



Screening for perinatal depression

LOUISIANA MENTAL HEALTH PERINATAL PARTNERSHIP

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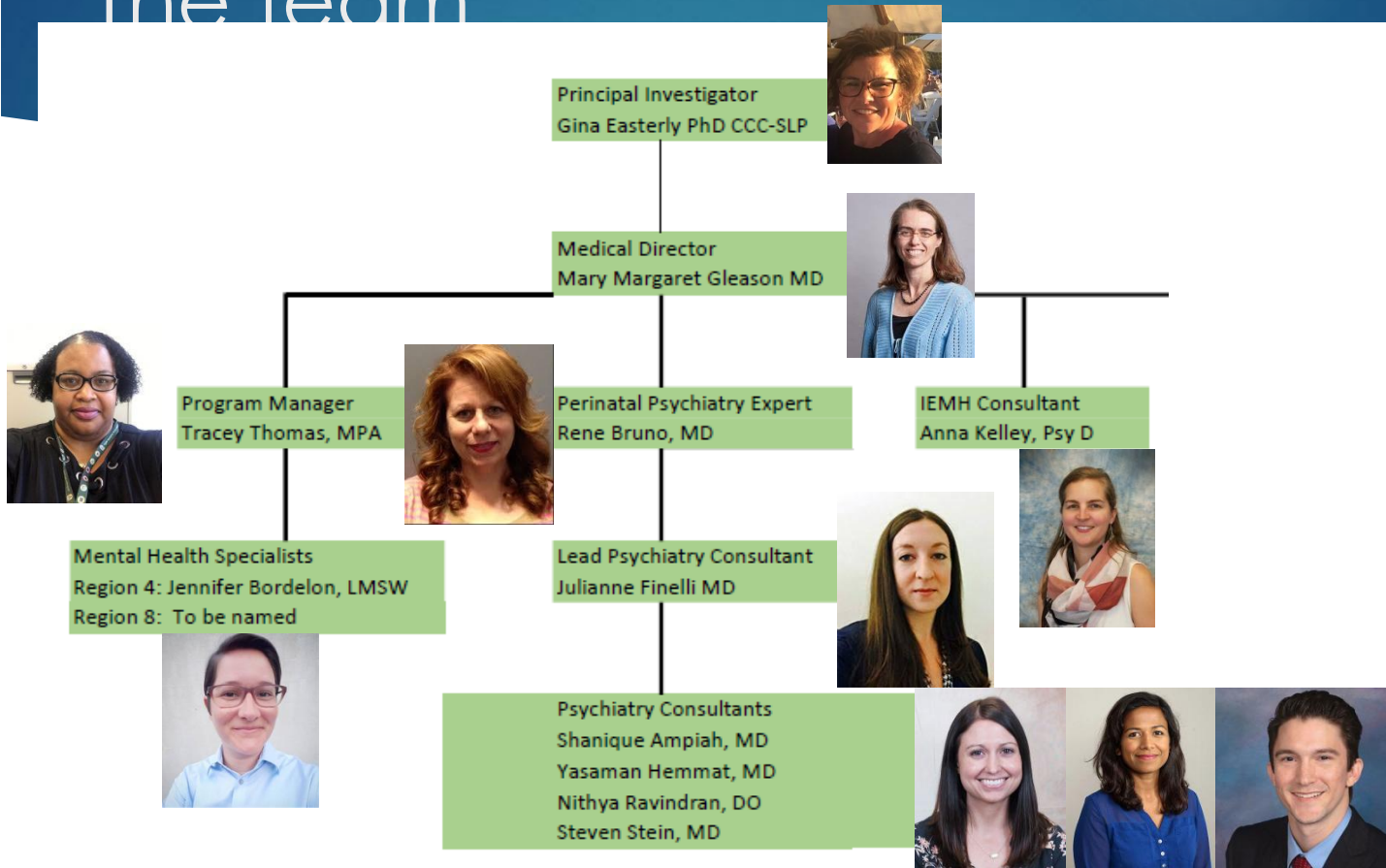
Acknowledgement

- ▶ This publication was produced by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau under contract number UK3MC32243. This publication lists non-federal resources in order to provide additional information to consumers. The views and content in these resources have not been formally approved by the U.S. Department of Health and Human Services (HHS) or the Health Resources and Services Administration (HRSA). Listing these resources is not an endorsement by HHS or HRSA.

