COPE

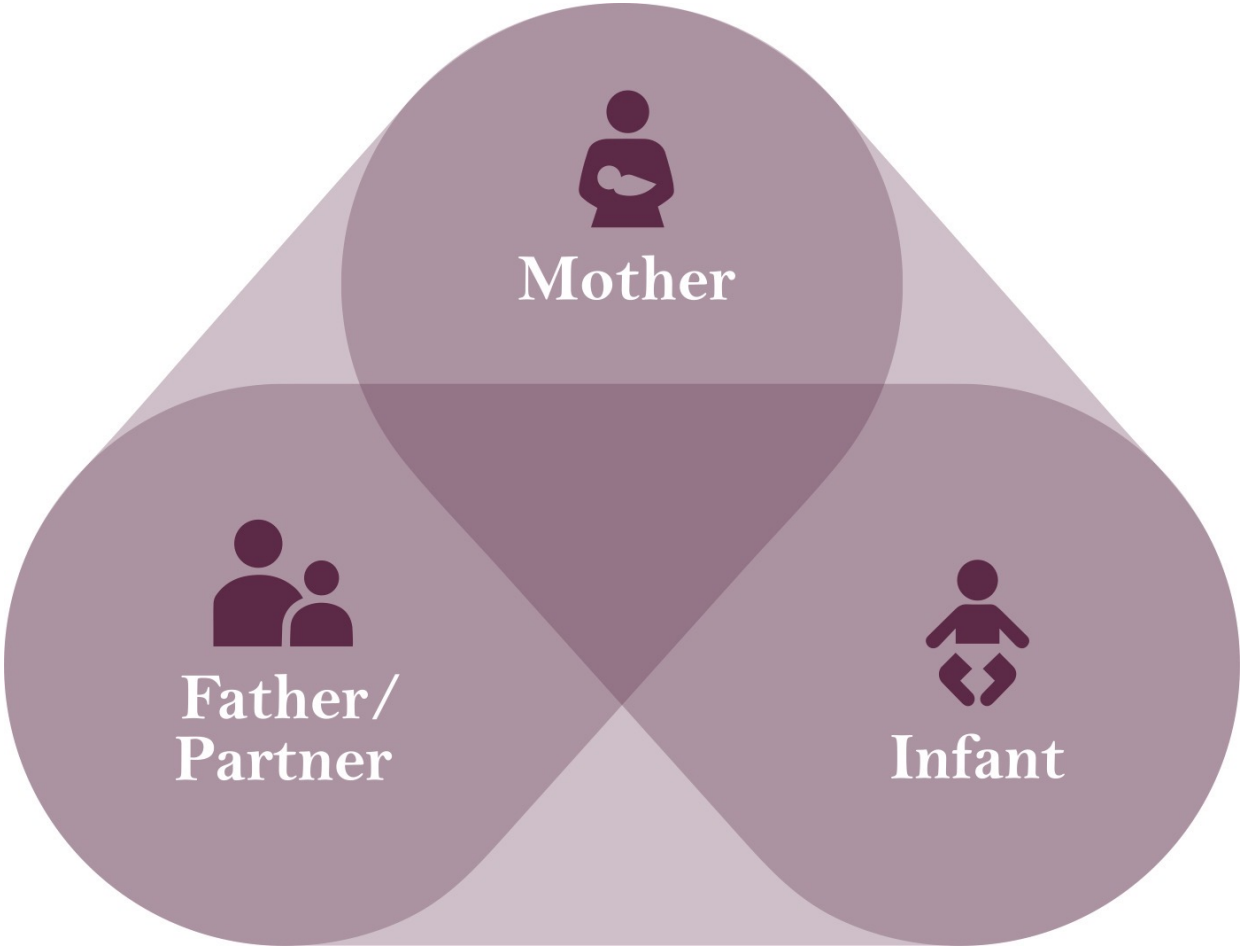
Centre of Perinatal Excellence

Applied Skills in Perinatal Mental Health Assessment and Care

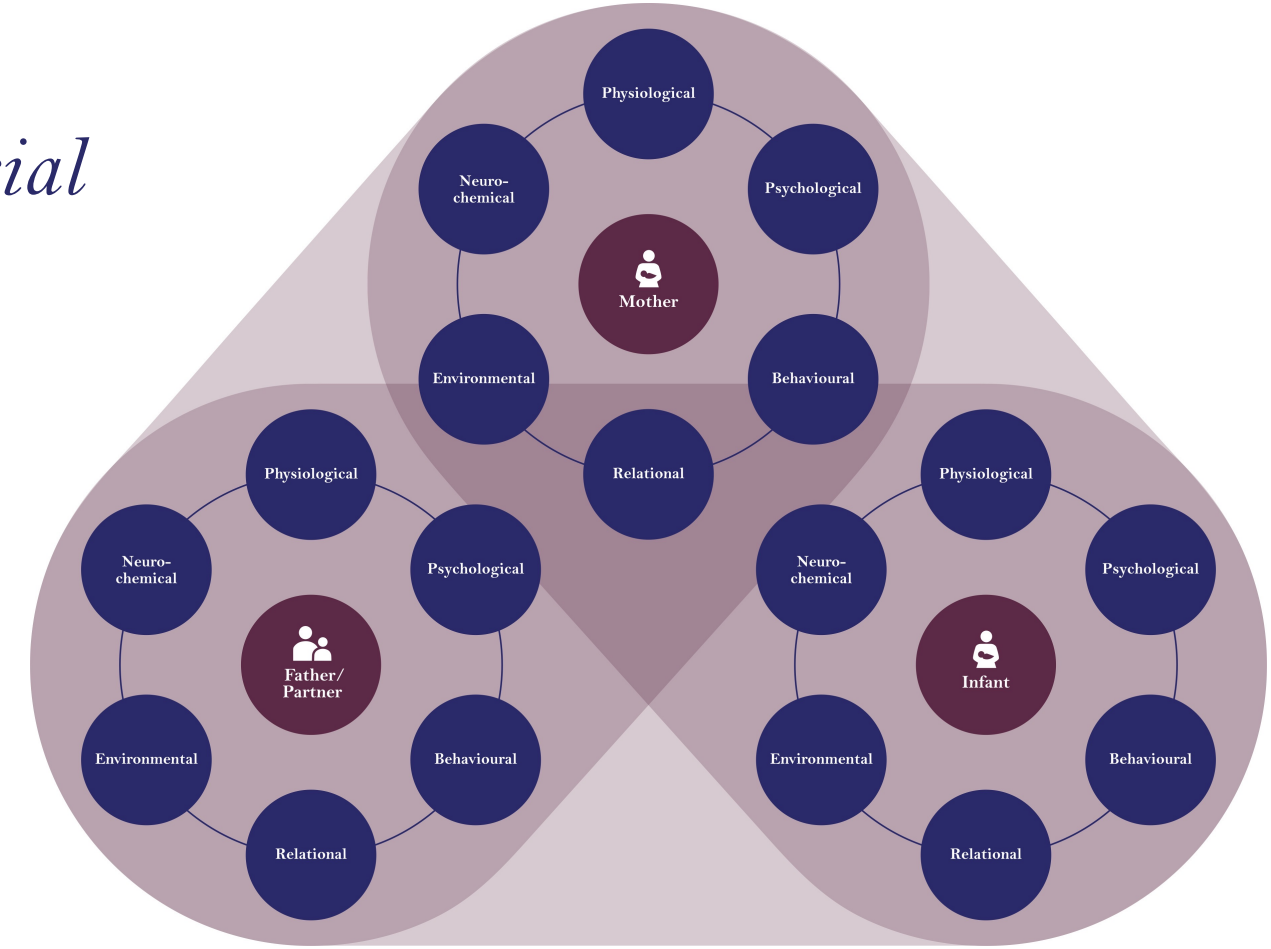
CLINICAL WORKBOOK

COPE Accredited Program

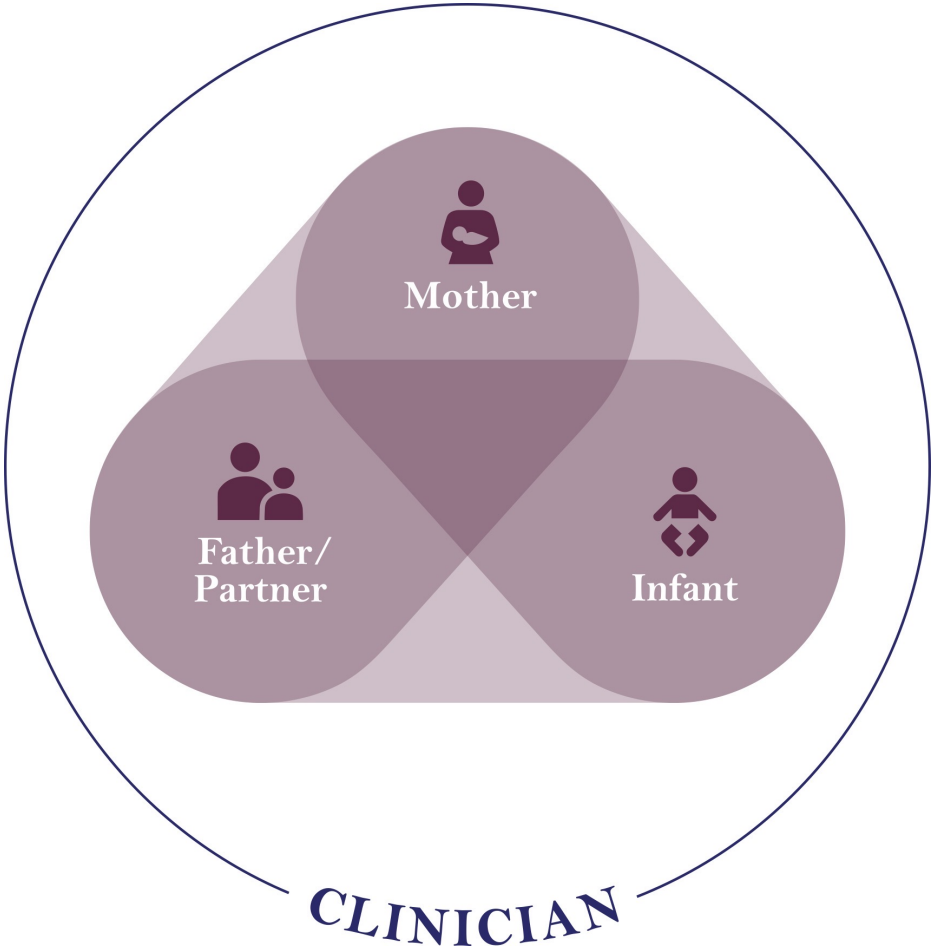
The Perinatal Context



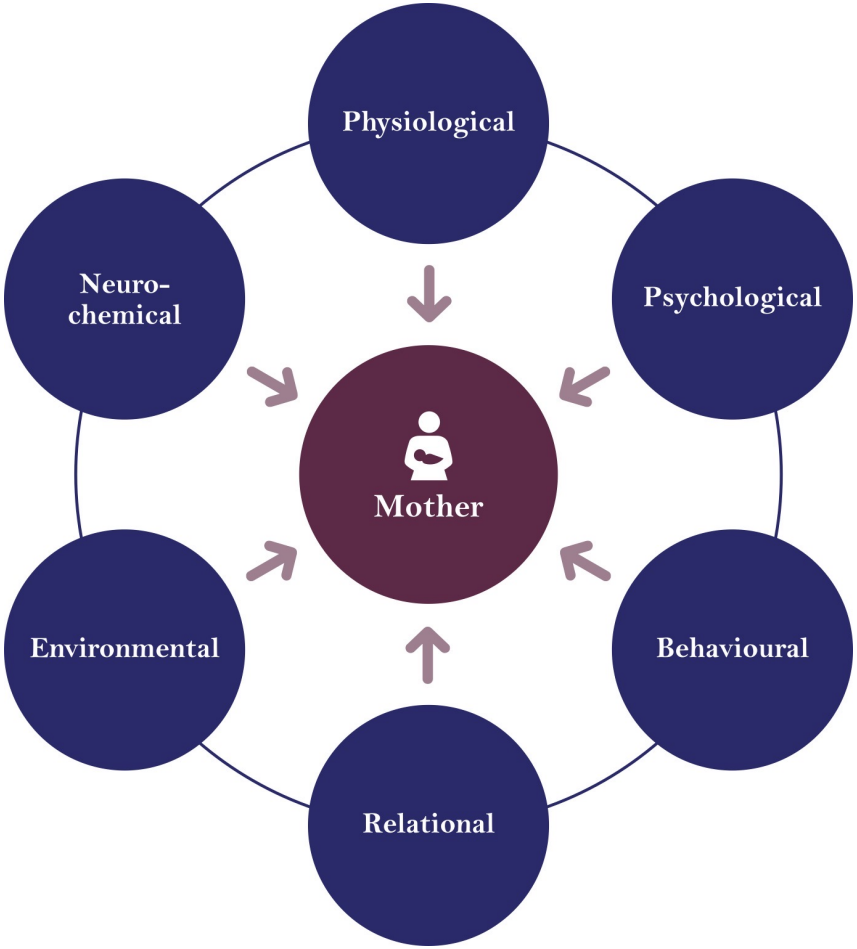
The *Biopsychosocial Model* in the Perinatal Context



