Say "0" if none.

of days

**Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*

If the patient answered...

"0" for all questions in Part A



Ask 1st question only
in Part B below, then STOP

"1" or more for Q. 1, 2, or 3



Ask all 6 questions
in Part B below

"1" or more for Q. 4



Ask all 10 questions
in Part C on next page

Part B

Circle one

C Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

No Yes

R Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

No Yes

A Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?

No Yes

F Do you ever **FORGET** things you did while using alcohol or drugs?

No Yes

F Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

No Yes

T Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

No Yes

Two or more YES answers in Part B suggests a serious problem that needs further assessment. See Page 3 for further instructions. →

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent.

Part C

“The following questions ask about your use of any **vaping devices containing nicotine and/or flavors**, or use of any **tobacco products**.*”

	Circle one	
	Yes	No
1. Have you ever tried to QUIT using, but couldn't?		
2. Do you vape or use tobacco NOW because it is really hard to quit?		
3. Have you ever felt like you were ADDICTED to vaping or tobacco?		
4. Do you ever have strong CRAVINGS to vape or use tobacco?		
5. Have you ever felt like you really NEEDED to vape or use tobacco?		
6. Is it hard to keep from vaping or using tobacco in PLACES where you are not supposed to, like school?		
7. When you HAVEN'T vaped or used tobacco in a while (or when you tried to stop using)...		
a. did you find it hard to CONCENTRATE because you couldn't vape or use tobacco?		
b. did you feel more IRRITABLE because you couldn't vape or use tobacco?		
c. did you feel a strong NEED or urge to vape or use tobacco?		
d. did you feel NERVOUS , restless, or anxious because you couldn't vape or use tobacco?		

One or more YES answers in Part C suggests a serious problem with nicotine that needs further assessment. See Page 3 for further instructions. →

**References:*

Wheeler, K. C., Fletcher, K. E., Wellman, R. J., & DiFranza, J. R. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. *J Adolesc Health, 35*(3), 225–230;

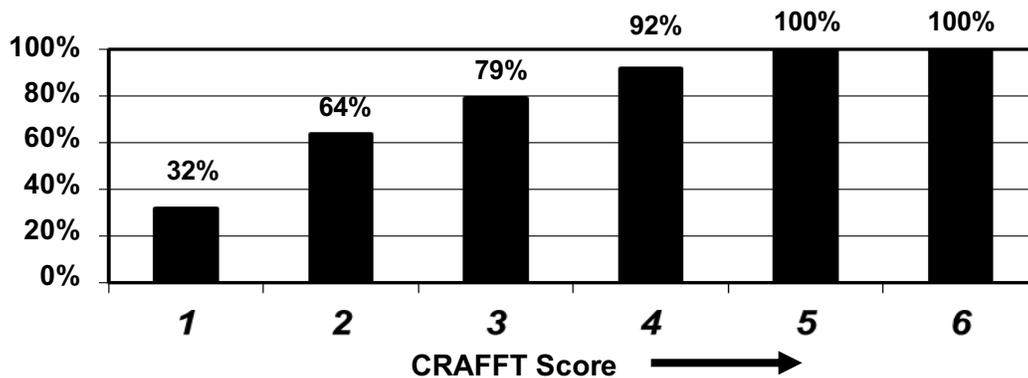
McKelvey, K., Baiocchi, M., & Halpern-Felsher, B. (2018). Adolescents' and Young Adults' Use and Perceptions of Pod-Based Electronic Cigarettes. *JAMA Network Open, 1*(6), e183535.

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent.

CRAFFT Score Interpretation

Probability of a DSM-5 Substance Use Disorder by CRAFFT score*



*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. Substance Abuse, 35(4), 376–80.

Use the 5 R's talking points for brief counseling.



1. **REVIEW** screening results
For each "yes" response: *"Can you tell me more about that?"*



2. **RECOMMEND** not to use
"As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, nicotine, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations."



3. **RIDING/DRIVING** risk counseling
"Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home."



4. **RESPONSE** elicit self-motivational statements
Non-users: *"If someone asked you why you don't drink, vape, or use tobacco or drugs, what would you say?"* Users: *"What would be some of the benefits of not using?"*



5. **REINFORCE** self-efficacy
"I believe you have what it takes to keep substance use from getting in the way of achieving your goals."

Give patient Contract for Life. Available at www.crafft.org/contract

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Boston Children's Hospital.

crafft@childrens.harvard.edu www.crafft.org

For more information and versions in other languages, see www.crafft.org.

Entrevista con el instrumento CRAFFT+N

Que deberá realizar el médico de forma oral

Comienzo: “Te voy a hacer algunas preguntas que les hago a todos los pacientes. Por favor responde sinceramente. Tus respuestas serán confidenciales”.

Parte A

Durante los ÚLTIMOS 12 MESES, cuántos días:

1. ¿Has bebido algo más que unos sorbos de cerveza, vino o alguna bebida con alcohol? Di “0” si la respuesta es ninguno.

Nº de días

2. ¿Has usado algún tipo de **marihuana** (cannabis, aceite, cera, para fumar, vaporizar, fumar dosis muy concentradas o “dabs” o en los alimentos) o “**marihuana sintética**” (como “K2”, “Spice”)? Di “0” si la respuesta es ninguno.

Nº de días

3. ¿Has usado **algo más para drogarte** (como otras drogas ilegales, medicamentos recetados o de venta libre, y cosas para inhalar, esnifar, vaporizar o inyectarse)? Di “0” si la respuesta es ninguno.

Nº de días

4. ¿Has usado un **dispositivo vaporizador*** que contiene nicotina o sabores, o algún **producto de tabaco†**? Di “0” si la respuesta es ninguno.

Nº de días

* Como cigarrillos electrónicos, “mods”, dispositivos “pod” como JUUL, vaporizadores descartables como Puff Bar, vaporizadores tipo bolígrafo o pipas de agua electrónicas.

† Pitillos, cigarros, cigarrillos, pipas, tabaco de mascar, tabaco rapé, “snus” o solubles.

Si el/la paciente respondió...

“0” en todas las preguntas de la Parte A



Solo hágale la primera pregunta de la Parte B a continuación y luego **DETÉNGASE**

“1” o más en las P. 1, 2, o 3



Hágale las 6 preguntas de la Parte B a continuación

“1” o más en la P. 4



Hágale las 10 preguntas de la Parte C en la siguiente página

Parte B

Marca con un círculo

C ¿Alguna vez has viajado en un vehículo (**CAR**) conducido por alguien (incluido/a tú mismo/a) que estaba drogado o que había consumido alcohol o drogas?

No Sí

R ¿Alguna vez consumes alcohol o drogas para relajarte (**RELAX**), sentirte mejor contigo mismo/a o integrarte en un grupo?

No Sí

A ¿Alguna vez consumes alcohol o drogas cuando estás solo/a (**ALONE**) o sin compañía?

No Sí

F ¿Alguna vez te olvidas (**FORGET**) de cosas que has hecho mientras consumías alcohol o drogas?