Check in:

- ▶ Who's on the webinar? Please email us at perinatalpsych@Tulane.edu
- ▶ Are you enrolled?
 - ▶ We NEED you!
 - ▶ Please enroll at: lamhpp.org (enroll here link)
 - ▶ <https://cas.tulane.edu/login?service=https%3A%2F%2Ftulane.co1.qualtrics.com%2Flogin%2Fv1%2Fssso%2Fcas%2Fauth>
- ▶ We'll want your feedback! In case you have to leave early, here's the link:
http://tulane.co1.qualtrics.com/jfe/form/SV_0368z9KS0EFesu1 (we'll also email you)

The team



Goals:
Among
health care
clinicians
who care for
pregnant
and
postpartum

Increase

Increase universal screening for depression, anxiety, substance use disorders (SUDs), and intimate partner violence (IPV)

Increase

Increase early detection, evidence-informed first line management, and referral to specialty evidence-based treatments and culturally-appropriate community supports as needed

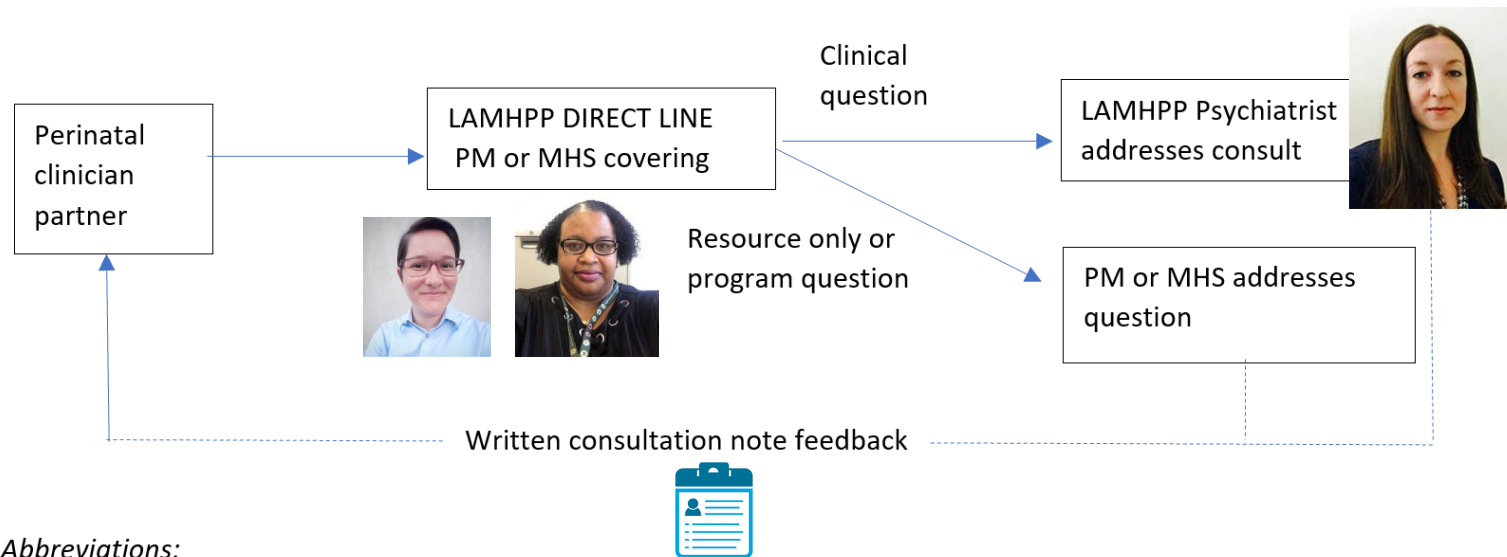
Support

Support referral and connections to services, treatment and recovery support in underserved and rural areas of Louisiana.

Develop

Develop plan for sustainability of consultation and care coordination beyond the duration of the funding.

Phone consultation



Abbreviations:

PM= Program Manager

MHS= Mental health specialist

What else?

- ▶ Webinars
- ▶ Website (under development)
- ▶ Telehealth follow-up to phone or in-person consultation
- ▶ Onsite consultation in Regions 4 and 8
- ▶ MOC credit

Screening criteria

- ▶ In medicine, we screen for disorders that are
 - ▶ Prevalent
 - ▶ Are identifiable with low cost measures
 - ▶ Cause impairment
 - ▶ Are treatable

Screening criteria: Perinatal Depression

▶ In medicine, we screen for disorders that are



Prevalent

▶ 1 in 7 women affected



Are identifiable with low cost measures

▶ FREE self-report measures

▶ 9-10 items (under 5 minutes to complete)

▶ Scoring takes 2-3 minutes

☑ Cause impairment

☑ Pregnancy complications

- ▶ Low adherence to medical recommendations
- ▶ Preterm birth
- ▶ Low birthweight
- ▶ Emergency c/section
- ▶ Maternal suicide