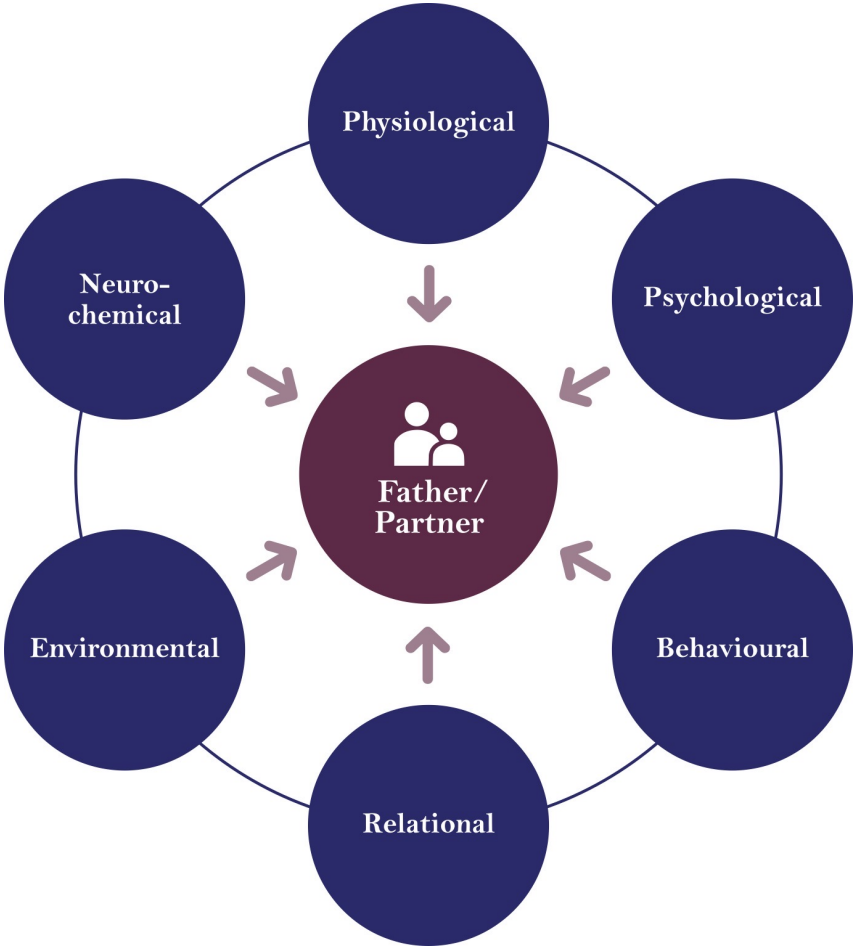
The *Therapeutic Relationship* in the Perinatal Context



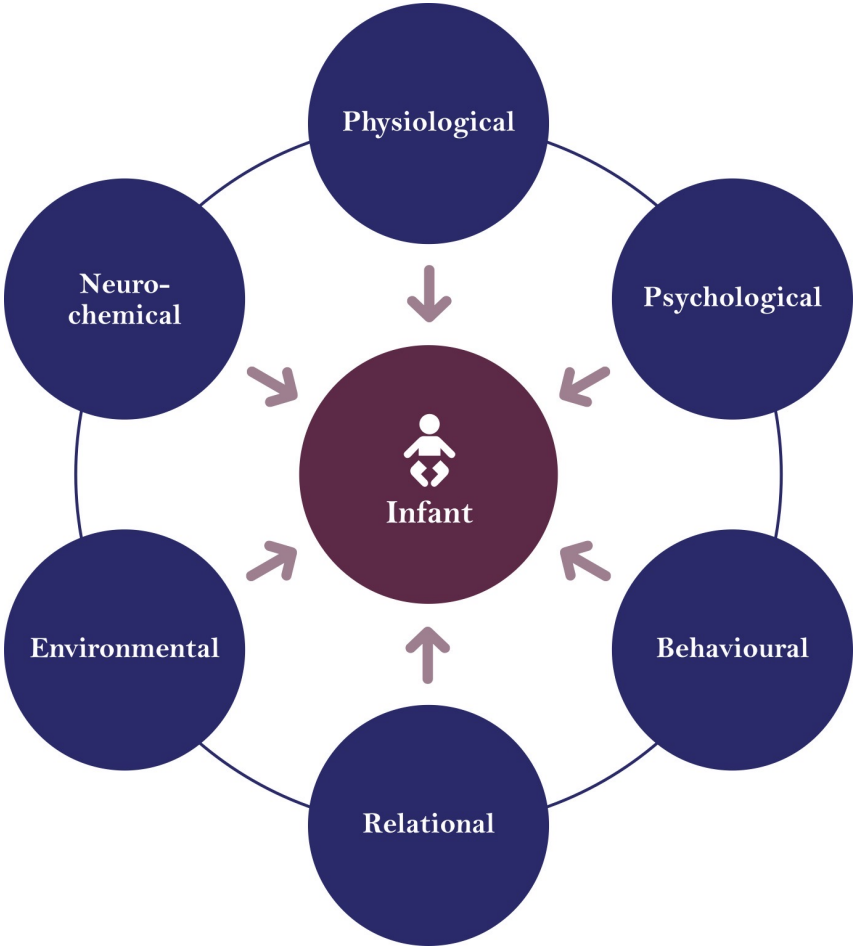
The COPE *Maternal* Perinatal Context Model

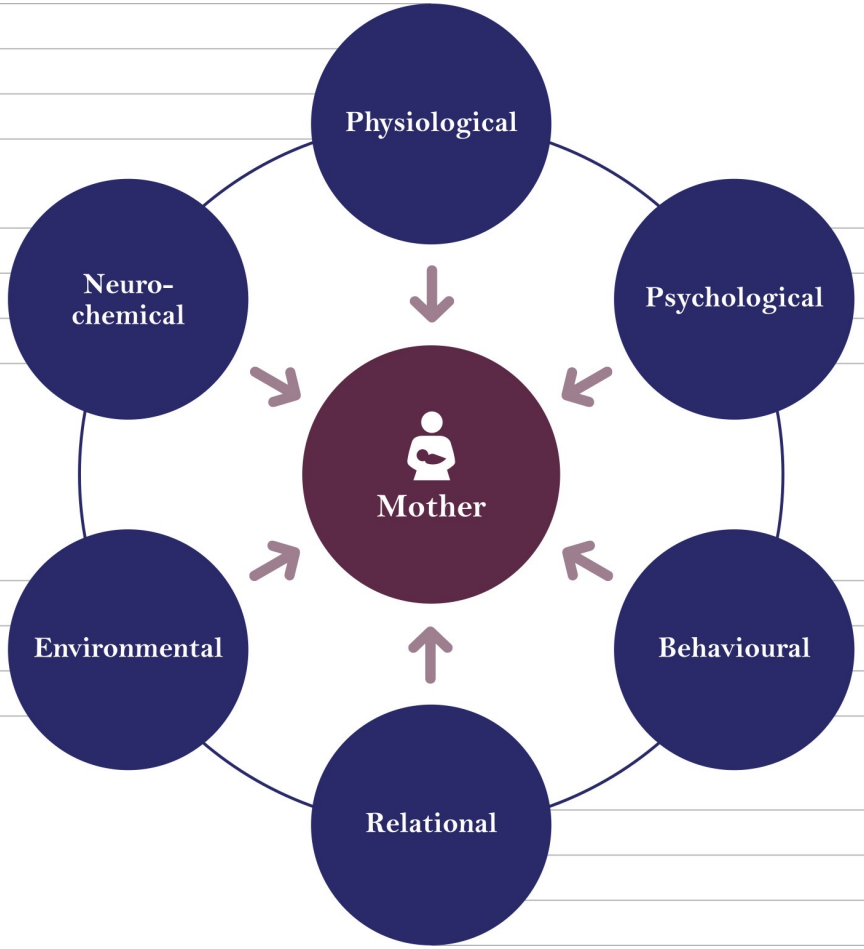


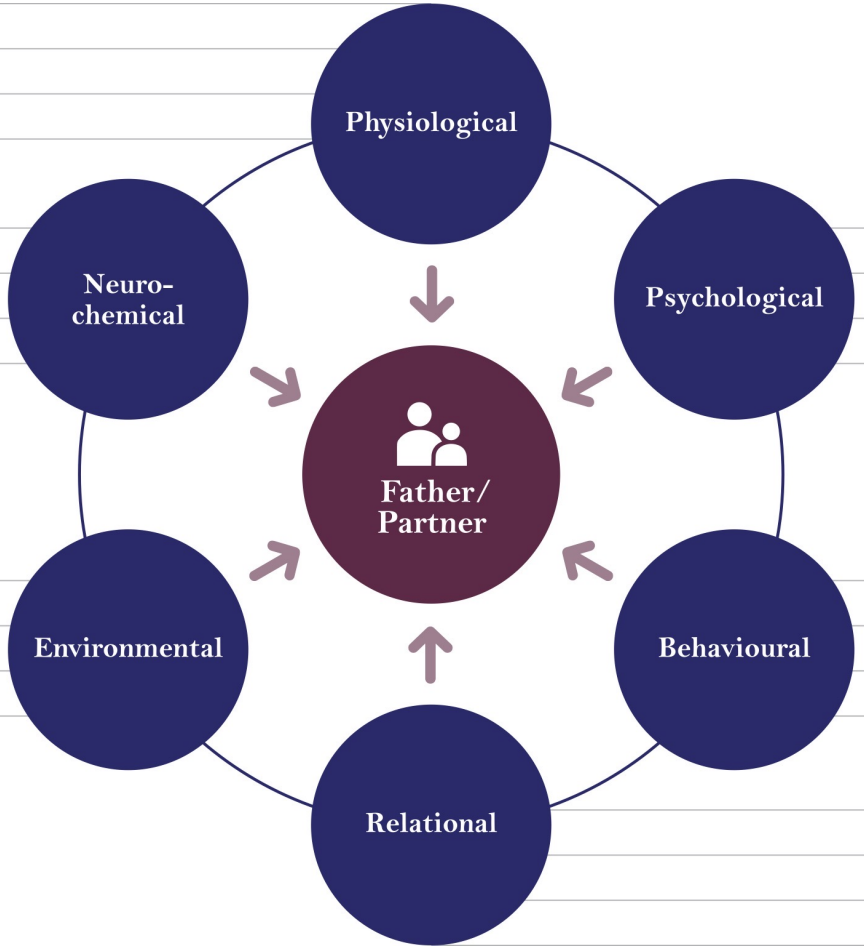
The COPE *Father/Partner* Perinatal Context Model