No Sí

F ¿Tus familiares o amigos (**FAMILY** or **FRIENDS**) alguna vez te dicen que deberías disminuir el consumo de alcohol o drogas?

No Sí

T ¿Alguna vez te has metido en problemas (**TROUBLE**) al consumir alcohol o drogas?

No Sí

Dos o más respuestas afirmativas sugieren un problema grave con la que requiere continuar evaluando el caso. Para obtener más instrucciones consulte la página 3. →

AVISO PARA EL PERSONAL DE LA CLÍNICA Y EXPEDIENTES MÉDICOS:

La información consignada en esta página se encuentra protegida por normas federales especiales en materia de confidencialidad (Título 42 del Código de Reglamentos Federales [CFR], Parte 2), que prohíben su divulgación salvo que se autorice mediante consentimiento específico por escrito.

Parte C

“Las siguientes preguntas son sobre el uso de **dispositivos vaporizadores que contienen nicotina o sabores**, o sobre el uso de **productos de tabaco**.*”

	Marca con un círculo	
	Sí	No
1. ¿Alguna vez has intentado DEJAR de consumir, pero no pudiste?	Sí	No
2. ¿ ACTUALMENTE usas vaporizador o tabaco porque te resulta muy difícil dejar de consumir?	Sí	No
3. ¿Alguna vez has sentido que eres ADICTO/A al vaporizador o al tabaco?	Sí	No
4. ¿Alguna vez sientes muchas GANAS de usar vaporizador o tabaco?	Sí	No
5. ¿Alguna vez has sentido que realmente NECESITABAS usar vaporizador o tabaco?	Sí	No
6. ¿Te resulta difícil evitar usar vaporizador o tabaco en LUGARES donde supuestamente no debes hacerlo, como la escuela?	Sí	No
7. Cuando NO HAS USADO vaporizador o tabaco durante un tiempo (o cuando has intentado dejar de usarlo)...		
a. ¿te resultó difícil CONCENTRARTE porque no podías usar vaporizador o tabaco?	Sí	No
b. ¿te sentiste más IRRITABLE porque no podías usar vaporizador o tabaco?	Sí	No
c. ¿sentiste NECESIDAD o ganas intensas de usar vaporizador o tabaco?	Sí	No
d. ¿te sentiste NERVIOSO/A , inquieto/a o ansioso/a porque no podías usar vaporizador o tabaco?	Sí	No

Una o más respuestas afirmativas en Parte C sugieren un problema grave con la nicotina que requiere continuar evaluando el caso. Para obtener más instrucciones consulte la página 3. 

*Referencias:

Wheeler, K. C., Fletcher, K. E., Wellman, R. J., & DiFranza, J. R. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. *J Adolesc Health, 35*(3), 225–230;

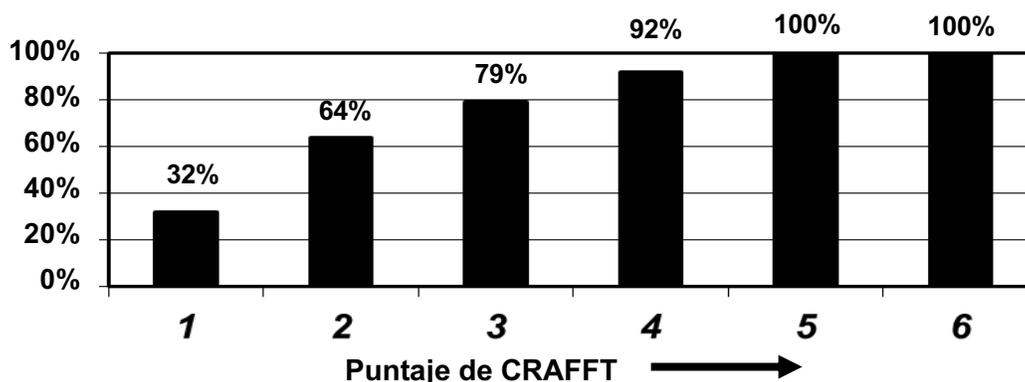
McKelvey, K., Baiocchi, M., & Halpern-Felsher, B. (2018). Adolescents' and Young Adults' Use and Perceptions of Pod-Based Electronic Cigarettes. *JAMA Network Open, 1*(6), e183535.

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Interpretación de puntajes de CRAFFT

Probabilidad de trastorno por consumo de sustancias según DSM-5 por puntaje de CRAFFT*



*Fuente de información: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. Substance Abuse, 35(4), 376–80.

Utilice los temas de conversación de las 5 R para ofrecer consejos breves.



1. **REVISAR** los resultados del examen

Por cada respuesta afirmativa (“sí”) “¿Puedes hablar un poco más sobre eso?”



2. **RECOMENDAR** no consumir

“Como médico (enfermero/proveedor de atención médica), te recomiendo no consumir nada de alcohol, nicotina, marihuana u otra droga, ya que eso podría: 1) Causar daño al cerebro en desarrollo; 2) Interferir con el aprendizaje y la memoria; y 3) Exponerte a situaciones vergonzosas o peligrosas”.



3. **REFLEXIONAR** sobre el riesgo de CONDUCIR/VIAJAR EN VEHÍCULO

“Los accidentes de tránsito son la principal causa de muerte en personas jóvenes. Yo les entrego a todos mis pacientes el Contrato para la Vida. Llévatelo a casa y analízalo con tus padres/tutores para prever cómo puedes regresar a casa de forma segura”.



4. **RESPUESTA** promover respuestas de motivación personal

No consumidores: “Si alguien te preguntara por qué no consumes alcohol, usas vaporizador o consumes tabaco o drogas, ¿qué le dirías?”.

Consumidores: “¿Cuáles serían algunos beneficios de no consumir?”.



5. **REFORZAR** la autosuficiencia

“Creo que tú podrías evitar que el consumo de sustancias se interponga en el camino de alcanzar tus metas”.