☑ Infant outcomes

- ▶ Social difficulties
 - ▶ Less interactive
 - ▶ Difficult to calm
- ▶ Biological changes
 - ▶ EEG asymmetry
 - ▶ Low vagal tone
 - ▶ Abnormal catecholamine excretion

☑ Cause impairment

☑ Parenting challenges

- ▶ Feel less competent
- ▶ Irritable or disengaged interactions
- ▶ Fewer interactions
- ▶ Health patterns: LOWER rates of
 - ▶ Breast feeding persistence
 - ▶ Timely well-child care and immunizations
 - ▶ Use of safety measures (e.g. car seats, smoke detector)
- ▶ Higher rate corporal punishment in infants

☑ Infant patterns

- ▶ 9 mo
 - ▶ Reduced social engagement
 - ▶ More fear & negativity
- ▶ Toddlers-adolescents
 - ▶ Higher internalizing problems
 - ▶ Increased risk externalizing problems



Treatable

- ▶ Evidence indicates efficacy of
 - ▶ Screening
 - ▶ Supportive approaches
 - ▶ Psychotherapy
 - ▶ Antidepressants

Why screen universally?

- ▶ Clinical surveillance is INEFFECTIVE in identifying women suffering with depression
- ▶ Reduce influence of bias and judgement in selective screening
- ▶ Send message that this is a safe place to talk about emotional health..... Even if not today
- ▶ Increase efficiency over “door knob” questions
- ▶ Screening itself is associated with reduced symptoms

Recommendations for universal maternal depression screen

- ▶ ACOG (2018)
 - ▶ **Screen at least once during the perinatal period** for depression and anxiety symptoms
 - ▶ Assess mood and emotional (including repeat screening) at the first comprehensive postpartum visit
 - ▶ Be prepared to initiate medical therapy, refer to behavioral health resources, or both when indicated
- ▶ American Academy of Pediatrics (2016)
 - ▶ **Screen for maternal depression at 1, 2, 4, and 6-month visits**
 - ▶ **Psychosocial assessment at every visit** (attention to poverty and behavioral health)

Edinburgh Postnatal Depression Scale (EPDS)

- ▶ Validated screen for depression and anxiety in pregnancy and postpartum period
- ▶ FREE (LAMHPP.org)
- ▶ < 5 minutes to complete
- ▶ Available in 50 languages
- ▶ Easy to score

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
 Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
 No, not very often Please complete the other questions in the same way.
 No, not at all

In the past 7 days:

- | | |
|---|---|
| 1. I have been able to laugh and see the funny side of things
<input type="checkbox"/> As much as I always could
<input type="checkbox"/> Not quite so much now
<input type="checkbox"/> Definitely not so much now
<input type="checkbox"/> Not at all | 6. Things have been getting on top of me
<input type="checkbox"/> Yes, most of the time I haven't been able to cope at all
<input 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. 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 type="checkbox"/> Definitely less than I used to
<input type="checkbox"/> Hardly at all | *7. I have been so unhappy that I have had difficulty sleeping
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, sometimes
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, not at all |
| *3. I have blamed myself unnecessarily when things went wrong
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, some of the time
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, never | *8. I have felt sad or miserable
<input 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 |
| 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 type="checkbox"/> Yes, very often | *9. I have been so unhappy that I have been crying
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Only occasionally
<input type="checkbox"/> No, never |
| *5. I have felt scared or panicky for no very good reason
<input type="checkbox"/> Yes, quite a lot
<input type="checkbox"/> Yes, sometimes
<input type="checkbox"/> No, not much
<input type="checkbox"/> No, not at all | *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 type="checkbox"/> Never |

Administered/Reviewed by _____ Date _____

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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Edinburgh scoring

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

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

*10 The thought of harming myself has occurred to me

- 3 Yes, quite often
- 2 Sometimes
- 1 Hardly ever
- 0 Never

- ▶ Calculate each score
 - ▶ #'s 1,2,4 are scored 0 ->3
 - ▶ #'s 3, 5-10 are REVERSED SCORED (3 ->0)
- ▶ Check item 10: Anything other than "never" requires follow-up
- ▶ Score <10: Negative (low risk of depression)
- ▶ Score ≥10: Positive (risk of depression)

Patient Health Questionnaire-9

- ▶ Well-validated screen
- ▶ FREE (LAMHPP.org)
- ▶ < 5 min to complete
- ▶ Easy to score
- ▶ Used across adult settings
- ▶ Available in 28 languages (phqscreeners.com) and low literacy version

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

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	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. 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 _____