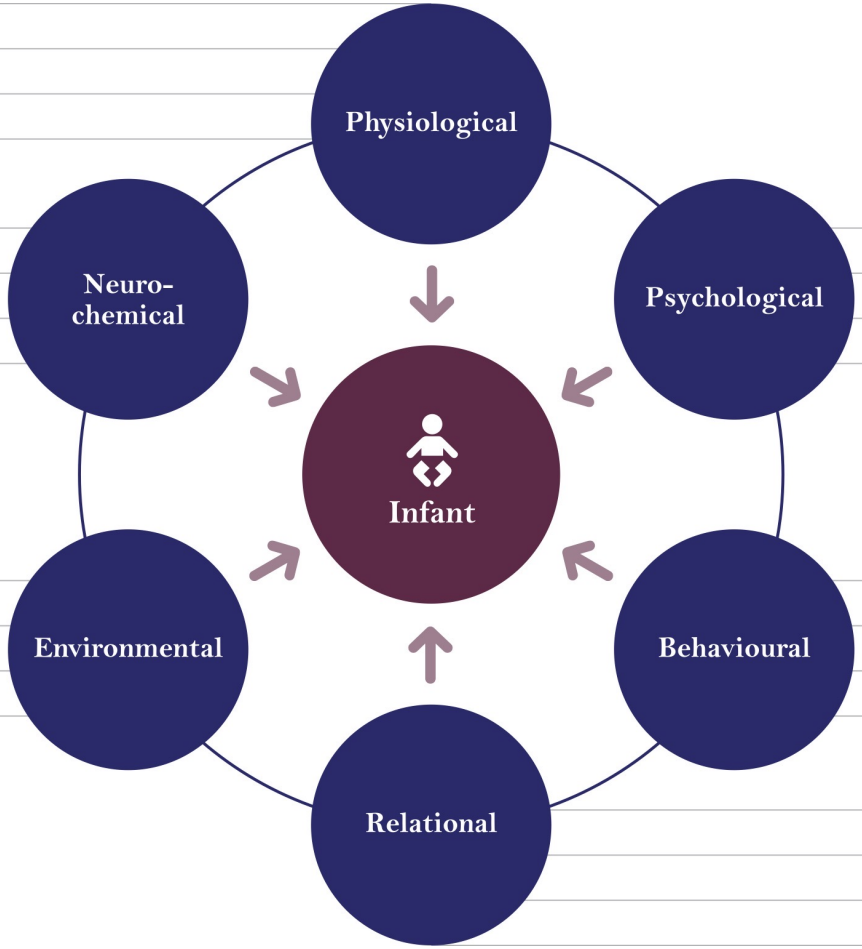


The COPE *Infant* Perinatal Context Model









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Perinatal Mental Health Assessment Template

Name: _____ **Date:** ____/____/____

Address: _____

_____

Date of Birth: ____/____/____

Perinatal Status: ☐ Antenatal | EDD: ____/____/____ ☐ Postnatal | Baby's DOB: ____/____/____

Clinician:

_____

Referral Source:

_____

Screening Results: EPDS: _____ ☐ ANRQ: _____ ☐ PNRQ: _____

Other Screening/Assessment Results *(please specify)*:

Medication *(current and previous use of medication)*:

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Perinatal Mental Health Assessment Template

Mental State Exam (MSE)

Appearance:

Behaviour/Speech:

Affect:

Cognition:

Mood:

Thoughts and Perception:

Judgement and Insight:

Assessment Considerations

Main Presenting Issues:

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Perinatal Mental Health Assessment Template

Current Symptoms

Physical:

- ☐ Easily fatigued, tiredness
- ☐ Sleep disturbance
- ☐ Significant weight or appetite change
- ☐ Insomnia, even though exhausted
- ☐ Other: _____

Cognitive:

- ☐ Intrusive thoughts
- ☐ Having trouble making easy decisions or thinking clearly
- ☐ Difficulty concentrating
- ☐ Worrying or feeling anxious about baby's health and safety
- ☐ Worried about things not being in control
- ☐ Recurrent thoughts of death or suicide, or both
- ☐ Other: _____

Affective:

- ☐ Fearful
- ☐ Muscle tension
- ☐ Feeling weepy or crying over seemingly minor things
- ☐ Mood swings
- ☐ Feelings and/or outbursts of rage
- ☐ Depressed mood or irritability
- ☐ Feeling restless, keyed up, on edge, panicky
- ☐ Feelings of worthlessness or guilt
- ☐ Feeling unattached or unbonded to fetus/baby
- ☐ Other: _____

Behavioural:

- ☐ Panic attacks
- ☐ Missing parts of old life *eg. the freedom to go out with friends*
- ☐ Avoidance behaviours *eg. towards baby or social interactions*
- ☐ Diminished interest or enjoyment in activities
- ☐ Other: _____

Other Symptoms:

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Perinatal Mental Health Assessment Template

Patient Information

1. History of Mental Illness

Previous diagnoses | Substance misuse | Childhood experiences/adverse childhood experiences | Intimate partner violence | Abuse | Relationships

2. Current Physical and Mental Health

Eating | Lifestyle factors | Other personal or family history of health conditions | Exercise

3. Children and Families

Other siblings | Extended family dynamics

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Perinatal Mental Health Assessment Template

4. Relationships

Woman's relationship with partner | Cultural differences | Relationships with wider family | Expectations of family life and parenthood (own and partner) | Relationship strengths and satisfaction | Communication | Intimacy

5. Journey to Parenthood

Planned or unplanned | Reactions to pregnancy (same or different) | Fertility treatment | Donor conception | First or subsequent pregnancy or child | History perinatal loss | Birth experience(s) and aftercare

6. Transition to Parenthood

Adjustment to role change | Adjustment to identity shift | Sense of loss | Restrictions and lifestyle change | Parenting confidence | Isolation | Partner's perspectives

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Perinatal Mental Health Assessment Template

7. Support Network

Perception of support | Availability of support | Communication

8. Drug and Alcohol Use

Quantity and Frequency | Triggers/antecedents

9. PIMH Risk Assessment *(use COPE Risk Template)*

Woman:

- ☐ Risk of harm to self - Direct Self Harm (DSH) or Suicide Intent (SI)
- ☐ Risk of harm to others/Family violence

Details:

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Perinatal Mental Health Assessment Template

Risk to infant:

- ☐ Have you had thoughts of harming your baby?
- ☐ Have you felt irritated by your baby?
- ☐ Have you had significant regrets about having this baby?
- ☐ Does the baby feel like it is not yours at times?
- ☐ Have you ever wanted to shake or slap your baby?
- ☐ Have you ever harmed your baby?

Further Comments:

10. Protective Factors

Case Study 1:
Eve

Eve

Eve

<u>Reason for Referral and Presenting Issue</u>

***Eve, a 40 year old woman, in a* defacto relationship and is 15 weeks pregnant.**

Eve self-referred to a local Perinatal Mental Health Service based in a private hospital. Eve states she sought the referral as she is having a baby and is “terrified". Eve reports she has not seen her GP, or any health professional for this pregnancy. She has referred herself as she knows she will "have to see someone at some point, but I am frozen with fear and I can't bring myself to contact anyone (about the pregnancy)". Her EPDS score is 19, with a score of 0 on Q10. She also completed a DASS 21 with Depression 29 (Extremely Severe), Anxiety 19 (Severe) and Stress 27 (Severe).

Eve is in a same sex relationship with Penny. They have been in a committed relationship for several years and Eve described this relationship as “very supportive of each other” and that they are both “strongly committed” to their relationship and future together. The topic of having a family has been one of tension as Penny has reportedly always wanted to be a parent, whilst Eve has always maintained that she did not want to have children. However, as Penny is “unable to have children” they agreed Eve would conceive and carry their child. Eve reported this decision was primarily driven by her desire to “give Penny something she really wanted”.

Eve reported since she turned approximately 34, she noticed a bit of a change and thoughts started to present about having a family. Penny was expressing a strong desire to have a family so although uncomfortable with the idea, Eve focused on what it would be like to have a child. Although planned, she was reportedly very shocked when she found out she was pregnant.

The most dominant worry for Eve relates to her body feeling so unfamiliar and “alien” in pregnancy, and her significant fear and worry about the process of giving birth. She has been so overcome by these worries that she has essentially been in a state of denial about the pregnancy and has avoided all standard health engagement. Eve appears to be a pragmatic person and reportedly applies a problem solving approach to other areas of her life, so although she is at times “paralised by fear”, she sought the referral in an attempt to “get help” because she recognised it was needed.

Health Service

test location

AFFIX PATIENT LABEL HERE

Family name: CaseStudy
Given name: Eve
Date of birth: 11/12/1981
Sex: sex.female
Culture/status: n/a

Summary Report

Date: 21/06/2022 Page: 1 Screen: 1 of 1

Antenatal

EPDS Scores

Total Score	**19**	(0-30)
Anxiety Sub-score	**8**	(0-9)
Q-10 Score	**0**	(0-3)

Risk Factor Score (ANRQ/PNRQ) **32** (5-60)

RISK FACTOR ADVICE
The score (23 or more) suggests the presence of significant psychosocial risk factors. This indicates a significantly INCREASED RISK of perinatal mental health problems.

Also review responses to drug and alcohol and family violence questions and enquire further to establish psychosocial care needs and treatment planning.

TOTAL SCORE ADVICE (EPDS)
Probability of major depression is relatively high. Fully assess safety (including fetus/infant)and the need for crisis support. It is important to ensure access to timely mental health assessment and management.

ANXIETY SUB-SCORE ADVICE (EPDS)
Whilst the EPDS was not designed to measure anxiety, high scores on Items 3, 4 and 5 have been found to be correlated with symptoms of anxiety. This can be the case even with a low overall EPDS score.

As the anxiety sub-score is four or more, anxiety may be present. Enquire about feelings of anxiety, panic or feeling overwhelmed. Use your clinical judgement and offer further assessment or referral if you believe there is a real concern.

SELF-HARM ADVICE (EPDS)
The score of 0 on the EPDS provides no indication of suicidal ideation. However, if this does not reflect your clinical judgement, enquire further and/or refer for further assessment.

RISK FACTOR PROFILE - SCORED ITEMS
History depression/anxiety -Yes (5)
Interference family/relationships - Somewhat (3)
Sought professional help – No (0)
History other mental health problems – No
Had a Mental Health Treatment Plan*
Partner is emotionally supportive – Very much (1)
Stress experienced in past 12 months – Yes (5)
Level of distress – Very much (5)
Consider self a worrier – Quite a lot (4)
Upset when no order in life – Very much (5)
Access to support – Very much (1)
Emotionally abused when growing up - No (0)
History of sexual/physical abuse – No (0)
Mother supportive in childhood - Somewhat (3)

UNSCORED ITEMS
Drug and alcohol problems present - Not at all
Feel safe in current relationship – Very much

REQUEST FOR HELP
When asked if wanting help for issues raised, it was indicated that help was not required at present.

MODE OF COMPLETION
It was indicated that the screening was completed alone/without others present.

Edinburgh Postnatal Depression Scale and PNRQ/ANRQ Questionaire

V1 00 11/2020

SW1053

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Patient responses to EPDS Questions

AFFIX PATIENT LABEL HERE

Family name: CaseStudy
Given name: Eve
Date of birth: 11/12/1981
Sex: sex.female
Culture/status: n/a

Item Responses

Date: 21/06/2022 Page: 2 Screen: 1 of 1

EPDS Responses

1. I have been able to laugh and see the funny side of things Definitely not so much now	2. I have looked forward with enjoyment to things Definitely less than I used to
3. In the past seven days, I have blamed myself unnecessarily when things went wrong Yes, some of the time	4. I have been anxious or worried for no good reason Yes, very often
5. In the past seven days, I have felt scared or panicky for no very good reason Yes, quite a lot	6. Things have been getting on top of me Yes, sometimes I haven't been coping as well as usual
7. I have been so unhappy that I have had difficulty sleeping Yes, sometimes	8. In the past seven days, I have felt sad or miserable Yes, quite often
9. I have been so unhappy that I have been crying Only occasionally	10. In the past seven days, the thought of harming myself has occurred to me Never

Edinburgh Postnatal Depression Scale and PNRQ/ANRQ Questionaire

V1 00 11/2020
SW1053

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Perinatal Mental Health Assessment Template

Name: Eve Black **Date:** 21 / 06 / 2022

Address: 12 Gregory Lane, Central Sydney

Date of Birth: 11 / 12 / 1981

Perinatal Status: [X] Antenatal | EDD: 28 / 11 / 2022 [ ] Postnatal | Baby's DOB: / /

Clinician:
Richard Evans

Referral Source:
Self referred

Screening Results: EPDS: 19, Q10 0 [ ] ANRQ: 32 [ ] PNRQ:

Other Screening/Assessment Results *(please specify)*:

Depression 29 (Extremely Severe), Anxiety 19 (Severe) and Stress 27 (Severe)

Medication *(current and previous use of medication)*:

N/A

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Perinatal Mental Health Assessment Template

Mental State Exam (MSE)

Appearance:

Very well presented, neat and indicative of care in presentation. Above average height, caucasian female. Oversized jumper, difficult to notice pregnancy.

Behaviour/Speech:

Appropriate eye contact, somewhat guarded body language, softly spoken, however a strong voice. Initial rapport difficult - improved with session

Affect:

Slightly agitated, considered in responses and appeared self conscious, congruent with described mood

Cognition:

Orientated to person place and time. Report of repetitive thoughts and circular thinking and difficulty concentrating at times

Mood:

Mood was described as “feeling overwhelmed and pretty terrified”.

