Edinburgh Postnatal Depression Scale (EPDS) Training
Why?

- In the contract between Northeast Florida Healthy Start Coalition and your agencies as providers
- Healthy Start staff (nurses, family support workers) have requested the training
- Depression is common with stigmatism and lack of resources
- It is a risk factor that affects the health outcomes of our mothers and babies that we serve
- Florida Association of Healthy Start Coalitions (FAHSC) has recommended it as part of the Healthy Start 2.5
- And the list goes on and on
Training Objectives

• Cover the why, when, who, what, how and what next
• Brief overview of depression
• Practice scoring
• Practice using the tool
• Resources
• Staff to feel comfortable with tool
• Share best practices
• Team to know Coalition’s expectations
Spectrum

One in four, anytime up to a year, different triggers, loss of appetite, insomnia, overwhelming fatigue, difficulty bonding with baby, withdrawal from friends and family, thoughts of harming yourself or the baby

Baby Blues  Postpartum Depression  Psychosis

Normal, last a few days/weeks
Mood swings, anxiety, sadness, crying, irritability, trouble concentrating or sleeping

Very rare, 1/1000, paranoia, delusional, needs treatment
Who . . . ?

- Anyone can administer the screen
- Who should we screen?
  - All face to face Healthy Start Clients
  - Pregnant women, mothers and fathers
- Who is at risk?
  - Hx of depression, mental health disorder or family history
  - Lack of support
  - Anxiety or negative feelings about pregnancy
  - Problems with previous pregnancy or birth
  - Stressful life events
  - Young age
  - Substance misuse
When? - NEFL HS Contracts

- The provider shall utilize the EPDS to screen for postpartum depression as soon as training is provided by the Coalition.
- Initial screening shall take place in the prenatal period
- A subsequent screen shall be administered within the postpartum period
- Using professional judgment additional screening may be done while providing services to the infant participant.
What? EPDS – The Tool Itself

- Self-administered
- 10 item multiple choice questionnaire
- Easy to administer and score
- High reliability and specificity
- Available in multiple languages
- Validated for use with men
- Distributed & encouraged staff to use in June 2015 training

EPDS – The Tool Itself

- Screens for depression
- Does not provide a diagnosis
- Can be usually completed in less than 5 minutes
- Validation studies have cut-off scores ranging from 9-13 points
- If a person scores a one or higher on #10 (The thought of harming myself has occurred to me) they should be referred immediately for follow up.
How? - Instructions

- The client is asked to check the response that comes closest to how they have been feeling in the previous 7 days.
- All 10 items must be completed.
- Answers should come from the client, with minimal input from others.
- The client should complete the scale on his/her own unless they have limited English or has difficulty reading.
How? - Scoring

- Questions 1, 2, 4 are scored with 0, 1, 2, 3
- Questions 3, 5-10 are reverse-scored with 3, 2, 1, 0
- Use back sheet sample for easier scoring
- Maximum score = 30
- Possible depression = 10-13+ in women, 6 or greater in men
- Always look at Question #10, which indicates suicidal thoughts
- Let’s practice. See the sample EPDS – score it. What did you get?
Let’s practice and use the tool

- Partner or group up (no more than 4)
- Take the blank EPDS tool and complete on each other like you would with a client
- Explain the tool
- Administer EPDS
- Score EPDS
- Share the results and what you will do next with your partner and/or group.
- Have other person go.
What next?

- Document if client declined to complete form in WFS
- No referral necessary – score of less than 9 with 0 on #10
- Referral declined
  - Continue to offer and check up on status
  - Rescreen if necessary
  - Possibly notify provider
- Referral initiated
  - Follow up on referral, rescreen if necessary, notify provider
- What to do if thoughts of harming myself has occurred
**WFS**

- **In the encounter**
  - Check Edinburgh depression scale in measures administered
  - Enter notes for EPDS in notes section of encounter
  - Click save

- **In services**
  - Click on Measures lists
  - Click on Edinburgh Depression Scale
  - Enter time, completed date, select radio buttons (it calculates score)
    - Has red flag on measure for score of 10 or more
  - If complete, don’t forget to check completed box
  - Click update measure
Best Practices

- Provide a referral to any mom scoring 9 or more or dad scoring 6 or more and any person scoring on #10 (thoughts of harming myself)
- Find and offer resources for mom in the form of handouts, websites, support groups, etc.
- If slight concern was detected, but a referral was not made, continue to monitor for changes in mood
- Remember that EPDS can be repeated as necessary
- Any others from experience or during today’s practice
Can code Parenting - 8004
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<thead>
<tr>
<th>Company</th>
<th>Title</th>
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<tr>
<td>ACHA</td>
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<td>Understanding Perinatal Depression: What role and expecting moms should know</td>
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<td>Childbirth Graphics</td>
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<td>Breaking the Silence with Postpartum Depression from WebMD the Magazine</td>
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<td>Depression in Mothers: More Than the Blues: A Toolkit for Family Service Providers</td>
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Resources

• Suicide Lifeline (24 hr) 1-800-273 –TALK
• FL Family Health Line 1-800-451-2229
• Postpartum Support International 1-800-944-4773
  http://www.postpartum.net/
• Office on Women’s Health, U.S. Department of Health and Human Services
  • http://www.womenshealth.gov/mental-health/illnesses/postpartum-depression.html
• Local counselors, EAP, Medicaid plans, pastors, community agencies
Healthy Start 2.5 Perinatal Depression Screening

- **Training Required**: General: scoring and interpretation; follow-up & referral. The training should include information from a mental health professional on symptoms, screening, interventions, support and treatment for PPD. This training can be completed in a webinar. Local Coalitions will train care- coordinators on mental health facilities in their area.
HS 2.5 Perinatal Depression Screening: Potential Intervention Pathways

- Low-Moderate Risk
  - Support & Self-Care (ongoing care coordinator)
  - Evidence-Based Intervention: Mothers & Babies Course (Psychosocial Counseling)
- Moderate to Higher Risk
  - Evidence-Based Intervention: Moving Beyond Depression (Psychosocial Counseling)
- Highest Risk
  - Referral & Linkage to Community Health Provider (ongoing care coordination)
Healthy Start 2.5 Perinatal Depression Screening – HS Interventions

- The Mothers and Babies Course and Moving Beyond Depression™ are two evidenced-based programs that integrate mental health services into home visiting programs. Mothers & Babies Course is a prevention program that can be implemented by trained care coordinators (both professional and paraprofessional); Moving Beyond Depression™ requires a licensed master’s-level mental health therapist to provide counseling with care coordinators in a supportive role. Training and material must be purchased from the model developers. Both interventions could be added to Healthy Start 2.5 Standards & Guidelines and coded as Psychosocial Counseling. Training is provided for a fee by developers of both models.
For now - Expectations

- Use the EPDS with your pregnant clients and dads during pregnancy, postpartum and as necessary to screen for depression no later than OCTOBER 1, 2015
- Enter into EPDS into WFS
- Make referrals for
  - Those who score any point on #10 (thoughts of harming self)
  - Moms who score 9 or above
  - Dads who score 6 or above
- Utilize resources
- Get additional training if needed
Any More Questions????

• ???????
• ?????

• Happy Screening!!!!