PHQ-9 Scoring

- ▶ Add each column and sum the column totals
- ▶ Interpret total scores
 - ▶ 5-9: Mild depression
 - ▶ 10-14: Moderate depression
 - ▶ ≥ 15 : Severe depression
- ▶ Check question 9 (suicidality)
 - ▶ Anything other than 0 requires safety assessment
- ▶ Read question 10 about how symptoms interfere with life

9. Thoughts that you would be better off dead, or of hurting yourself	0		1		2		3	
		add columns	+		+			
<i>(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).</i>							TOTAL:	

10. 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	_____

Patient Health Questionnaire-2

- ▶ Brief, valid screen for depression
- ▶ High sensitivity
- ▶ Low specificity (that's ok!)
- ▶ Often used in pediatric settings
- ▶ Interpretation: anything other than 0 is positive

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

Anxiety screening

Generalized Anxiety Disorder 7-item (GAD-7) scale

- ▶ 5-9: Mild symptoms
- ▶ 10-14: Moderate (disorder level)
- ▶ 15+ Severe (disorder level)

- ▶ Picks up generalized anxiety as well as panic and social anxiety with adequate sensitivity

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over 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. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
Total Score (<i>add your column scores</i>) =				

If you checked off any problems, how difficult have these 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 _____

IPV Screening

- ▶ Each item is scored 1-5
- ▶ > 10 = at risk of violence

Hurt, Insulted, Threatened with Harm and Screamed (HITS) Domestic Violence Screening Tool

Please read each of the following activities and place a check mark in the box that best indicates the frequency with which your partner acts in the way depicted.

Date: _____

Age: _____

Sex: Male _____ Female _____

Ethnicity: Caucasian _____ Hispanic _____ African American _____ Asian _____ Indian _____

How often does your partner?	Never	Rarely	Sometimes	Fairly Often	Frequently
1. Physically hurt you					
2. Insult or talk down to you					
3. Threaten you with harm					
4. Scream or curse at you					
	1	2	3	4	5
Total Score:					

Substance use disorders: 5 P's

- ▶ Identifies risk patterns
- ▶ Can follow up any yes with additional screening and questions including the NIDA Quick Screen

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.

Follow up screens

Positive Depression Screen? -> Screen for Bipolar Disorder

THE MOOD DISORDER QUESTIONNAIRE

- ▶ ESPECIALLY if considering SSRI for depression
- ▶ Mood Disorder Questionnaire
 - ▶ Positive screen=
 - ▶ ≥ 7 yes's in Question 1
 - ▶ AND Yes in Question 2
 - ▶ AND Yes in Question 3

Instructions: Please answer each question to the best of your ability.

	YES	NO
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="radio"/>	<input type="radio"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input type="radio"/>	<input type="radio"/>
...you felt much more self-confident than usual?	<input type="radio"/>	<input type="radio"/>
...you got much less sleep than usual and found you didn't really miss it?	<input type="radio"/>	<input type="radio"/>
...you were much more talkative or spoke much faster than usual?	<input type="radio"/>	<input type="radio"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input type="radio"/>	<input type="radio"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="radio"/>	<input type="radio"/>
...you had much more energy than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more active or did many more things than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="radio"/>	<input type="radio"/>
...you were much more interested in sex than usual?	<input type="radio"/>	<input type="radio"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="radio"/>	<input type="radio"/>
...spending money got you or your family into trouble?	<input type="radio"/>	<input type="radio"/>
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	<input type="radio"/>	<input type="radio"/>
3. How much of a problem did any of these cause you – like being unable to work; having family, money or legal troubles; getting into arguments or fights? <i>Please circle one response only:</i>		
No Problem Minor Problem Moderate Problem Serious Problem		
4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>

Positive Depression Screen? -> Screen for Bipolar Disorder

- ▶ 1) *Some people have periods lasting several days or longer where they feel more excited, full of energy, more talkative, and restless/unable to sit still. Their mind can feel it is racing too fast. They can also do things unusual for them. For example, increased spending, driving fast, or increased desire for sex or indulgent activities.*
- ▶ --- Has this ever happened to you? How long? When?
- ▶ 2) *Have you ever had a period lasting several days/longer when most of the time you feel irritable/grouchy with shouting/arguing, or hitting others?*
- ▶ 3) *Simultaneously, some have changes in their thinking/behavior they would normally consider inappropriate and need less sleep. Did this occur during 1) &/or 2) above?*
 - ▶ *If Yes to (1 OR 2) AND 3 -> POSITIVE SCREEN for bipolar disorder . SSRI without mood stabilizer is not indicated.*
 - ▶ *If no to 1 and 2 and 3 -> NEGATIVE SCREEN for bipolar disorder*