Thoughts and Perception:

Coherent and logical. Mild pressured speech at times. Content included significant worries and fear about being pregnant and giving birth. SI present, no plan or intent expressed

Judgement and Insight:

Insight and judgement fair. Impulse control appeared to be intact, however noted prior history of being “a little reckless”

Assessment Considerations

Main Presenting Issues:

*profound and paralysing fear surrounding her pregnancy and the birth of her baby
*avoidance of any contact with health professionals
*no baseline measures for pregnancy, incomplete screening and health checks of developing fetus
*strain on her relationship with her partner

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Perinatal Mental Health Assessment Template

Current Symptoms

Physical:

- [ ] Easily fatigued, tiredness
- [x] Sleep disturbance
- [ ] Significant weight or appetite change
- [ ] Insomnia, even though exhausted
- [ ] Other: Struggling to fall asleep and can't "switch my mind off"

Cognitive:

- [x] Intrusive thoughts
- [ ] Having trouble making easy decisions or thinking clearly
- [x] Difficulty concentrating
- [ ] Worrying or feeling anxious about baby's health and safety
- [x] Worried about things not being in control
- [ ] Recurrent thoughts of death or suicide, or both
- [ ] Other: _____

Affective:

- [x] Fearful
- [ ] Muscle tension
- [ ] Feeling weepy or crying over seemingly minor things
- [x] Mood swings
- [ ] Feelings and/or outbursts of rage
- [ ] Depressed mood or irritability
- [x] Feeling restless, keyed up, on edge, panicky
- [ ] Feelings of worthlessness or guilt
- [x] Feeling unattached or unbonded to fetus/baby
- [ ] Other: _____

Behavioural:

- [ ] Panic attacks
- [ ] Missing parts of old life *eg. the freedom to go out with friends*
- [x] Avoidance behaviours *eg. towards baby or social interactions*
- [x] Diminished interest or enjoyment in activities
- [ ] Other: _____

Other Symptoms:

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Perinatal Mental Health Assessment Template

Patient Information

1. History of Mental Illness

Previous diagnoses | Substance misuse | Childhood experiences/adverse childhood experiences | Intimate partner violence | Abuse | Relationships

*Family history of both anxiety and depression, query maternal PND.
*Eve also reports a history of compulsive behaviours, with order and cleanliness a coping mechanism for stress and feeling out of control
*Strain in intimate partnership. However, on the other hand Eve has described their relationship as very supportive and harmonious.
*Work and collegial relationships - feels respected and valued.
*Picture indicative of secure attachment styles.
*Current relationship with developing fetus no feelings of connection or bond at this point

2. Current Physical and Mental Health

Eating | Lifestyle factors | Other personal or family history of health conditions | Exercise

*Morning sickness in the first trimester of pregnancy. Whilst largely resolved in the second trimester it may have impacted her feelings towards the fetus.
*Difficulty eating appropriate levels of calories to support her body and her developing baby.
*Shortness of breath, tightness in chest, tingling hands, light headed and dizziness - appear related to worries re birth
*Symptoms are worst in the morning and early part of the day
*Significant premenstral symptoms with period cycle

3. Children and Families

Other siblings | Extended family dynamics

*Eve reported a strong bond with her own mother and feelings of dependability and reliability within this relationship
*Eve has a brother, he currently lives and works overseas

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Perinatal Mental Health Assessment Template

4. Relationships

Woman's relationship with partner | Cultural differences | Relationships with wider family | Expectations of family life and parenthood (own and partner) | Relationship strengths and satisfaction | Communication | Intimacy

*Eve reports some feelings of mild resentment towards Penny
*Pregnancy was more Penny's desire and Eve felt she needed to come on board with Penny's wishes to support their relationship
*Long standing history of not wanting to become a mother

5. Journey to Parenthood

Planned or unplanned | Reactions to pregnancy (same or different) | Fertility treatment | Donor conception | First or subsequent pregnancy or child | History perinatal loss | Birth experience(s) and aftercare

*Planned pregnancy
*Donor conception, with no plans for future involvement
*Although planned, feelings of shock and disconnect to pregnancy
*Longstanding history of not wanting to be pregnant or give birth

6. Transition to Parenthood

Adjustment to role change | Adjustment to identity shift | Sense of loss | Restrictions and lifestyle change | Parenting confidence | Isolation | Partner's perspectives

*Finding adjustment to pregnancy very difficult
*Worried about life after birth of baby and how she will manage career
*Feeling confident about being a mother, once the baby is born
*Evidence of connection to being a mother, "once the baby is born"
*Penny reportedly excited, calm and "well prepared for motherhood"

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Perinatal Mental Health Assessment Template

7. Support Network

Perception of support | Availability of support | Communication

*Strong sense of good support network
*Able to receive support for other areas in life
*Feels she will engage well with others support in postnatal period

8. Drug and Alcohol Use

Quantity and Frequency | Triggers/antecedents

*No reported use of D&A for Eve or Penny

9. PIMH Risk Assessment *(use COPE Risk Template)*

Woman:

- ☐ Risk of harm to self - Direct Self Harm (DSH) or Suicide Intent (SI)
- ☐ Risk of harm to others/Family violence

Details:

Low risk, see Risk Template

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Perinatal Mental Health Assessment Template

Risk to infant:

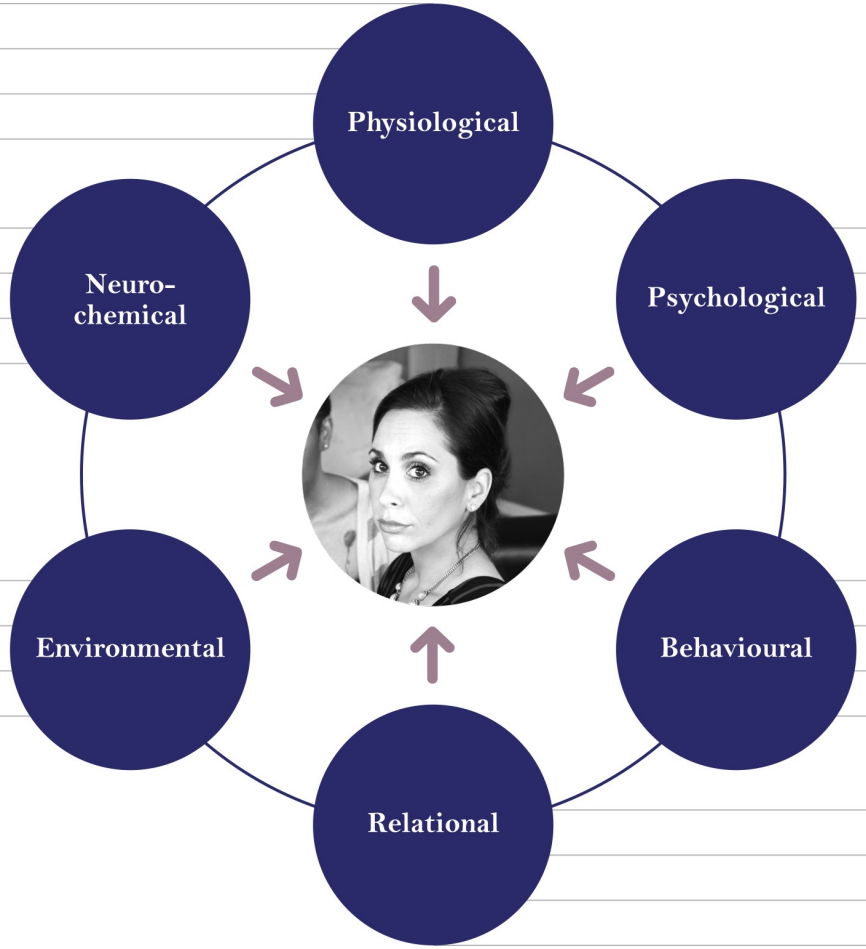
- [ ] Have you had thoughts of harming your baby?
- [ ] Have you felt irritated by your baby?
- [X] Have you had significant regrets about having this baby?
- [X] Does the baby feel like it is not yours at times?
- [ ] Have you ever wanted to shake or slap your baby?
- [ ] Have you ever harmed your baby?

Further Comments:

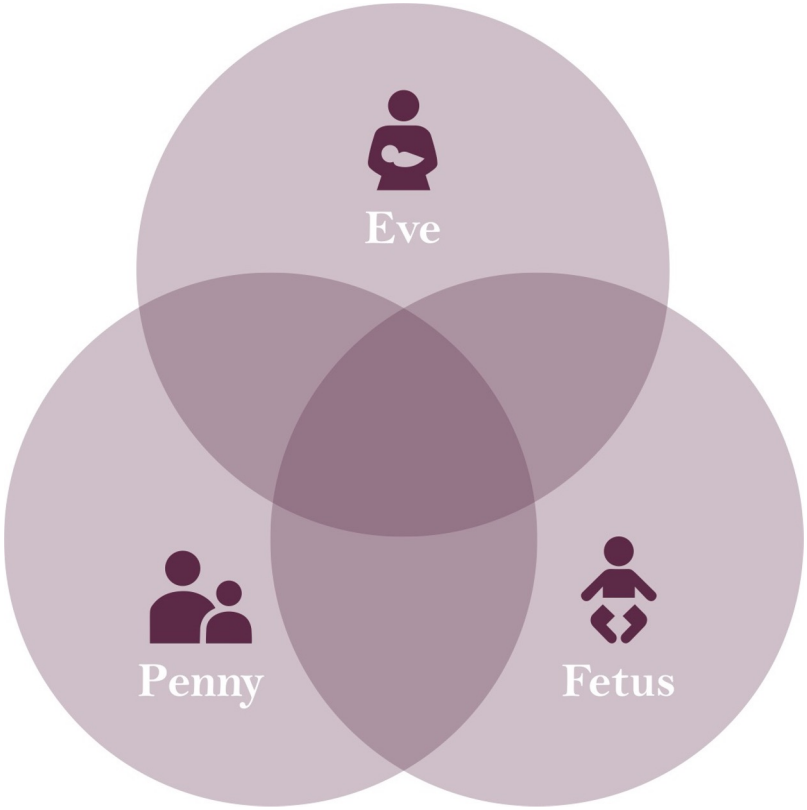
*Eve reports she does not want to give birth
*Regrets relate to having to give birth, not the baby itself
*Disconnected to the fact a baby is growing inside her
*No plans or intention to harm the baby

10. Protective Factors

*Help seeking in current context
*Supportive partner
*Openly engaged in assessment session
*Open to receiving support and possible referral options
*Financially stable
*High level of functioning generally



Eve's Family Constellation



Case Study 2:
Sarah

Sarah

Sarah

<u>Reason for Referral and Presenting Issue</u>

Sarah, a 36 year old married woman, mother to 2.5 year old girl and 4 year old boy, and is 22 weeks pregnant.

Sarah was referred by her GP to a local Psychologist. The referral indicated concerns for potential PND, in light of a past hx of PND with her son and hx of birth trauma with both children. Sarah states she sought the referral as she is "trying to get all my ducks in a row for this one (the current pregnancy)". Sarah reports she has engaged a private Obstetrician, Doula and new GP for this pregnancy. She wants to "be prepared for this birth and ready for the nightmare afterwards (her reference to the postnatal period)". Her EPDS score is 24, with a score of 2 on Q10. She also completed a DASS 21 with Depression 29 (Extremely Severe), Anxiety 19 (Severe) and Stress 27 (Severe).

Sarah's presenting symptoms and MSE are listed in the COPE Assessment Template.

It appears during the first assessment session that Sarah is very motivated in terms of building a support network, is insightful about her previous depressive episodes and wanting to be proactive in her health care. She presents as more anxious than she has reported (both her own description and her self-rating in the screening tools). She also appears to be less comfortable in the assessment process than she articulates. Her eye contact is slightly evasive and she moves uncomfortably in the chair often, on several occasions picking up her handbag like she is searching for something and then absent mindedly putting it back down.

Sarah, her husband Ben and their children Thomas and Ruby live on a large sheep and dairy farm, approximately 20mins from the nearest small town in rural Victoria. The farm has been run by two previous generations of Sarah's in laws, and her Mo in law lives 500metres away in a smaller house on the same property. Ben's Fa passed away 3.5 years ago. Sarah's family are English and Sarah came to Australia in her early 20's for an o/s experience and met Ben. The recent drought conditions have strained the farm financially and Ben is reluctant to pay for help and runs the farm mostly on his own.