Entréguele al/a la paciente el Contrato para la Vida. Disponible en www.crafft.org/contract

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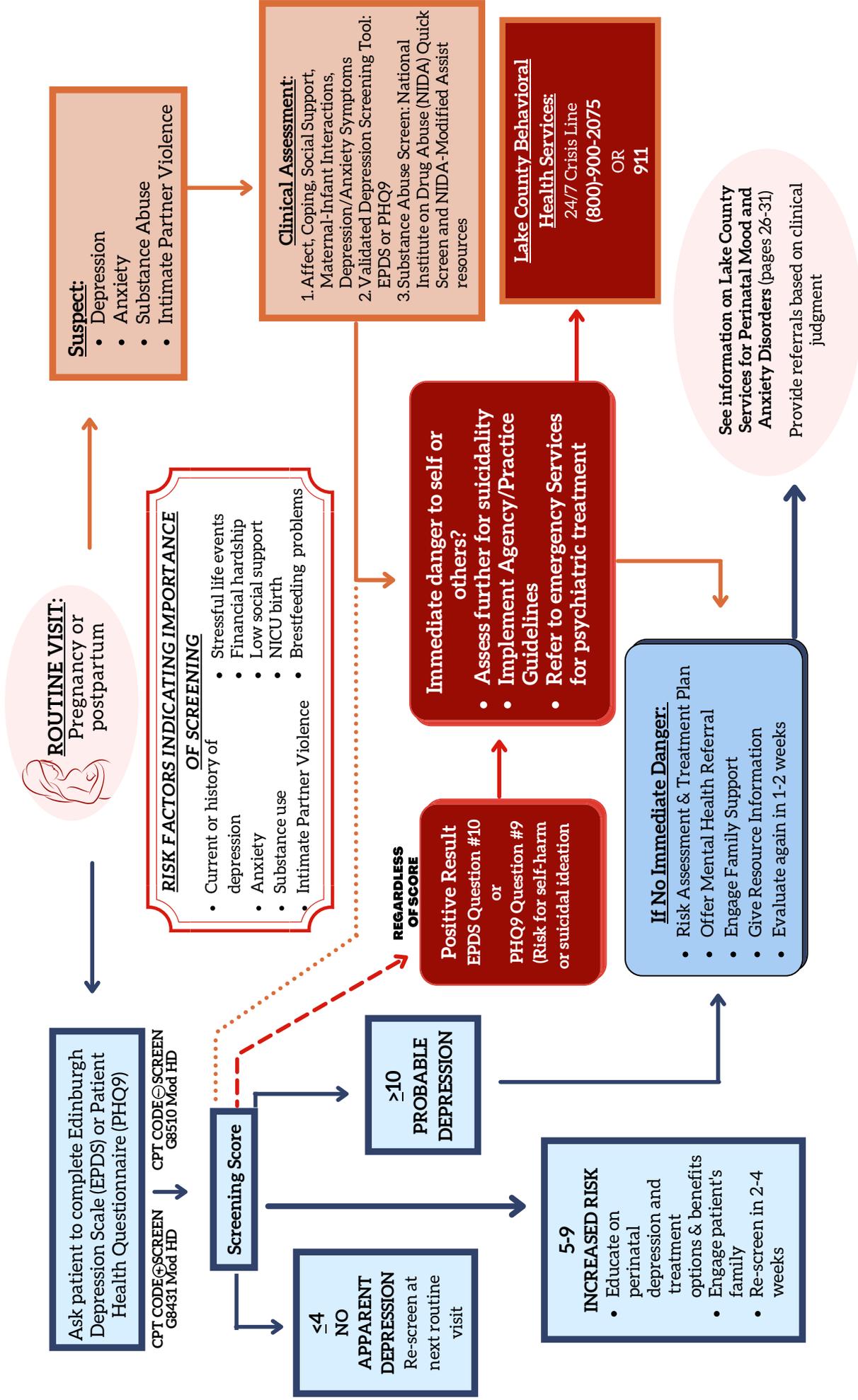
crafft@childrens.harvard.edu

Para obtener más información y versiones en otros idiomas, visite www.crafft.org.

Referrals

Perinatal Mood and Anxiety Disorders: Maternal Screening and Care Pathway

The following algorithm and referral guide will help direct practitioners to local resources available for at-risk clients as well as those with scores suggesting mild to severe symptoms.



The American College of Obstetricians and Gynecologists recommends that obstetrician-gynecologists and other obstetric case providers screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized postpartum visit for each patient. If a patient is screened for depression and anxiety during pregnancy, additional screening should then occur during the comprehensive postpartum visit. This care pathway was designed to assist the clinician and is not intended to replace the clinician's judgement or establish a protocol for all patients with a particular condition. Diagnosis and treatment should be under the close supervision of a qualified health provider.



Local Mental Health Providers

Most mental health providers in the county are equipped to handle mild to moderate cases. When referring a patient to a provider, the patient must call and set up their first appointment on their own. Clinical staff is encouraged to provide the patient with all contact information and support necessary for the patient to successfully contact the referred providers. All providers listed have received training on PMADs and accept Partnership Health Plan of California*.

	ADDRESS	CONTACT	INSURANCE*	CONSIDERATIONS
JACQUINE SMYTHE, MFT	55 1st St. Suite 305 Lakeport, CA 95453	(707) 349-2586	Partnership, Magellan, Regional Center EAP's	Accepting new patients
BETTY STRACH, MFT	55 1st St. Suite D39 Lakeport, CA 95453	(707) 263-3670	Partnership, Sutter select & EAP, Optum EAP, united health care, Compsych, Aetna	Virtual appointments available
GAIL DYNE, MFT	149 N. Main St, Suite 200, Lakeport, CA 95453	(707) 245-8324	Partnership, Blue Shield & cross, united health, Sutter select, EAP-County employees	Accepting some new patients
MARY MICHE, MFT	200 N. Main St., Lakeport, CA 95453	(510) 845-8417	Partnership, EAP with school district & hospitals	Will not accept Blue Shield/Cross
ERIN DAILEY, PSYD	149 N Main St, Suite 200 Lakeport, CA 95453	(510) 306-6410	Partnership, Blue Cross, Blue Shield, Medi-Care, +	Spanish speaking, accepting new patients, & offering virtual appointments

Prevention Classes, Peer Mentorship, & Support Groups

Adventist Health, Tribal Health, and Sutter Health offer a variety of support to expectant and new parents. All three offer Safe Sleep classes in the third trimester, which include education on prevention and early identification of Perinatal Mood & Anxiety Disorders



Bright Start Program
15630 18th Ave. Clearlake
707-995-4500



**Smart Start Family Resource
Navigator Program**
5176 Hill Rd East, Lakeport
707-262-5000



Mother-Wise
180 N. Main St, Lakeport
(707) 349-1210
www.mother-wise.org

Mother-Wise offers in-person Moms' Groups in Lakeport to help mothers meet new friends, learn about topics relevant to the first year of motherhood, ask questions and voice concerns, and in the process - build an effective network of support close to home. Babies and older children up to age five are welcome to attend with their mothers.

Mother-Wise also offers a virtual Village experience on Facebook. **Mother-Wise—The Village** is a private Group with 1,700+ members who are all Lake County mothers. Members of the group can post questions, trade resources (clothing, swings, high chairs, etc.) and meet other mothers. No buying/selling takes place in The Village.

Prevention Classes, Peer Mentorship, & Support Groups Cont.



Lake County Behavioral Health Services

South Shore: 7000-B South Center Dr, Clearlake; (707) 994-7090 | North Shore: 6302 Thirteenth Ave, Lucerne; (707) 274-9101

LCBHS provides services to all of the Lake County population. All people are provided screening and assessment from LCBHS, however, mild-moderate cases will be referred to local counseling resources and severe cases will be seen by LCBHS staff. If a client needs support LCBHS will refer to local programs that fit the needs of the client. If the client is unable to be accommodated by local resources LCBHS is obligated to secure a spot for the client with a contracted partner outside of county limits. LCBHS also hosts many peer and support groups listed below and on the next page.