Assessing safety*

Lower Risk	Higher Risk
<ul style="list-style-type: none">• No prior attempts• No plan• No intent• No substance use• Protective factors (social factors and relationships, future orientation)	<ul style="list-style-type: none">• History of suicide attempt• High lethality of prior attempt• Current plan• Current intent to harm self• Irritability/disorganized thought process• Substance use• Lack of protective factors (including social support)

Asking about suicidality

- ▶ *This question tells me you've had some thoughts about not wanting to be alive or about killing yourself. This is something we ask about because it can happen, even during pregnancy or after a baby is born. I would like to talk to you more about this to know the best ways to help you.*
- ▶ *Can you tell me about these thoughts?*
 - ▶ *What thoughts do you have about harming yourself (or your baby)?*
 - ▶ *What have you thought about doing? How close have you come to killing yourself (or your baby)? Have you done anything to harm yourself?*
 - ▶ *When was the last time you thought about it?*
 - ▶ *What keeps you from acting on these thoughts?*
- ▶ *Have you ever attempted to hurt or kill yourself in the past?*
- ▶ **If response raises concern about the safety of the baby/woman** *This sounds like really difficult. You (and your baby) deserve for you to feel well. Let's talk about ways we can support you.*
- ▶ Do not leave a woman endorsing suicidal ideations alone

Feedback!!

- ▶ Raises most concern for professionals!!



Understanding screen results

- ▶ Screens are just 1 element of your clinical assessment... NOT DIAGNOSTIC
- ▶ Negative screen
 - ▶ Low likelihood of depression
 - ▶ Recognize that valid screens can have up to 20% false negative rates.... If screen doesn't match clinical judgment, pay attention to clinical judgement
- ▶ Positive screen
 - ▶ Reflects higher than usual probability of depression
 - ▶ Warrants a specific plan

Principles of feedback: HELLPPP!

- H = Hope
- E = Empathy
- L² = Language, Loyalty
- P³ = Permission, Partnership, Plan

Feedback: Negative Screens

- ▶ Opportunity to highlight well-being as a strength
 - ▶ Reflect any healthy habits or behaviors you have noted that might contribute to mental well-being
- ▶ Plan
 - ▶ Keep doing the healthy behaviors!
 - ▶ Encourage ongoing self-care including sleep
 - ▶ Keep the door open! (*"I am so glad you're not experiencing signs of depression. We ask everyone because it's so important to be able to offer help."*)

Some ideas for discussing positive screens

- ▶ *On the questionnaire, I noticed that you said you were pretty stressed and not enjoying activities or parenting as much as you could. Can you tell me more about that?*
- ▶ *When women circle 1's and 2's on these questions, I worry about them. I know that you would probably like to be feeling better for yourself and I can give you information about places in our community that can help you get support.*

Some ideas for discussing positive screens

- ▶ *Sometimes women worry about getting help for themselves because they think someone will see it as a sign of bad parenting. Actually, taking care of yourself is a really good parenting decision. Also, we know that when parents get help for their own stress and feelings, their kids do better too.*

Strategies for Positive Screen Feedback

- ▶ Only say what you know is true
- ▶ Avoid
 - ▶ Blame
 - ▶ Certainty about presence of diagnosis (can talk about observable functional impairment)
 - ▶ Linking screen directly to specific treatment until assessed treatment preferences/interest
- ▶ Keep in mind that information may be distressing for women in predictable or unpredictable ways
 - ▶ Guilt
 - ▶ Fear of child protection involvement
 - ▶ Being compelled to participate in a non-preferred treatment

Common elements of a plan

- ▶ Consider direct treatment in office
- ▶ Refer to local treatment provider
 - ▶ Local governing entity
 - ▶ Postpartum Support International resource guide
- ▶ Connect to Medicaid managed care organization for support
- ▶ Ensure adequate access to basic needs support
 - ▶ Auntbertha.com
 - ▶ Partners for healthy families (partnersforfamilyhealth.org)
- ▶ Connect to available home visiting (partnersforfamilyhealth.org/miechv/)
- ▶ Provide information about relevant apps
 - ▶ Vroom
 - ▶ Smilingmind.au
 - ▶ CBT-I
- ▶ Ensure follow-up plan

Coming soon: LAMHPP local resource guides

Services for Expecting & New Parents: Greater New Orleans Area



Mental Health & Substance Use Treatment

Most clinical services below accept some private insurance and most Medicaid plans. **EXCEPTIONS:** Those with a * accept uninsured patients or offer a sliding fee scale. Those with an M only accept Medicaid – no private insurance. (SUD = Substance Use Disorder.)