Sarah has reported little to no connection with her current pregnancy. She advised it was unplanned, however Ben really wanted more children. The family use no childcare for the two children and Ruby has been diagnosed with developmental delay and Thomas has reportedly difficult behaviour outbursts and can be aggressive and struggles to concentrate. Sarah is also struggling with her relationship with her mother in law and reports it was a difficult relationship from the beginning, however she found it became more conflictual once the children were born. Sarah also described a family hx of ambivalent attachment styles, and particularly so with her mother, however she reported a close r/ship with her father.

Details of previous traumatic births;
1. Sarah described her birth of Thomas as “the biggest shock ever. One minute I was having a regular check up, the next I was on an operating table and being pulled and pushed all over. I could feel everything, like my insides were being pulled out of me, it was just so scary”. Her account of this experience is essentially focused on feelings of abandonment and uninformed healthcare.
2. Sarah reported that owing to her experience of the birth of her son, she was "nervous, actually probably a paranoid mess". She recalls phoning the midwifery team often in the later stages of her pregnancy, and presenting at the hospital on multiple occassions as she was "worried something was wrong, it just didn't feel right". Sarah repoted at approximately 37 weeks gestation she noticed the fetus hadn't moved much in 24hrs. As she lived out of town she telephoned the midwifery team, and recalls being advised to "put my feet up for a few hours and have a cup of tea". Sarah reported feeling "stupid and like I was an idiot" and anxiously attempted to rest. As the afternoon progressed she started to feel "hot and sweaty", and although worried it was her anxiety, she decided to put her son in the car and to drive to the hospital. Her husband was out of mobile range and her Mo in Law was also uncontactable. When she was eventually assessed, things turned very quickly and Sarah was rushed by ambulance to a larger hospital for Paediatric postnatal emergency care. Following emergency ceasarian Sarah and her baby were separated for approximately 8 hours. Overall Sarah's report of this birth was summarised her statement "I actually thought I was going to die and no-one seemed to be very worried until it was crisis point”.

Health Service

test location

AFFIX PATIENT LABEL HERE

Family name: Case Study
Given name: Sarah
Date of birth: 09/06/1984
Sex: sex.female
Culture/status: n/a

Summary Report

Date: 09/07/2022 Page: 1 Screen: 1 of 1

Antenatal

EPDS Scores

Total Score	24	(0-30)
Anxiety Sub-score	7	(0-9)
Q-10 Score	2	(0-3)

Risk Factor Score (ANRQ/PNRQ) **40** (5-60)

TOTAL SCORE ADVICE (EPDS)
Probability of major depression or other disorder is very high. Fully assess safety (including fetus/infant) and the need for crisis support. It is important to ensure access to timely mental health assessment and management.

ANXIETY SUB-SCORE ADVICE (EPDS)
Whilst the EPDS was not designed to measure anxiety, high scores on Items 3, 4 and 5 have been found to be correlated with symptoms of anxiety. This can be the case even with a low overall EPDS score.

As the anxiety sub-score is four or more, anxiety may be present. Enquire about feelings of anxiety, panic or feeling overwhelmed. Use your clinical judgement and offer further assessment or referral if you believe there is a real concern.

SELF-HARM ADVICE (EPDS)
The score greater than 0 on question 10 of the EPDS indicates there is a possibility of suicidal ideation. A full risk assessment is required (see below) to assess safety.

According to clinical judgement:
i. Seek advice from your team leader/manager
ii. Refer immediately for mental health assessment
iii. Determine the need for emergency supports

Conduct or refer for risk assessment, which includes assessing:
1. Whether there are any thoughts of suicide
2. If a plan has been considered
3. If there are access to means, and
4. The lethality of those means

RISK FACTOR ADVICE
The score (23 or more) suggests the presence of significant psychosocial risk factors. This indicates a significantly INCREASED RISK of perinatal mental health problems.

Also review responses to drug and alcohol and family violence questions and enquire further to establish psychosocial care needs and treatment planning.

RISK FACTOR PROFILE - SCORED ITEMS
History depression/anxiety -Yes (5)
Interference family/relationships - Quite a lot (4)
Sought professional help – Yes (5)
Psychiatrist
Counselor
GP
History other mental health problems – No
Had a Mental Health Treatment Plan*
Partner is emotionally supportive – A little (4)
Stress experienced in past 12 months – Yes (5)
Level of distress – Quite a lot (4)
Consider self a worrier – Somewhat (3)
Upset when no order in life – A little (2)
Access to support – Not vey much (4)
Emotionally abused when growing up - No (0)
History of sexual/physical abuse – No (0)
Mother supportive in childhood - Not very much (4)

UNSCORED ITEMS
Drug and alcohol problems present - Not at all
Feel safe in current relationship – Quite a lot

REQUEST FOR HELP
When asked if wanting help for any issues raised, it was indicated that help is not required at present, however maybe required in the future.

MODE OF COMPLETION
It was indicated that the screening was completed alone/without others present.

Edinburgh Postnatal Depression Scale and PNRQ/ANRQ Questionaire

V1 00 11/2020

SW1053

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Patient responses to EPDS Questions

AFFIX PATIENT LABEL HERE

Family name: Case Study
Given name: Sarah
Date of birth: 09/06/1984
Sex: sex.female
Culture/status: n/a

Item Responses

Date: 09/07/2022 Page: 2 Screen: 1 of 1

EPDS Responses

1. I have been able to laugh and see the funny side of things Definitely not so much now	2. I have looked forward with enjoyment to things Hardly at all
3. In the past seven days, I have blamed myself unnecessarily when things went wrong Yes, most of the time	4. I have been anxious or worried for no good reason Yes, sometimes
5. In the past seven days, I have felt scared or panicky for no very good reason Yes, sometimes	6. Things have been getting on top of me Yes, most of the time I haven't been able to cope at all
7. I have been so unhappy that I have had difficulty sleeping Yes, most of the time	8. In the past seven days, I have felt sad or miserable Yes, most of the time
9. I have been so unhappy that I have been crying Only occasionally	10. In the past seven days, the thought of harming myself has occurred to me Sometimes

Edinburgh Postnatal Depression Scale and PNRQ/ANRQ Questionaire

V1 00 11/2020
SW1053

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Perinatal Mental Health Assessment Template

Name: Sarah Date: 12 / 07 / 2022

Address: RMB 408, Colac

Date of Birth: 09 / 06 / 1984

Perinatal Status: ☑ Antenatal | EDD: 09 / 12 / 2022 ☐ Postnatal | Baby's DOB: / /

Clinician: Mary Hosking

Referral Source: GP - Dr. Graham Sutton

Screening Results: EPDS: 24 (Total) / 2 (SH) ☑ ANRQ: 40 ☐ PNRQ:

Other Screening/Assessment Results *(please specify)*:

DASS - Depression 29, Anxiety 19, Stress 27

Medication *(current and previous use of medication)*:

None - needs review

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Perinatal Mental Health Assessment Template

Mental State Exam (MSE)

Appearance:

Well groomed, average height, caucasian female. Dressed casually

Behaviour/Speech:

For the most part eye contact was appropriate, with noted evasive eye contact when discussing pregnancy. agitated movement, somewhat restricted facial expression. Cooperative and actively engaged

Affect:

Flat, detached and appropriate to stated mood

Cognition:

Orientated to person place and time.

Mood:

Mood was described as “low and over it all”.

Thoughts and Perception:

Coherent, logical and notably goal focused and directed. Content included fantasy of ‘escaping’ with SI present, no plan or intent expressed

Judgement and Insight:

Insight and judgement fair. Impulse control appeared to be intact.

Assessment Considerations

Main Presenting Issues:

*multiple birth trauma, coping with developmental delays of daughter, low mood, irritability, and presence of thoughts of self harm
*outbursts of rage and anger and withdrawal from social interactions
*physically she cannot do what she was doing before
*she is not wanting to be intimate with Ben at all
*poor nutritional habits
*strain in her relationship with Ben and in the relationship with mother in-law is reportedly difficult and combative
*financial strain increasing stress and worry

COPE
Perinatal Mental Health Assessment Template

Current Symptoms

Physical:

- [x] Easily fatigued, tiredness
- [x] Sleep disturbance
- [ ] Significant weight or appetite change
- [ ] Insomnia, even though exhausted
- [ ] Other: Poor sleep

Cognitive:

- [ ] Intrusive thoughts
- [ ] Having trouble making easy decisions or thinking clearly
- [x] Difficulty concentrating
- [ ] Worrying or feeling anxious about baby's health and safety
- [ ] Worried about things not being in control
- [x] Recurrent thoughts of death or suicide, or both
- [ ] Other: _____

Affective:

- [ ] Fearful
- [ ] Muscle tension
- [ ] Feeling weepy or crying over seemingly minor things
- [x] Mood swings
- [x] Feelings and/or outbursts of rage
- [x] Depressed mood or irritability
- [ ] Feeling restless, keyed up, on edge, panicky
- [ ] Feelings of worthlessness or guilt
- [x] Feeling unattached or unbonded to fetus/baby
- [ ] Other: _____

Behavioural:

- [ ] Panic attacks
- [x] Missing parts of old life *eg. the freedom to go out with friends*
- [x] Avoidance behaviours *eg. towards baby or social interactions*
- [x] Diminished interest or enjoyment in activities
- [ ] Other: _____

Other Symptoms:

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Perinatal Mental Health Assessment Template

Patient Information

1. History of Mental Illness

Previous diagnoses | Substance misuse | Childhood experiences/adverse childhood experiences | Intimate partner violence | Abuse | Relationships

*History of PND following both postpartum experiences previously
*An absence of Sarah's own mother and a sense of detachment and possibly some issues in attachment.
*Sarah has reported a strong absence in her desire to connect with her fetus.

2. Current Physical and Mental Health

Eating | Lifestyle factors | Other personal or family history of health conditions | Exercise

*Physical isolation, financial strain, the complex needs of caring for Ruby.
*Upkeep of farm and associated demands of living and working on a rural property and physical upkeep of farm and care of animals
*The impact of the unpredictable weather and market conditions – which in turn can significantly impact crop growth and market prices and the same applies to livestock
*Very active, finds energy levels do not match what is required

3. Children and Families

Other siblings | Extended family dynamics

*Sarah's family all live O/S and she has little contact
*Ruby diagnosed with developmental delay
*Thomas behavioural challenging

COPE
Perinatal Mental Health Assessment Template

4. Relationships

Woman's relationship with partner | Cultural differences | Relationships with wider family | Expectations of family life and parenthood (own and partner) | Relationship strengths and satisfaction | Communication | Intimacy

*Strained relationship with Ben
*Ben's father passed away unexpectedly and he now manages the farm alone.
*Ben's mother experiencing significant grief regarding the unexpected loss of her husband.
*Ben's coping style reportedly withdraw and shut down
*Sarah noted an increase in Ben's alcohol consumption and spending time alone
*Both finding difficult to connect with children and finding their behaviours challenging
*Ben having significant back pain and using more medications

5. Journey to Parenthood

Planned or unplanned | Reactions to pregnancy (same or different) | Fertility treatment | Donor conception | First or subsequent pregnancy or child | History perinatal loss | Birth experience(s) and aftercare

*Unplanned pregnancy
*Not feeling positive about pregnancy
*Feeling she cannot cope with another child
*Significant birth trauma with both birth experiences

6. Transition to Parenthood

Adjustment to role change | Adjustment to identity shift | Sense of loss | Restrictions and lifestyle change | Parenting confidence | Isolation | Partner's perspectives

*Found adjustment to parenthood difficult
*Hard to find time for everything
*Overwhelmed in parenting role
*Loss of personal space and freedom
*Feeling "over touched and needed" by children
*Expression of feeling alone and isolated

COPE
Perinatal Mental Health Assessment Template

7. Support Network

Perception of support | Availability of support | Communication

*Feels support is lacking from partner and mother in law
*Feels alone
*Poor confidence in local childcare options
*Feels let down by medical professionals and poor experience of previous birthing support
*Communication in relationship with Ben strained and combatitive

8. Drug and Alcohol Use

Quantity and Frequency | Triggers/antecedents

*No reported use of D&A for Sarah
*Increase in alcohol use for Ben since fathers passing

9. PIMH Risk Assessment *(use COPE Risk Template)*

Woman:

- [X] Risk of harm to self - Direct Self Harm (DSH) or Suicide Intent (SI)
- [ ] Risk of harm to others/Family violence

Details:

*Presence of thoughts of harm to baby
*Suicidal ideation, wishes of not wanting to be here, feeling overwhelmed with reality of current life situation and not sure how to cope
*She is isolated on rural property
*Guns on farm
*Sarah has no plans or thoughts of harming herself or anyone else
*She has knowledge of how to use the guns and currently does have access to the keys for the gun safe

COPE
Perinatal Mental Health Assessment Template

Risk to infant:

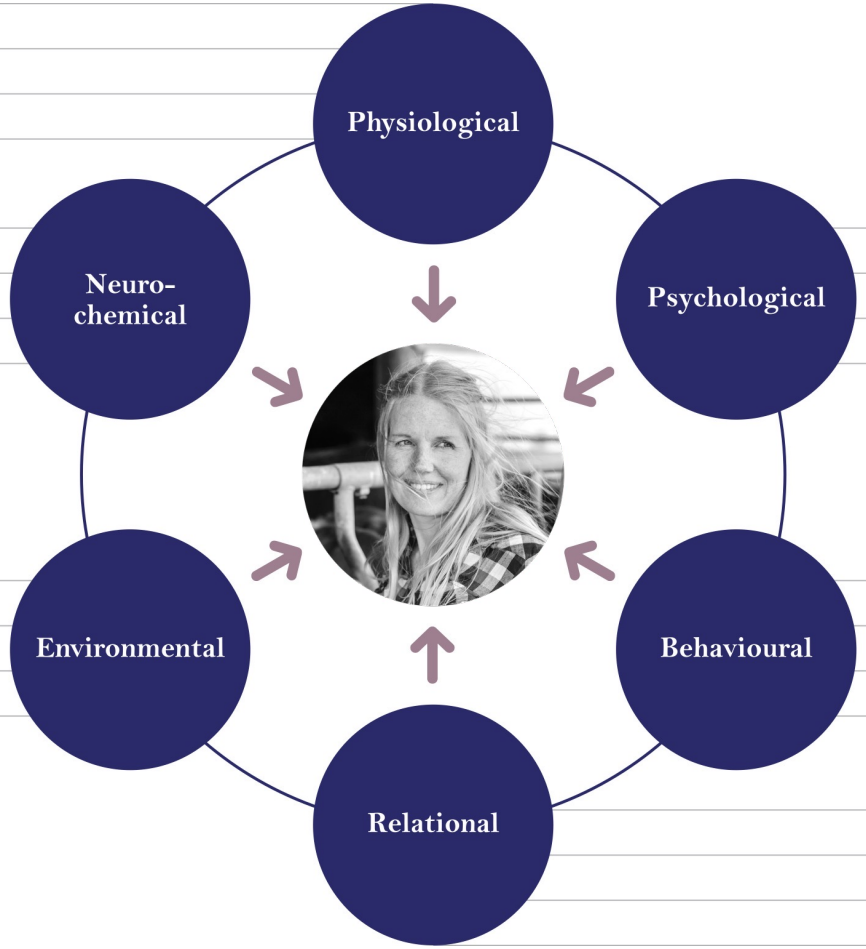
- [ ] Have you had thoughts of harming your baby?
- [ ] Have you felt irritated by your baby?
- [X] Have you had significant regrets about having this baby?
- [X] Does the baby feel like it is not yours at times?
- [ ] Have you ever wanted to shake or slap your baby?
- [ ] Have you ever harmed your baby?

Further Comments:

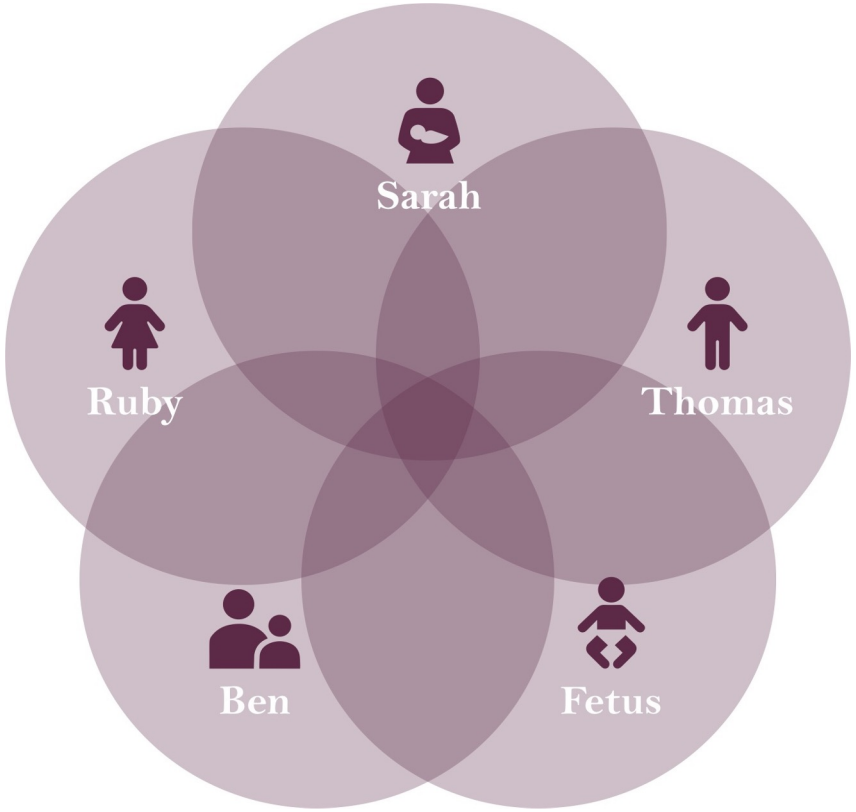
*Sarah reports wishing she was not pregnant
*Disconnected to the fact a baby is growing inside her
*Thoughts of wanting to "get away" from the baby
*No plans or intention to harm the baby or her children

10. Protective Factors

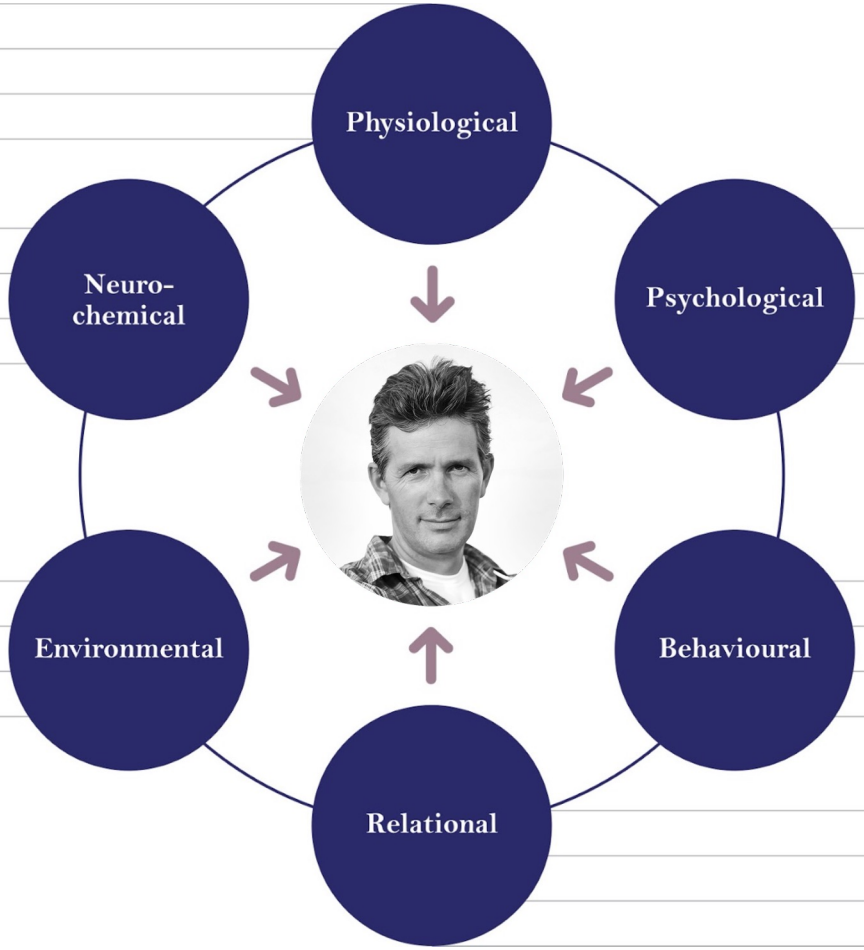
*Help seeking
*Recognition of risk factors for PND
*Engagement with health professionals, despite negative experiences previously
*Insightful regarding impact of previous mental health conditions
*Actively engaged in assessment session
*Open to receiving support and possible referral options