The Harbor on Main

154 S. Main Street, Lakeport, CA
(707) 994-5486

<https://www.facebook.com/redwoodcommunityservices/posts/the-harbor-on-main-youth-resource-centerlocated-at-150-south-main-st-lakeport-ca/2565162686849699/>

The Harbor hosts groups and classes for all youth age 15-24 at their Lakeport location. The Harbor provides youth access to a multitude of FREE resources and activities including Budget Baking, Wi-Fi and Computer access, Hygiene Supplies, Clothing, Bus Passes, Free food including Thursday Night Dinners, Employment Support, Take a Bite Out of Hunger.

Circle of Native Minds Cultural Center

845 Bevins St. Lakeport, CA
(707) 263-4880

<https://www.facebook.com/groups/240254363712417>

The center offers outreach and engagement for the local tribal community, training for suicide prevention, several monthly talking circles, and traditional workshops and training. The staff at the center provide a welcoming culturally sensitive environment, allowing community members an opportunity to connect with their elders and begin the road to recovery.

La Esperanza Centro Latino

14585 Olympic Dr. #B Clearlake, CA
(707) 994-4261

<https://www.facebook.com/groups/1396092077257623>

The center offers resources to the Latino community to improve their overall health by breaking the language barrier that often prevents people from seeking help and making referrals for mental health services when appropriate. The center offers English classes, Latina support groups, mental health support groups, and youth groups.

Family Support Center

21389 Stewart Street, Suite E, Middletown, CA
(707) 987-9601

<https://www.facebook.com/groups/714929989069101>

The center offers resources to support one's overall well-being. This includes support groups for parents, grandparents raising grandchildren, young adults, and those in all walks of life.

Prevention Classes, Peer Mentorship, & Support Groups Cont.



**REDWOOD
COMMUNITY
SERVICES, INC.**

631 s. Orchard Ave, Ukiah
(707) 467-2010

redwoodcommunityservices.org

NEST: Nurturing Edu & Skills Training:
Nurturing Education and Skills Training is a 15-month supportive housing program for young parents (18-24 years old) with children aged 0-5. The program teaches families life skills, positive parenting techniques, and builds confidence.



Lake County Tribal Health

Modern Medicine  Personalized Care

LCTH: Human Services

925 Bevins Court, Lakeport
(707) 263-8382

LCTHC.org

LCTHC provides culturally relevant comprehensive services including the incorporation of traditional practices, adult and family behavioral health counseling and support, children's treatment services, and the Comprehensive Perinatal Services Program (CPSP). Under the CPSP program, all perinatal patients have access to a health educator, lactation specialist, nutritionist, and behavioral health counselors. LCTHC also hosts the following classes:

Women's Wellness Class: Every Thursday from 5:30-8:30 pm, x1303

Pre-Natal Support & Counseling: Every Wednesday from 11 am-1 pm x1303

Tribal Home Visiting Program: Home visiting services for parents/caregivers with children 0-5 years old. x1302

Fatherhood is Sacred Men's Group: Every Monday 12 pm-1 pm x1305*

Early Parent & Child Development Center: Ages 2.5-5 years old, help prepare their child for public school kindergarten Every Tuesday, Wednesday, & Thursday from 10:30 am-2:30 pm x1303*

Motherhood is Sacred Women's Group: Every Tuesday 12 pm-1 pm x1306*

*Programs at Parent/Child Development Center at 1950 Parallel Dr., Lakeport

Substance Use Support



Lake County Behavioral Health Services

South Shore: 7000-B South Center
Dr, Clearlake; (707) 994-7090

North Shore: 6302 Thirteenth Ave,
Lucerne; (707) 274-9101

LCBHS has Substance Use Disorder counselors in both the Clearlake and Lucerne offices and also has staff members available in both locations for individuals in need of immediate assistance. All people are provided screening and assessment from LCBHS, however, mild-moderate cases may be referred to local resources. The staff works closely with programs in the county and funds the program listed below.

The Big Oak Peer Support Center

13340 East Hwy, Suite O, Clearlake Oaks
(707) 988-0310

<https://www.facebook.com/groups/938910926623898>

Serves as a center of learning and self-improvement by providing support to allow personal growth, connect individuals to mental health resources, and offering a unique perspective to recovery through Peer support. Staff teaches useful daily skills, educate on substance abuse, and offer support and faith in the individual's ability to recover.



631 s. Orchard Ave, Ukiah
(707) 467-2010

redwoodcommunityservices.org

TULE HOUSE:

Eight-bed family-centered treatment residential program that treats substance use disorder for the perinatal population. Women can bring their children under age 12 to live with them during their time spent at the Tule House. (Upper Lake, CA- 707-275-8776)

H.O.M.E. SLE (Sober Living Environment): Healthy Opportunities for Mothering Experiences (H.O.M.E.) Sober Living Environment (SLE) for mothers (<18 years) who are homeless or at risk of homelessness and want to live in a substance-free home with their children (<17 years).



Lake County Tribal Health

Modern Medicine  Personalized Care

925 Bevins Court, Lakeport
(707) 263-8382 x1309

LCTHC.org

LCTHC provides a variety of alcohol and other drug recovery services including relapse prevention, treatment planning, wellness participation options, and after-care services for patients who are seeking wellness through recovery. LCTHC provides personalized counseling, assessments, treatment activities, talking circles and clinical process groups.

Counseling & Other Resources



Behavioral Health Services
15230 Lakeshore Dr., Suite 102,
Clearlake
(886) 202-2016

Offers treatment for substance use, depression and anxiety, grief and loss, family and couples counseling, PTSD, and more. Their team of professionals at Live Well outpatient facility includes psychiatrists, psychologists, LCSW, FNP-BC, and PMHNP. The facility is connected with Adventist Health Vallejo for children, adolescents, and adult inpatient treatment, adult partial hospitalization, and intensive outpatient care.



Victim-Witness Services
420 2nd St, Lakeport
(707) 262-4282

Provides support to victims of crime through all aspects of the criminal justice system and in appropriate civil matters such as domestic violence and elder/dependent adult abuse restraining orders. Acts as the victim's liaison to law enforcement and the prosecutor.



896 Lakeport Blvd, Lakeport
(707) 279-0563
lakefrc.org

Early Head Start

Lake FRC Early Head Start is a federally funded program that provides many services and resources to low-income families with children ages 0-3 and expectant mothers. The comprehensive child development program includes prenatal education, links to birthing classes, parent involvement activities, parent leadership opportunities, comprehensive family services that can often be provided as in-home services.

Rape Crisis Center

Assistance for sexual assault survivors both recent and past through counseling, therapeutic services, hospital, and court accompaniment, advocacy, restraining order assistance, temporary emergency shelter.