Access Health-Behavioral Health Services*
accesshealthla.org | (504) 375-3700
 Behavioral health and substance abuse services.

Addiction Counseling and Education Resources (ACER)
acercanhelp.com | (504) 941-7580
 SUDs treatment including outpatient services, withdrawal management, and same day screening. Priority services for pregnant women.

Addiction Recovery Resources
arrrn.com | (504) 308-3292
 SUDs treatment including ambulatory detox, intensive outpatient, residential, transitional living.

Alcoholics Anonymous
aa-neworleans.org
 Free recovery support group.

Bridge House/Grace House*
bridgehouse.org | (504) 821-7130
 Residential substance use treatment program, group and individual counseling.

Federally Qualified Health Centers
 Primary care and mental health care.
Access Health | accesshealthla.org
Crescent Care | crescentcarehealth.org
Daughters of Charity (Including Medication Assisted Treatment for SUD- 941.604.11) | dcso.org
Excite!th | excite!th.com
Jefferson Community Health Care Centers | jchcc.org
NOELA Community Health Center | noelchc.org
St Thomas Community | stthomascare.org

Jefferson Parish Human Services Authority*
<https://www.jpshsa.org/> | (504) 846-6901
 Mental health and SUD services.

Joyful Thoughts
 (504) 407-5240
 Services to support the mental health of pregnant women, babies & children.

LSU Harris Clinic*
 (504) 422-1580
 Infant and early childhood mental health services.

Mercy Family Center*
mercy.net | (504) 838-8283
 Mental health and SUD services.

Metropolitan Human Services District*
mhshdc.org | (504) 568-9130
 Outpatient mental health and SUD treatment for adults & kids starting at birth.

Narcotics Anonymous
naona.org | (504) 899-6262
 Free recovery support group.

National Suicide Prevention Lifeline
 (800) 273-8255
 24/7 hotline for suicidal crisis or emotional distress.

Odyssey House Louisiana*
ohlc.org | (504) 821-9211
 SUD treatment, housing services, and free outpatient services for people of color at risk of or affected by HIV.

Postpartum Support International
postpartum.net
 Online support group (no cost).

Responsibility House
responsibilityhouse.org | (504) 367-4426
 Outpatient and IOP SUD treatment.

Tulane Behavioral Health & Specialty Clinics: Fourth Trimester NOLA
 (504) 988-0301
 Outpatient psychiatric services & perinatal mental health.

VIA LINK Cope Line
 (504) 269-2673
 Free 24/7 hotline for crisis, suicidal thoughts, & basic needs.

Child Development

EarlySteps
lsu.ha.gov/index.cfm/directory/detail/609 | (504) 620-2309
 Free developmental services for children age 0-3.

Louisiana LAUNCH
louisianalaunch.org
 Resources to help children meet milestones.



Childcare/Education

Agenda for Children
agendaforchildren.org | (504) 586-8509
 Information about childcare.

Child Search
Jefferson: 504-349-8677 | **Orleans:** 504-304-3520 | **Plaquemines:** 504-595-6355
 Assessment and services for children over age 3.

Childcare Assistance Program
 (877) 453-2721
 Financial assistance for parents in school or working.

Head Start
Plaquemines: 504-595-6430
St Bernard: 504-301-2000
 Promotes school readiness for children age 0-5.

Jefferson Parish
jeffersonchild.com | 504-349-7696
 Head Start, Early Head Start, Pre-K.

Orleans Parish
enrollnola.org | 877-343-4773
 Head Start, Early Head Start, Pre-K.



Breastfeeding Support

Baby Cafe
babycafefusa.org | (504) 517-6455
 Free mom-to-mom support & lactation consults.

Café Au Lait
nolabreastfeedingcenter.org | (504) 515-1243
 Free support groups for women of color.

LA Breastfeeding Support
labreastfeedingsupport.org
 Search by zip code to find support groups and resources

La Leche League of Louisiana
lllmsla.org | (877) 4LALECHE
National Breastfeeding Helpline
 (800) 994-9662

NOLA Moms Club
nolamoms.org | (504) 655-1819
 Doula services, lactation consults & support groups.



Nutrition

Crescent City Farmers Market: Market Mommas Club
 (504) 861-4465
 \$80/month for 6 months for food at the Crescent City Farmer's Market. Must be in WIC & breastfeeding.