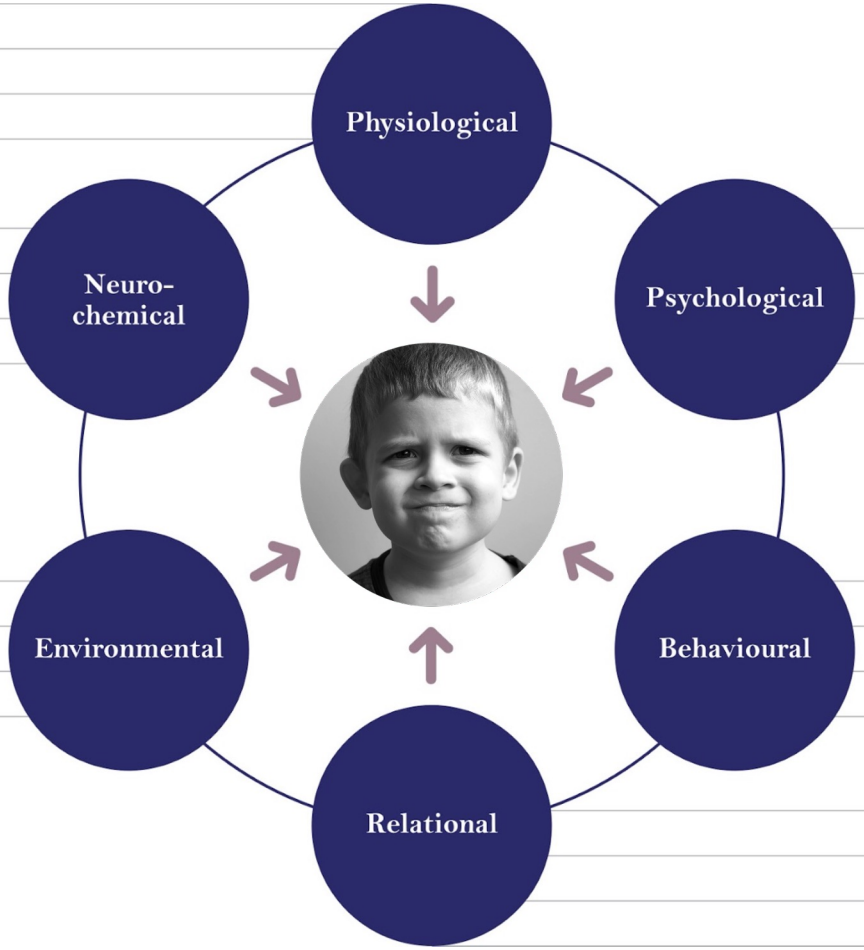


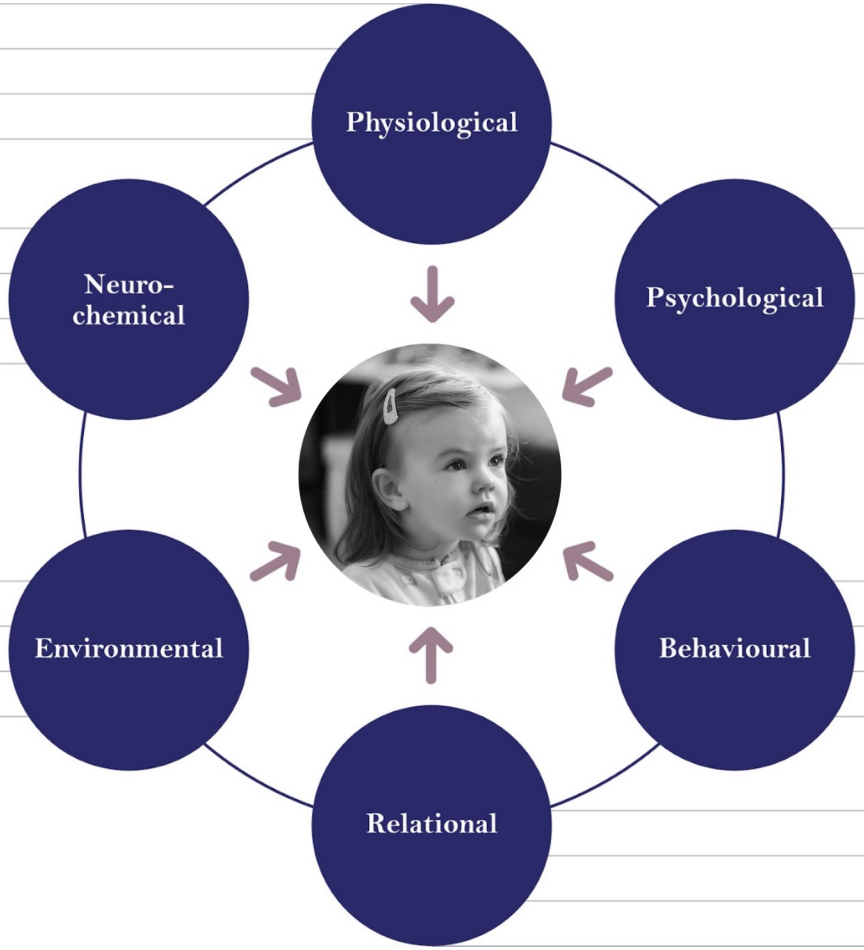
Sarah's Family Constellation

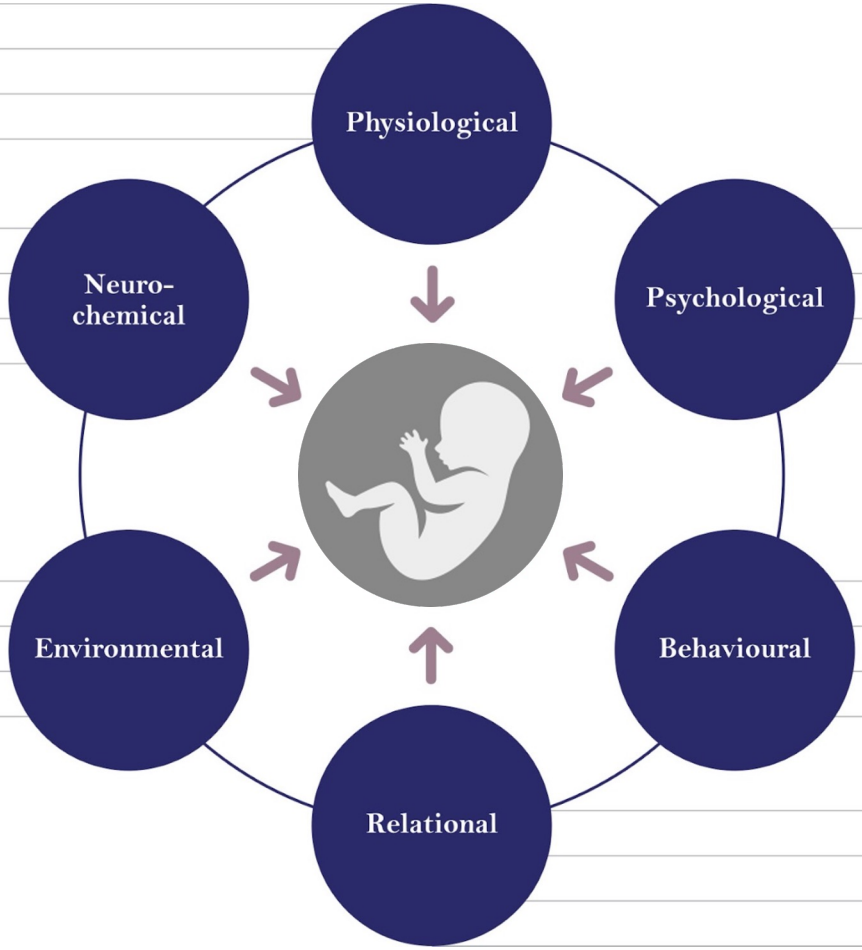


Sarah and Ben's Family









Case Study 3:
Sophia

Sophia

Sophia

<u>Reason for Referral and Presenting Issue</u>

Sophia, is a 28 year old married woman, and presents 6 weeks postpartum

Sophia is married to James and they have a 6 week old son, Oliver. They live in a small apartment in Melbourne, a large city in Victoria. Sophia worked as a Radiographer prior to giving birth to Oliver. Sophia re-presented to a Psychologist she had previously engaged with through her pregnancy. Her initial presentation was a significantly deteriorated state compared to the final antenatal session she had attended. She was teary throughout the appointment and appeared to be on the verge of a panic attack for much of the session.

Sophia attended 5 sessions with the psychologist in her antenatal period. However, she decided to complete treatment at 36 weeks feeling she was "doing well and didn't want to take up the place of someone who really needs it". Despite encouragement for continued (and indicated) support, Sophia disengaged. Her GP created the initial antenatal referral, however in this postnatal presentation Sophia had been advised to seek professional support by her MCHN. Sophia reported the MCHN encouraged her to reengage with the Psychologist following her postnatal visit, during which she cried "the entire time".

During the antenatal period Sophia had presented with high levels of anxiety and was particularly worried something was going to go wrong with her pregnancy. She experienced several panic attacks, with no prior history before her pregnancy. However, she responded well to the supportive space and some brief CBT style treatment. Through this therapeutic process she was able to identify and reflect on the significance of her culture within her family of origin, and in particular how her parents liked to “keep things under the carpet” and present a "well put together image to the world".

In previous sessions Sophia had reported the different communication styles that she and James had were causing strain in the relationship. Sophia described herself as someone who needed to share and discuss things, while James tended to want to process things alone and withdraw.

Sophia described her birth experience as very traumatic. She reported that she and Oliver were immediately separated after birth "because something wasn't right with him". Sophia had also suffered a postpartum hemorrhage (also called PPH) and was unable to see Oliver while they were both being treated. Oliver was sent to a specialist Paediatric hospital, but due to mother and baby's health status, Sophia did not see him before he left via helicopter ambulance.

Further complications followed and a decision to operate on Oliver was made before she had been able to hold her baby. Sophia recounted feeling very alone and "completely terrified" because she was hearing about Oliver's health via phone from James who was with Oliver. She also stated previous communication challenges between herself and James had been exacerbated and she was having great difficulty feeling connected to him since Oliver's birth. Sophia and James have been advised Oliver, now 6 weeks old will require a Colostomy bag with the prognosis that it may be required for his lifetime.

The overwhelming point that Sophia frequently returned to was that "no one understands, because Oliver looks so well and healthy". This feeling of lack of comprehension by others was dominant in much of Sophia's expression. She related this feeling to being alone and not being able to gain a feeling of support from those around her. She also identified this feeling as being the reason she would feel a state of panic.

Health Service

test location

AFFIX PATIENT LABEL HERE

Family name: Case Study
Given name: Sophia
Date of birth: 02/05/1997
Sex: sex.female
Culture/status: n/a

Summary Report

Date: 09/07/2022 Page: 1 Screen: 1 of 1

Postnatal

EPDS Scores

Total Score	**23**	(0-30)
Anxiety Sub-score	**8**	(0-9)
Q-10 Score	**0**	(0-3)

Risk Factor Score (ANRQ/PNRQ) **36** (5-60)

TOTAL SCORE ADVICE (EPDS)
Probability of major depression or other disorder is very high. Fully assess safety (including fetus/infant) and the need for crisis support. It is important to ensure access to timely mental health assessment and management.

ANXIETY SUB-SCORE ADVICE (EPDS)
Whilst the EPDS was not designed to measure anxiety, high scores on Items 3, 4 and 5 have been found to be correlated with symptoms of anxiety. This can be the case even with a low overall EPDS score.

As the anxiety sub-score is four or more, anxiety may be present. Enquire about feelings of anxiety, panic or feeling overwhelmed. Use your clinical judgement and offer further assessment or referral if you believe there is a real concern.

SELF-HARM ADVICE (EPDS)
The score of 0 on the EPDS provides no indication of suicidal ideation. However, if this does not reflect your clinical judgement, enquire further and/or refer for further assessment.

RISK FACTOR ADVICE
The score (23 or more) suggests the presence of significant psychosocial risk factors. This indicates a significantly INCREASED RISK of perinatal mental health problems.

Also review responses to drug and alcohol and family violence questions and enquire further to establish psychosocial care needs and treatment planning.

RISK FACTOR PROFILE - SCORED ITEMS
History depression/anxiety -Yes (5)
Interference family/relationships - Somewhat (3)
Sought professional help – Yes (5)
History other mental health problems – No
Received ongoing care*
Had a Mental Health Treatment Plan*
Partner is emotionally supportive – Quite a lot (2)
Stress experienced in past 12 months – Yes (5)
Level of distress – Very much (5)
Consider self a worrier – Quite a lot (4)
Upset when no order in life – A little (2)
Access to support – Quite a lot (2)
Emotionally abused when growing up - No (0)
History of sexual/physical abuse – No (0)
Mother supportive in childhood - Somewhat (3)

UNSCORED ITEMS
Drug and alcohol problems present - Not at all
Feel safe in current relationship – Very much
Birth disappointing or frightening – Quite a lot
Experience of parenting been positive – A little
Baby unsettled/feeding poorly – Quite a lot

REQUEST FOR HELP
When asked if wanting help for any issues raised, it was indicated that help is not required at present, however maybe required in the future.

MODE OF COMPLETION
It was indicated that someone assisted or was present during the screening.

Edinburgh Postnatal Depression Scale and PNRQ/ANRQ Questionaire

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Patient responses to EPDS Questions

AFFIX PATIENT LABEL HERE

Family name: Case Study
Given name: Sophia
Date of birth: 02/05/1997
Sex: sex.female
Culture/status: n/a

Item Responses

Date: 09/07/2022 Page: 2 Screen: 1 of 1

EPDS Responses

1. I have been able to laugh and see the funny side of things Definitely not so much now	2. I have looked forward with enjoyment to things Hardly at all
3. In the past seven days, I have blamed myself unnecessarily when things went wrong Yes, some of the time	4. I have been anxious or worried for no good reason Yes, very often
5. In the past seven days, I have felt scared or panicky for no very good reason Yes, quite a lot	6. Things have been getting on top of me Yes, sometimes I haven't been coping as well as usual
7. I have been so unhappy that I have had difficulty sleeping Yes, sometimes	8. In the past seven days, I have felt sad or miserable Yes, most of the time
9. I have been so unhappy that I have been crying Yes, most of the time	10. In the past seven days, the thought of harming myself has occurred to me Never

Edinburgh Postnatal Depression Scale and PNRQ/ANRQ Questionaire

V1 00 11/2020
SW1053

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Perinatal Mental Health Assessment Template

Name: Sophia Clarke **Date:** 09 / 07 / 2022

Address: 1245 Bell St, Coburg, Melbourne

Date of Birth: 02 / 05 / 1997

Perinatal Status: ☐ Antenatal | EDD: / / ☒ Postnatal | Baby's DOB: 24 / 05 / 2022

Clinician:
Bronwyn Smith

Referral Source:
Dr Singh, Royal Children's Hospital Melbourne, MCHN referral also

Screening Results: EPDS: 23, Q10 0 ☐ ANRQ: ☒ PNRQ: 36

Other Screening/Assessment Results *(please specify)*:

DASS21: Depression 16 (Moderate) Anxiety 22 (Extremely Severe) Stress 26 (Severe)

Medication *(current and previous use of medication)*:

N/A

COPE
Perinatal Mental Health Assessment Template

Mental State Exam (MSE)

Appearance:
Cleanly presented, somewhat formal for assessment and 6 weeks postpartum. Average height, heavy set, caucasian female. Presentation more indicative of job interview or formal occasion.

Behaviour/Speech:
Appropriate but shy eye contact, subdued body language, quietly spoken, and particularly polite. Teary often throughout the session

Affect:
Quiet and contained, however became teary and appeared to be on the verge of a panic attack at times throughout the session, congruent with described mood

Cognition:
Orientated to person place and time. Content of thoughts centred on not feeling understood and alone

Mood:
Mood was described as “sad, worried and panicky constantly”.