CHAT- Child Abuse Treatment Center

This program helps children under the age of 18 who have experienced trauma in their life such as abuse, neglect, bullying, or being victimized by crime. Services include assisting abused children in healing from their trauma, strength-based models, assistance with crime victim compensation and court preparation and criminal proceedings, information and referrals, and case management.

Training on Perinatal Mental Health



Postpartum Support International

This organization offers an in-depth Perinatal Mental Health Certification Training for continuing education credits that discusses assessment, evidence-based psychotherapy and pharmacology, PSI cultural consideration, the impact on fathers, and resources for families and communities.

<https://www.postpartum.net/professionals/certificate-trainings/>

Maternal Mental Health Now

Earn CME credits for taking these brief, self-paced professional 1-2 hour courses on screening and counseling patients struggling with mental health.

<https://www.maternalmentalhealthnow.org/providers/#online-training>



2019 Orange County Maternal Mental Health Symposium



This is a free recording of the symposium that discusses first-hand experiences of two mothers with perinatal anxiety and psychosis and an overview of PMADs and treatment by a reproductive psychiatrist.

<https://www.youtube.com/watch?v=E-GEf8R6s2U>

Treatment & Decision-Making Support

Child and Adolescent Psychiatry Portal

This portal is open to physicians in Lake County for free and offers providers support through consults with psychiatrists, training and education, and other resources. Physicians have the option to be enrolled and complete an orientation to have access to the Child Psychiatry consultations.

<https://capp.ucsf.edu/>



Postpartum Support International

Call the number or complete the form online to schedule an appointment within 24 hours for a consult with a reproductive psychiatrist regarding a perinatal patient.

Phone #: 1-877-499-4773

<https://www.postpartum.net/professionals/certificate-trainings/>

Life Line For Moms

Offers trainings, toolkits, implementation guides, and other resources for obstetric and other clinicians working to integrate perinatal mental health care into their practice.

Phone #: 508-856-8455

Email: Lifeline4Moms@umassmed.edu

<https://www.umassmed.edu/lifeline4moms/>



Maternal Mental Health Now

Free monthly virtual consultation groups facilitated by licensed clinical training faculty provide opportunities for additional learning, clinical insight, and troubleshooting for complex cases.

<https://www.maternalmentalhealthnow.org/providers/#consultation-group>





Mandated Reporter

While it is rare for a mom experiencing PMADs to put herself or her family in severe danger, it can happen, especially in the rare case of Perinatal Psychosis. As a healthcare professional, if abuse, neglect, or maltreatment is suspected, it is required by law that a report be made immediately to Child Welfare Services. After the report has been received by Child Welfare Services, the agency investigates the allegations and meets with the family to ensure that the proper help is offered and received by the family members.

WARNING SIGNS OF ABUSE & NEGLECT:

- Frequent injuries, bruising, welts, or cuts often with patterns- finger marks, belts, etc.
- The child is always on alert
- Shy to touch, often flinches at sudden movements
- Wears inappropriate clothes as a means to hide injuries, like long-sleeved shirts on hot days
- Dirty, inappropriate for the weather, ill-fitting clothes
- Frequent poor hygiene
- Left unsupervised frequently or is allowed in unsafe environments
- Untreated illnesses or injuries

CHILD WELFARE SERVICES:

926 South Forbes Street Lakeport, CA 9545

Phone: (800) 386-4090 or (707) 262-0235

Fax: (707) 262-0299

www.lakecountyca.gov/Government/Directory/Social_Services/Services/CWS.htm

California Department of Education. (2020, June). Child Abuse Identification & Reporting Guidelines.

<https://www.cde.ca.gov/lr/ss/ap/childabusereportingguide.asp>

U.S. Department of Health & Human Services. (2019). Mandated Reporting. <https://www.childwelfare.gov/topics/responding/reporting/mandated/>



**Beacon Health Options/Partnership Health Plan
Primary Care Provider Referral Form**



Referral Date: _____ PCP Name: _____ PCP Phone #: _____

Referring Provider: _____

Member Name: _____ Member ID #: _____ DOB: _____

Member's Preferred Language: _____ Member Phone #: _____ (home)

Please check to confirm member eligibility was verified _____ (cell)

**TO RECEIVE A CONFIRMATION OF THIS REFERRAL'S OUTCOME,
PLEASE CHECK THE BOX BELOW NOTING YOUR PREFERRED METHOD AND CONTACT DETAILS.**

Email Address: _____

FAX Number: _____

Requested Referral (please use separate forms for multiple referrals)

PCP Decision Support: Request a phone call (curbside consult) with a Beacon psychiatrist for member diagnostic or prescribing support. ****Include** med list and 2 PCP progress notes for psychiatrist review before phone call.

- Please note preferred date/time for consult: _____ (date) _____ (time)
- Best phone number to directly call PCP: _____

Fax form to: **866.422.3413** OR secure email: medi-cal.referral@beaconhealthoptions.com

Outpatient Behavioral Health Services: Refer members interested in therapy or medication management via Beacon's network when needs are outside PCP scope. Beacon coordinates with county mental health.

Fax form to: **866.422.3413** OR secure email: medi-cal.referral@beaconhealthoptions.com

Referral for Local Care Management: Local behavioral health care coordination services to help link members to mental health providers, support their transition between levels of care, or engage members with history of non-compliance and link them to community support services.

** For exchange of information include signed member Consent to Release Information.

Fax: **855-371-2279** OR email: MediCal_PHP@beaconhealthoptions.com

Request Reason (check all that apply):

Symptoms:

- | | |
|---|---|
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Abuse/CPS |
| <input type="checkbox"/> Poor self-care due to mental health | <input type="checkbox"/> Suicidal Ideation |
| <input type="checkbox"/> Psychosis (auditory/visual hallucinations, delusional) | <input type="checkbox"/> Homicidal Ideation |
| <input type="checkbox"/> PTSD/Trauma | <input type="checkbox"/> Chronic Pain |
| <input type="checkbox"/> Violence/Aggressive Behavior | |
| <input type="checkbox"/> Substance use type: _____ | |
| <input type="checkbox"/> Other BH symptoms: _____ | |

Impairments:

- | | |
|--|---|
| <input type="checkbox"/> Difficult/Unable to complete ADLs | <input type="checkbox"/> Difficulties maintaining relationships |
| <input type="checkbox"/> Difficult/Unable to go to work/school | <input type="checkbox"/> Legal/CPS |
| <input type="checkbox"/> Other: _____ | |

Medications (list below or send medication list with this form):

Date: _____



For Every Expecting & New Lake County Mom

Referral Information:

Referring Agency: _____ Contact Person/#: _____

Mom's Name: _____ Age/DOB: _____

Town/City: _____ Phone: _____ Okay to leave message? Y / N

Ethnicity: _____ Primary Language: _____

Estimated Due Date (If Pregnant): _____ Delivery Date: _____ Edinburgh Score: _____

Type of Delivery? _____ Pregnancy/Delivery Complications: _____

Purpose of Referral:

- General Program Information
- Moms Group (Coming July 2021)
- Spanish Speaking Moms Group (Coming July 2021)
- The Village Facebook Group
- History of Mood/Anxiety Disorder

- Diagnosed with Maternal Mental Health Complication(s)**
- Mom-to-Mom Closet Request

Needs: _____

Any Additional Information Regarding Mom's Current Situation & Need for Referral:

PLEASE FAX TO: Mother-Wise @ (707) 349-1210

-----**Mother-Wise Use Only**-----

Initial Follow Up Date: _____ By: _____

Created: 4/1/2021 EMA

Medi-Cal Billing & Reimbursement Information

Postpartum Depression Screening at Infant Visits

Providers of well-child and episodic care for infants may submit claims for a maternal depression screening up to four times during the infant's first year of life. Bright Futures recommends screening for maternal depression at the infant's one-month, two-month, four-month and six-month visits, with referral to the appropriate provider for further care if indicated. Screens that are positive for depression must be billed using HCPCS code G8431 and modifier HD. Screens that are negative for depression must be billed using HCPCS code G8510 and modifier HD. When a postpartum depression screening is provided at the infant's medical visit, the screening must be billed using the infant's Medi-Cal ID. The only exception to this policy is that the mother's Medi-Cal ID may be used during the first two months of life if the infant's Medi-Cal eligibility has not yet been established. Records for maternal depression screenings must be maintained in a separate medical record to document the mother's screening results and any recommendations/referrals that were given. The American Academy of Pediatrics and the Centers for Medicare & Medicaid Services recommend that treatment of postpartum depression include a parenting component.



Medi-Cal Update: Psychological Services

Depression Screenings for Select Recipients Are Now Reimbursable.

Effective for dates of service on or after December 1, 2018, depression screening is reimbursable under Medi-Cal as an outpatient service. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment options including referral to mental health specialists, and appropriate follow-up.

Billing Codes

The chart below lists procedure codes that must be used when billing for depression screening:

Recipient Category	Positive Depression Screen	Negative Depression Screen
Pregnant or Postpartum	G8431 modifier HD	G8510 modifier HD

Billing for Telehealth

Modifier 95 must be used for Medi-Cal covered benefits or services delivered via synchronous telecommunications systems. Only the portion(s) of the telehealth service rendered at the distant site is billed with modifier 95. The use of modifier 95 does not alter reimbursement for the CPT or HCPCS code.

Screening Tools

Medi-Cal requires the use of a validated depression screening tool such as PHQ-9, Edinburgh, or the Beck Depression Inventory.

Pregnant or Postpartum Recipients

Providers of prenatal care and postpartum care may submit claims twice per year per pregnant or postpartum recipient: once when the recipient is pregnant and once when she is postpartum. Screens that are positive for depression must be billed using HCPCS code G8431 (screening for depression is documented as being positive and a follow-up plan is documented) and modifier HD. Screens that are negative for depression must be billed using HCPCS code G8510 (screening for depression is documented as negative, a follow-up plan is not required) and modifier HD.



Coding for Perinatal Depression

Screening for Depression

If a physician is providing the global obstetrical service (and reporting a global code), the payer may consider screening for depression as part of the global service and not reimburse additionally for the service. This is particularly true if the physician screens every patient for depression as routine. However, some payers may reimburse for this service. Physicians should check with their specific payers.

Treatment for Patients with Signs and Symptoms

If the patient has signs and/or symptoms of depression (reported with an appropriate diagnosis code), then those services are reported separately from the global service and may potentially be reimbursed.

Diagnosis Coding

Mental, behavioral and neurodevelopmental disorder codes are found in Chapter 5, *Mental, Behavioral, and Neurodevelopmental Disorders*, code block, (F01-F99), of ICD-10-CM. Note that many payers will only reimburse a psychiatrist or psychologist for services linked to a diagnosis in the mental disorders chapter.

The possible ICD-10-CM diagnosis codes are as follows:

- F05 Delirium due to known physiological condition
- F30.-- Manic episode
- F34.1 Dysthymic disorder
- F32.9 Major depressive disorder, single episode, unspecified

Other diagnoses that may be reported may be found in the signs and symptoms and nervous system chapters. *Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified*, code block, (R00-R99), are found in Chapter 18 of ICD-10-CM. Sleep disorders are found in Chapter 6, *Diseases of the Nervous System*, code block, (G00-G99), sub code section, G40-G47: *Episodic and paroxysmal disorders*.

Additional possible ICD-10-CM codes are as follows:

- G47.9 Sleep disorder, unspecified
- R53.81 Other malaise
- R53.83 Other fatigue
- R45.- Symptoms and signs involving emotional state

Procedure Coding

The correct Evaluation and Management (E/M) code will depend on whether the encounter was for screening or treatment of depression.

If the encounter was for screening for a patient without symptoms, report a preventive medicine code. These codes are selected according to the time spent in face-to-face counseling with the patient. Whether or not these codes will be reimbursed by the payer will vary. Possible procedure codes are:

- 99401-99404 Preventive medicine, individual counseling
- 99411-99412 Preventive medicine, group counseling

If the encounter was for treatment for a patient with a diagnosis of depression or documented symptoms of depression, report an office or other outpatient E/M code. These codes list a "typical time" in the code descriptions. Time spent face to face



counseling the patient must be documented in the medical record. The record must document that either all of the encounter or more than 50% of the total time was spent counseling the patient. Possible procedure codes are:

- 99201-99205 New patient, office or other outpatient visit
- 99211-99215 Established patient, office or other outpatient visit



Education for Patients

Providers play a key role in normalizing discussions on mental health. We recommend routinely offering information on perinatal mental health to all clients in the same way that other health practices, such as diet and exercise, are discussed. This page contains proven resources that can benefit both providers and parents. The "Educational Materials" section of this toolkit, page 43, contains printable handouts on perinatal mental health and local resources for new parents and families. Make it part of your practice to normalize discussion about mental health with all caregivers, not just mothers. We encourage you to print and hand out the multi-lingual written materials to all expecting and new parents.

Resources



Self-Help Apps

Maternal Mental Health Now's Emotional Wellness Self- Help Tool:

Free web-based app that helps expecting or new moms and their support systems become informed about perinatal depression and anxiety and prepare to successfully manage these conditions if needed.

<https://mycare.mmhnow.org/>

COVID Coach:

This can be used as a stand-alone education and self-care tool, or to supplement professional mental health care. The user is able to save their favorite coping tools, track their mental health over time, and set reminders to track progress towards their customized goals.

www.ptsd.va.gov/appvid/mobile/COVID_coach_app.asp

Medication & Drug Reference During Pregnancy & Lactation

Infant Risk Center:

www.infantrisk.com

LactMed Drugs and Lactation Database:

www.ncbi.nlm.nih.gov/books/NBK501922/

Useful Numbers



During times of crisis, parents need access to immediate resources. Sharing resources that can help meet their immediate needs can help prevent and reduce the impact of depression or anxiety on themselves and their children.