Second Harvest Food Bank
no.hunger.org | (504) 734-1322
SNAP (Food Stamps)
dph.la.gov/snap | (888) 524-3578

TCA Emergency Food Pantry
tca-nola.org/services-2 | (504) 897-9200

WIC Nutritional Program
<https://louisianawic.org> | (800) 251-BABY
 Supplemental food and formula through up to age 5.



Reproductive Health

Planned Parenthood
plannedparenthood.org | (504) 897-9200 (sliding scale, most forms of insurance)

LA Reproductive Health Program*
healthchoicesla.org | (504) 568-3504

Tulane Doctor's Adolescent Clinic (Midcity)
 (504) 988-3002



Diaper Banks

Access Diaper Bank (Gretna and Metairie)
 504-832-1503
 Free supply of diapers and wipes once a month

Community Center for Life (Gretna)
 504-227-9090

Junior League of New Orleans Partners
jlo.org/community/diaper-bank/
 Free diapers from partners across the region. Available through Access Health LA, Covenant House, DCSSO, St Thomas, Ultimate Health, Unity, Agenda for Children.



Housing, Utilities and Safety

Armstrong Family Services
 (504) 899-2995
 Housing information and resources for families.

Fire Departments
 For smoke detectors.
New Orleans: 504-658-4714
Plaquemines: 504-934-6135
St Bernard: 504-278-4275
Jefferson: 504-736-6200

Housing Authority of New Orleans
hano.org | (504) 670-3300
 Section 8 or subsidized housing (has waitlist).

Poison Control
 (800) 222-1222

Total Community Action
tca-nola.org | (504) 324-8609
 Assistance with paying past due electric bill.

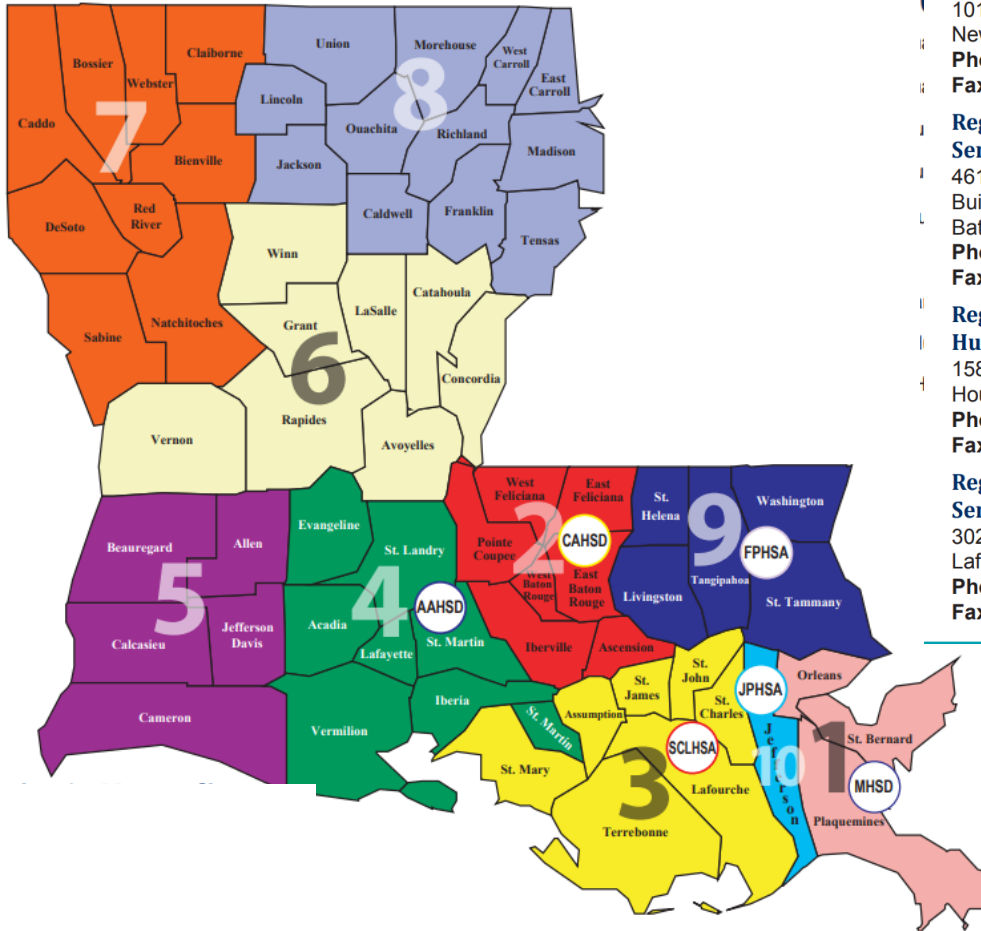
Unity of Greater New Orleans
unitygro.org | (504) 569-8949
 Homeless prevention and rapid re-housing.

Louisiana Mental Health Perinatal Partnership | lamhpp.org | (504) 988-9171 | perinatalspsych@tulane.edu

This publication was produced by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau under contract number 18MCA32243. This publication lists non-federal resources in order to provide additional information to consumers. The views and content in these resources have not been formally approved by the U.S. Department of Health and Human Services (HHS) or the Health Resources and Services Administration (HRSA). Listing these resources is not an endorsement by HHS or HRSA. The grant is administered by the Louisiana Department of Public Health, Bureau of Family Health.

6/2019

Plan: Referral Info



Region 1 – Metropolitan Human Services District
 1010 Common Street, Suite 600
 New Orleans, LA 70112
Phone: (504) 568-3130
Fax: (504) 568-3134

Region 2 – Capital Area Human Services District
 4615 Government Street
 Building 2
 Baton Rouge, LA 70806
Phone: (225) 922-2700
Fax: (225) 925-1987

Region 3 – South Central Louisiana Human Services Authority
 158 Regal Rowe
 Houma, LA 70360
Phone: (985) 858-2931
Fax: (985) 858-2934

Region 4 – Acadiana Area Human Services District
 302 Dulles Drive, Suite 1
 Lafayette, LA 70506
Phone: (337) 262-4190
Fax: (337) 262-4178

Region 5 – Imperial Calcasieu Human Service Authority
 3505 Fifth Avenue, Suite B
 Lake Charles, LA 70607
Phone: (337) 475-3100
Fax: (337) 475-3105

Region 6 – Central Louisiana Human Services District
 401 Rainbow Drive, #35
 Pineville, LA 71360
Phone: (318) 487-5191
Fax: (318) 487-5184

Region 7 – Northwest Louisiana Human Services District
 1310 North Hearne Avenue
 Shreveport, LA 71107
Phone: (318) 676-5111

Region 8 – Northeast Delta Human Services Authority
 2513 Ferrand Street
 Monroe, LA 71201
Phone: (318) 362-3270 or 3020
Fax: (318) 362-5051

Region 9 – Florida Parishes Human Services Authority
 835 Pride Drive, Suite B
 Hammond, LA 70401
Phone: (985) 543-4333
Fax: (985) 543-4817

Region 10 – Jefferson Parish Human Services Authority
 3616 South I-10 Service Road, Suite 200
 Metairie, LA 70001
Phone: (504) 838-5215
Fax: (504) 838-5714

Plan: Postpartum Support International

- ▶ Clinician-moderated online support group
- ▶ Online information
- ▶ Link to peer supports

PSI SUPPORT COORDINATORS

Jessica Latin

Northern Louisiana

318-759-7865 CALL OR TEXT

JessicaLatinPSI@gmail.com

MISTY M. WAINWRIGHT

Eastern Louisiana

985-867-0803 CALL OR TEXT

wainwrightpsi@hotmail.com

JOANNE HARMON

Southern Louisiana (Greater New Orleans area)

504-508-0570 CALL OR TEXT

joanneharmonpsi@yahoo.com

Amy Vanderhooft

Greater New Orleans: Orleans Parish, Jefferson Parish, St. Tammany Parish & Slidell

(504) 233-4076 CALL OR TEXT

amyvanderhooftpsi@gmail.com

Leslie Herhold

Acadiana: Parishes of Lafayette, Iberia, St. Martin, St. Landry, St. Mary, Acadia, Vermilion, Evangeline, Jeff D. Calcasieu

337-680-9848 CALL OR TEXT

leslieherholdpsi@outlook.com

Get Help

PSI Helpline:

1-800-944-4773

#1 En Espanol or #2 English

OR TEXT: 503-894-9453

FIND LOCAL RESOURCES

The PSI Helpline does not handle emergencies. People in crisis should call their local emergency number or the National Suicide Prevention Hotline at 1-800-273-TALK (8255).



Parent Resources

RESOURCES

Provider & Policy Resources

Early Childhood Mental Health Preventative Care

Screens for General Early Childhood Mental Health Problems

Problem-Specific Screens & Resources

TECC Forms

Early Childhood Science & Policy

Parent Resources

Child Development Milestone Handouts - Social emotional and physical development from birth to 5 years old.

Louisiana Mental Health Perinatal Partnership
perinatalpsych@tulane.edu
504-988-9171

Summary

- ▶ Perinatal mental health problems meet requirements for screening
- ▶ Screening for depression, anxiety, substance use disorder, and IPV are recommended for family well-being
- ▶ Feedback planning is most important pre-screening activity