Lake County Behavioral Health Services

Clearlake: 707-994-7090

Lucerne: 707-274-9101

24-Hour Hotline: 1-800-900-2075

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Lake Family Resource Center: Hotline

888-485-7733

.....

North Bay Suicide Prevention Hotline

885-587-6373

.....

National Suicide Prevention Hotline

800-273-8255

.....

National Domestic Violence Hotline

800-799-7233

SUPPORTING FATHERS' MENTAL HEALTH

Did you know?

- **One in 10** fathers get Paternal Postpartum Depression (PPPD);
- Up to **16 percent** of fathers suffer from an anxiety disorder during the perinatal period.



Helping dads be at their best—physically and mentally—during early childhood has a big impact on children's health.

Studies show that FATHER INVOLVEMENT LEADS TO CHILDREN WHO:

are more
**ready for
school**



have a
**better
vocabulary**

have
**better
social
skills**



are better
able to
**regulate
their
emotions**

FATHER INVOLVEMENT HELPS MOMS TOO

- It increases both parents' confidence
- It helps both parents be more responsive to their baby
- It decreases mothers and fathers' potential for mental health issues



How Can Health Professionals Help Fathers?

1. Screen for paternal depression during well-child visits
2. Connect dads with resources and interventions

REFERENCES

<https://www.ncbi.nlm.nih.gov/pubmed/26590515>
<https://jamanetwork.com/journals/jama/article-abstract/185905>
<https://pediatrics.aappublications.org/content/138/1/e20161128>

SPEAK UP WHEN YOU'RE DOWN

6 THINGS

Every New Mom & Mom-To-Be Should Know About Maternal Depression

1 | MATERNAL DEPRESSION AND ANXIETY IS COMMON.

It is the number one complication of pregnancy. In the US, 15% to 20% of new moms, or about 1 million women, each year experience perinatal mood and anxiety disorders. Some studies suggest that number may be even higher.

YOU ARE NOT ALONE.

Maternal depression can affect any woman regardless of age, income, culture, or education.

2 | YOU MIGHT EXPERIENCE SOME OF THESE SYMPTOMS.

- Feelings of sadness or anger.
- Mood swings: highs and lows, feeling overwhelmed.
- Difficulty concentrating.
- Lack of interest in things you used to enjoy.
- Changes in sleeping and eating habits.
- Panic attacks, nervousness, and anxiety.
- Excessive worry about your baby.
- Thoughts of harming yourself or your baby.
- Fearing that you can't take care of your baby.
- Feelings of guilt and inadequacy.
- Difficulty accepting motherhood.
- Irrational thinking; seeing or hearing things that are not there.

Some of the ways women describe their feelings include:

- I want to cry all the time.*
- I feel like I'm on an emotional roller coaster.*
- I will never feel like myself again.*
- I don't think my baby likes me.*
- Everything feels like a huge effort.*



Adapted from Postpartum Progress. www.postpartumprogress.com, where you can find out more on childbirth-related mental illness. This brochure is also available in Spanish, Chinese and Vietnamese.

www.maternalmentalhealthnow.org

3 | SYMPTOMS CAN APPEAR ANY TIME DURING PREGNANCY, AND UP TO THE CHILD'S FIRST YEAR.

Baby blues, a normal adjustment period after birth, usually lasts from 2 to 3 weeks. If you have any of the listed symptoms that have stayed the same or gotten worse, and lasted more than 5 weeks, then you may be experiencing maternal depression or anxiety.

4 | YOU DID NOTHING TO CAUSE THIS.

You are not a weak or bad person. You have a common, treatable illness. Research shows that there are a variety of risk factors that may impact how you are feeling, including your medical history, how your body processes certain hormones, the level of stress you are experiencing, and how much help you have with your baby. What we do know is, **THIS IS NOT YOUR FAULT.**

5 | THE SOONER YOU GET HELP, THE BETTER.

You deserve to be healthy, and your baby needs a healthy mom in order to thrive. Don't wait to reach out. Talk to someone you trust. **HELP** is available.

If you are having thoughts of harming yourself or baby, call 911 immediately.

6 | THERE IS HELP FOR YOU.

Postpartum Support International
1.800.944.4773
www.postpartum.net



HABLA CUANDO ESTES DEPRIMIDA

6 COSAS

Cada Nueva Mamá Y Futura Mamá Deben Saber Acerca De La Depresión Materna

1 | LA DEPRESIÓN MATERNA Y LA ANSIEDAD SON COMUNES.

Es la complicación número uno del embarazo. En los EE.UU., entre el 15% y el 20% de las nuevas mamás, o aproximadamente 1 millón de mujeres, experimentan cada año trastornos perinatales del estado de ánimo y ansiedad. Algunos estudios sugieren que el número puede ser aún mayor.

NO ESTÁS SOLA.

La depresión materna puede afectar a cualquier mujer, independientemente de su edad, ingresos, cultura o educación.

2 | PODRÍAS EXPERIMENTAR ALGUNOS DE ESTOS SÍNTOMAS.

- Sentimientos de tristeza o enojo.
- Cambios de humor: alibajos, sentirte abrumada.
- Dificultad para concentrarte.
- Falta de interés en las cosas que solías disfrutar.
- Cambios en los hábitos de sueño y alimentación.
- Ataques de pánico, nerviosismo y ansiedad.
- Excesiva preocupación por tu bebé.
- Pensamientos de hacerte daño a ti misma o a tu bebé.
- Temor de que no puedas cuidar a tu bebé.
- Sentimientos de culpa e insuficiencia.
- Dificultad para aceptar la maternidad.
- Pensamiento irracional; ver o escuchar cosas que no están allí.

Algunas de las formas en que las mujeres describen sus sentimientos incluyen:

*Quiero llorar todo el tiempo.
Siento que estoy en una montaña rusa emocional.
Nunca me sentiré como yo misma otra vez.
No creo que le guste a mi bebé.
Todo se siente como un gran esfuerzo.*

3 | LOS SÍNTOMAS PUEDEN APARECER EN CUALQUIER MOMENTO DURANTE EL EMBARAZO, Y HASTA EL PRIMER AÑO DEL NIÑO.

La tristeza del bebé, un período de ajuste normal después del nacimiento, generalmente dura de 2 a 3 semanas. Si tienes alguno de los síntomas enumerados que se mantuvo igual o empeoró y duró más de 5 semanas, puedes estar experimentando depresión o ansiedad materna.

4 | NO HICISTE NADA PARA QUE ESTO PASARA.

No eres una persona débil o mala. Tienes una enfermedad común y tratable. La investigación muestra que hay una variedad de factores de riesgo que pueden afectar cómo te sientes, incluido tu historial médico, cómo tu cuerpo procesa ciertas hormonas, el nivel de estrés que estás experimentando y cuánta ayuda tienes con tu bebé. Lo que sí sabemos es que **NO ES CULPA TUYA**.

5 | CUANTO ANTES RECIBAS AYUDA, MEJOR.

Mereces estar sana y tu bebé necesita una madre sana para prosperar. No esperes para buscar ayuda. Habla con alguien de confianza. **LA AYUDA** está disponible.

Si estás pensando en hacerte daño a ti misma o al bebé, llama al 911 de inmediato.

6 | EXISTE AYUDA PARA TI.

Postpartum Support International
1.800.944.4773
www.postpartum.net



Adaptado de Postpartum Progress, www.postpartumprogress.com, donde puedes obtener más información sobre las enfermedades mentales relacionadas con el parto. Este folleto también está disponible en inglés, chino y vietnamita.

www.maternalmentalhealthnow.org



Feeling anxious or depressed?

Many women experience depression and anxiety during pregnancy and after having a baby.

What every new mom and mom-to-be need to know



One in five California women

has symptoms of depression during or after pregnancy.



Symptoms

Feelings of depression after pregnancy, also known as baby blues, are common, last about two weeks and are considered normal. Symptoms can also occur during pregnancy or any time during your baby's first year. But if your symptoms last longer than two weeks, are severe or get worse, please talk with someone you trust and see your health care provider.

- ▶ Anxiety and/or nervousness
- ▶ Sadness
- ▶ Excessive crying
- ▶ Mood swings
- ▶ Difficulty concentrating
- ▶ Lack of interest in things you typically enjoy
- ▶ Changes in sleeping or eating habits
- ▶ Excessive worry about your baby
- ▶ Feelings of guilt or inadequacy
- ▶ Difficulty accepting motherhood

See your doctor right away if you have:

- ▶ Thoughts of harming yourself or your baby
- ▶ Panic attacks
- ▶ Fear that you can't take care of your baby
- ▶ Baby blues lasting longer than two weeks
- ▶ Irrational thinking, such as seeing or hearing things that are not there

NEED HELP RIGHT NOW?

Call 1-800-944-4773 or text 503-894-9453
Postpartum Support International to find local resources



WATCH OUR VIDEO:

www.cdph.ca.gov/MaternalMentalHealth

You are not alone



One in five California women has symptoms of depression during or after pregnancy. More Black and Latina women are affected, as well as women who don't have support from family and friends. It's important to know this can happen to any woman regardless of age, income, culture or education.

Treatment is good for mom, baby and the entire family

Depression during pregnancy can cause problems, like premature birth. Depression after baby is born can result in breastfeeding problems and the ability for mothers to bond with their infants. Depression at any time during pregnancy or baby's first year can cause marital issues and can also affect mom-baby-family bonding, which can increase the risk of long-term mental and emotional problems in children.



Most women experience full recovery if they get treatment



More and more health care providers are screening for depression as part of your prenatal and postpartum care. However, do not wait for screening if you are experiencing symptoms beyond normal baby blues. The sooner you get treatment, the better.

Help is available

Asking for help is a sign of strength. If you're having any symptoms, now is the time to reach out to a trusted professional who can guide you through treatment. Talk to your family and friends for support. Remember, you did nothing to cause this, and there is no shame in asking for help—for your well-being and the health of your baby. For more information and maternal mental health resources, visit: www.cdph.ca.gov/MaternalMentalHealth



NEED HELP RIGHT NOW?

Call 1-800-944-4773 or text 503-894-9453
Postpartum Support International to find local resources

¿Se siente ansiosa o deprimida?

Muchas mujeres expresan depresión y ansiedad durante el embarazo y después de tener a su bebé.

Lo que todas las nuevas mamás y mamás necesitan saber



Una de cada cinco mujeres de California

tiene síntomas de depresión durante o después del embarazo.



Síntomas

Los sentimientos de depresión después del embarazo, también conocidos como “baby blues”, son comunes, duran unas dos semanas y se consideran normales. Los síntomas también pueden ocurrir durante el embarazo o en cualquier momento durante el primer año de su bebé. Pero si los síntomas duran más de dos semanas, son severos o empeoran, por favor hable con alguien en quien confíe y vea a su proveedor de atención médica.

- ▶ Ansiedad y/o nerviosismo
- ▶ Tristeza
- ▶ Llanto excesivo
- ▶ Cambios de humor
- ▶ Dificultad para concentrarse
- ▶ Falta de interés en las cosas que típicamente disfruta
- ▶ Cambios en los hábitos alimenticios o de dormir
- ▶ La preocupación excesiva sobre su bebé
- ▶ Sentimientos de culpabilidad o inadecuación
- ▶ Dificultad para aceptar la maternidad

Consulte a su médico de inmediato si tiene:

- ▶ Pensamientos de lastimarse a usted misma o a su bebé
- ▶ Ataques de pánico
- ▶ Teme que no pueda cuidar a su bebé
- ▶ “Baby blues” que duran más de dos semanas
- ▶ Pensamientos irracionales, como ver u oír cosas que no existen

¿NECESITA AYUDA AHORA MISMO?

Llame al 1-800-944-4773 o mande un texto al 503-894-9453
Posparto Apoyo Internacional para encontrar recursos locales



MIRE NUESTRO VIDEO:

www.cdph.ca.gov/MaternalMentalHealth

No está sola



Una de cada cinco mujeres de California tiene síntomas de depresión durante o después del embarazo. Mujeres Afro-Americanas y Latinas se ven afectadas más, así como mujeres que no tienen el apoyo de familiares y amigos. Es importante saber que esto le puede suceder a cualquier mujer sin importar la edad, los ingresos, la cultura o la educación.

El tratamiento es bueno para la mamá, el bebé y toda la familia

La depresión durante el embarazo puede causar problemas, como el parto prematuro. La depresión después del nacimiento del bebé puede dar lugar a problemas de lactancia materna y a la capacidad de las madres de vincularse con sus bebés. La depresión en cualquier momento durante el embarazo o el primer año del bebé puede causar problemas matrimoniales y también puede afectar el vínculo entre la madre y el bebé-familia, lo que puede aumentar el riesgo de problemas mentales y emocionales a largo plazo en los niños.



La mayoría de las mujeres que reciben tratamiento se recuperan completamente



Más y más proveedores de atención médica están examinando para depresión como parte de la atención prenatal y posparto. Sin embargo, no espere a que se realice el examen si muestra síntomas más allá de los "baby blues" normales. Cuanto antes reciba tratamiento, mejor.

La ayuda está disponible

Pedir ayuda es un signo de fuerza. Si tienes algún síntoma, ahora es el momento de ir con un profesional de confianza que pueda guiarte a través del tratamiento. Hable con su familia y amigos para obtener apoyo. Recuerde, no hizo nada para causar esto, y no hay vergüenza en pedir ayuda, para su bienestar y la salud de su bebé. Para obtener más información y recursos de salud mental materna, visite: www.cdph.ca.gov/MaternalMentalHealth



¿NECESITA AYUDA AHORA MISMO?

Llame al 1-800-944-4773 o mande un texto al 503-894-9453
Posparto Apoyo Internacional para encontrar recursos locales