Thoughts and Perception:
Coherent and logical. No indication or report of perceptual disturbances. No report or indication of SI, no plan or intent expressed

Judgement and Insight:
Insight and judgement fair. Impulse control intact, strong sense of being self controlled and contained

Assessment Considerations

Main Presenting Issues:

*High level anxiety antenatally, constantly worried something would go wrong,
*Birth experience very traumatic, separated from baby, sent to different hospitals, decision re operation before she held her baby.
*Different communication styles with partner.
*Baby born with no anus or colon passage, requires Colostomy bag.
*Dominant feelings that “No one understands, he (baby) looks so well and healthy”
*Follow up consultation poor prognosis, might always need bag
*Panic Attacks
*Low mood
*Constant worry and health concerns for Oliver

COPE
Perinatal Mental Health Assessment Template

Current Symptoms

Physical:

- [x] Easily fatigued, tiredness
- [ ] Sleep disturbance
- [x] Significant weight or appetite change
- [ ] Insomnia, even though exhausted
- [ ] Other: _____

Cognitive:

- [ ] Intrusive thoughts
- [x] Having trouble making easy decisions or thinking clearly
- [ ] Difficulty concentrating
- [x] Worrying or feeling anxious about baby's health and safety
- [x] Worried about things not being in control
- [ ] Recurrent thoughts of death or suicide, or both
- [ ] Other: _____

Affective:

- [ ] Fearful
- [x] Muscle tension
- [x] Feeling weepy or crying over seemingly minor things
- [ ] Mood swings
- [ ] Feelings and/or outbursts of rage
- [x] Depressed mood or irritability
- [ ] Feeling restless, keyed up, on edge, panicky
- [x] Feelings of worthlessness or guilt
- [ ] Feeling unattached or unbonded to fetus/baby
- [ ] Other: _____

Behavioural:

- [x] Panic attacks
- [ ] Missing parts of old life *eg. the freedom to go out with friends*
- [ ] Avoidance behaviours *eg. towards baby or social interactions*
- [x] Diminished interest or enjoyment in activities
- [ ] Other: _____

Other Symptoms:

COPE
Perinatal Mental Health Assessment Template

Patient Information

1. History of Mental Illness

Previous diagnoses | Substance misuse | Childhood experiences/adverse childhood experiences | Intimate partner violence | Abuse | Relationships

*Antenatal Anxiety
*Undiagnosed anxiety symptoms “most of my life I would say”
*Sophia was initially engaged with Psychologist in antenatal period, attending 5 sessions. However, she had decided to complete treatment feeling she was "doing well and didn't want to take up the place of someone who really needs it". Despite encouragement by practitioner for continued (and indicated) support, Sophia disengaged at 36 weeks. Her GP created the initial referral, however in this postnatal presentation Sophia reported she had been advised to seek professional support by the specialist Dr at the Childrens Hospital, and also by her MCHN. Sophia advised the MCHN encouraged her to reengage with the Psychologist following her postnatal visit, during which she cried "the entire time".

2. Current Physical and Mental Health

Eating | Lifestyle factors | Other personal or family history of health conditions | Exercise

*The physical impact of a traumatic birth experience
*Infant physical postnatal health
*Excessive fatigue
*Symptoms of panic attack, recurrent
*Noted Sophia re-presented in a "significantly deteriorated state", compared to the final antenatal session. She was teary throughout the appointment and appeared to be on the verge of a panic attack for much of the session.

3. Children and Families

Other siblings | Extended family dynamics

*Parents and sister live “pretty close by, and we see each other often and we are close but we don’t talk about emotions or feelings”
*Cultural family hx of “keeping things under the carpet”
*James has no family in Australia

COPE
Perinatal Mental Health Assessment Template

4. Relationships

Woman's relationship with partner | Cultural differences | Relationships with wider family | Expectations of family life and parenthood (own and partner) | Relationship strengths and satisfaction | Communication | Intimacy

*Although Sophia described a "pretty standard upbringing" she indicated a pattern of containing emotions and dealing with issues by "sweeping them under the carpet"
*Relatively new relationship with James
*Cultural strains in communication, difficulties adjusting to parenthood under strain of Oliver's health issues.
*Another exploration during the antenatal period that Sophia had reported as problematic was the different communication styles that she and James had.
*Sophia described herself as someone who needed to share and discuss things, while James tended to want to process things alone and withdraw.
*Feels disconnected to own family unit and friends, particularly in relation to understanding of the significance of Olivers health issues.
*Sophia indicated a strong divide between her expectations of motherhood and her current reality - something to further explore

5. Journey to Parenthood

Planned or unplanned | Reactions to pregnancy (same or different) | Fertility treatment | Donor conception | First or subsequent pregnancy or child | History perinatal loss | Birth experience(s) and aftercare

*The pregnancy conception journey was described as "not really planned but we did both want to start a family so we kind of just let it happen". Sophia shared this unplanned approach was "very unlike me, I plan and organise everything"
*James reaction to the pregnancy initially was "not great". He reportedly "did not feel ready to become a father"
*Throughout the pregnancy Sophia recounted feeling "so worried something would go wrong", it was a consuming and overwhelming worry
*Sophia described her birth experience as very traumatic. She reported that she and Oliver ware immediately separated after birth "because something wasn't right with him". Sophia had also suffered a postpartum hemorrhage (PPH) and was unable to see Oliver while they were both being treated. Oliver was sent to a specialist Paediatric hospital, but due to mother and baby's health status, Sophia did not see him before he left via helicopter ambulance.
Further complications followed and a decision to operate on Oliver was made before she had been able to hold her baby. Sophia recounted feeling very alone and "completely terrified" because she was hearing about Oliver's health via phone from James who was with Oliver.
*She also stated previous communication challenges between herself and James had been exacerbated and she was having great difficulty feeling connected to him since Oliver's birth.

6. Transition to Parenthood

Adjustment to role change | Adjustment to identity shift | Sense of loss | Restrictions and lifestyle change | Parenting confidence | Isolation | Partner's perspectives

*The overwhelming point that Sophia frequently returned to was that "no one understands, because Oliver looks so well and healthy"
*During the antenatal period Sophia had presented with high levels of anxiety and was particularly worried something was going to go wrong with her pregnancy. She experienced several panic attacks, with no prior history before her pregnancy. However, she responded well to the supportive space and some brief CBT style treatment. Through this therapeutic process she was able to identify and reflect on the significance of her culture within her family of origin, and in particular how her parents liked to "keep things under the carpet" and present a "well put together image to the world".

COPE
Perinatal Mental Health Assessment Template

7. Support Network

Perception of support | Availability of support | Communication

*Sophia described a sense of feeling confident she would have good physical support in the care provision of Oliver from her own family
*However, a strong sense of feeling unsupported emotionally by her partner, family and friends
*Sophia reported a need for expression and discussion of her emotional experiences in life, but a pattern in relationships where this need was not satisfied or met
*Sophia did report feeling "better at managing the baby stuff than I expected" and a sense of personal capability in supporting herself

8. Drug and Alcohol Use

Quantity and Frequency | Triggers/antecedents

*No reported use of D&A for Sophia
*When asked about James current or past history of D&A use Sophia did not appear to feel completely comfortable to discuss or expand. This point may require further exploration with established rapport.

9. PIMH Risk Assessment *(use COPE Risk Template)*

Woman:

- ☐ Risk of harm to self - Direct Self Harm (DSH) or Suicide Intent (SI)
- ☐ Risk of harm to others/Family violence

Details:

Low risk, see Risk Template

COPE
Perinatal Mental Health Assessment Template

Risk to infant:

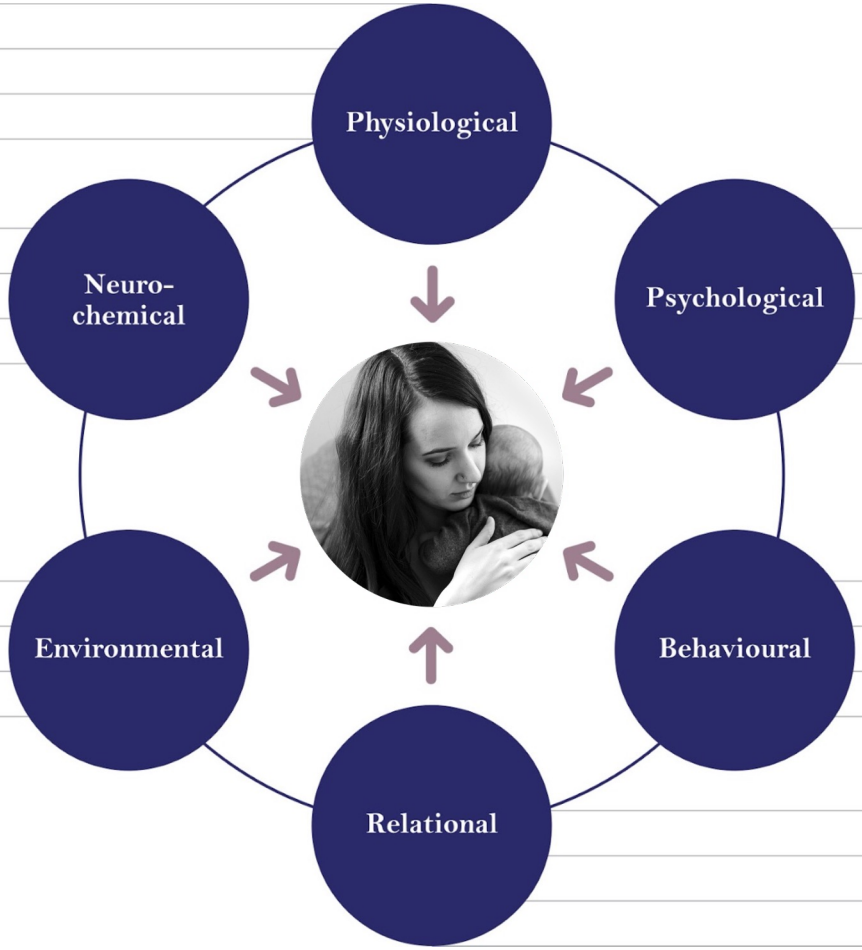
- ☐ Have you had thoughts of harming your baby?
- ☐ Have you felt irritated by your baby?
- ☐ Have you had significant regrets about having this baby?
- ☐ Does the baby feel like it is not yours at times?
- ☐ Have you ever wanted to shake or slap your baby?
- ☐ Have you ever harmed your baby?

Further Comments:

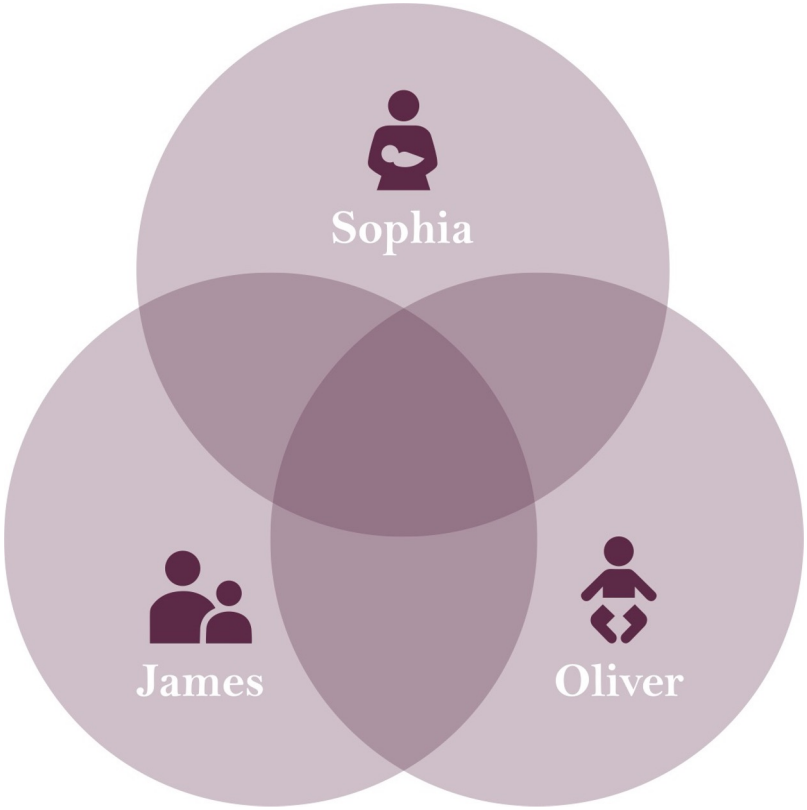
*Strong and evident sense of bond with Oliver
*Attentive care and attention to Oliver in session
*No indication or report of risk of harm

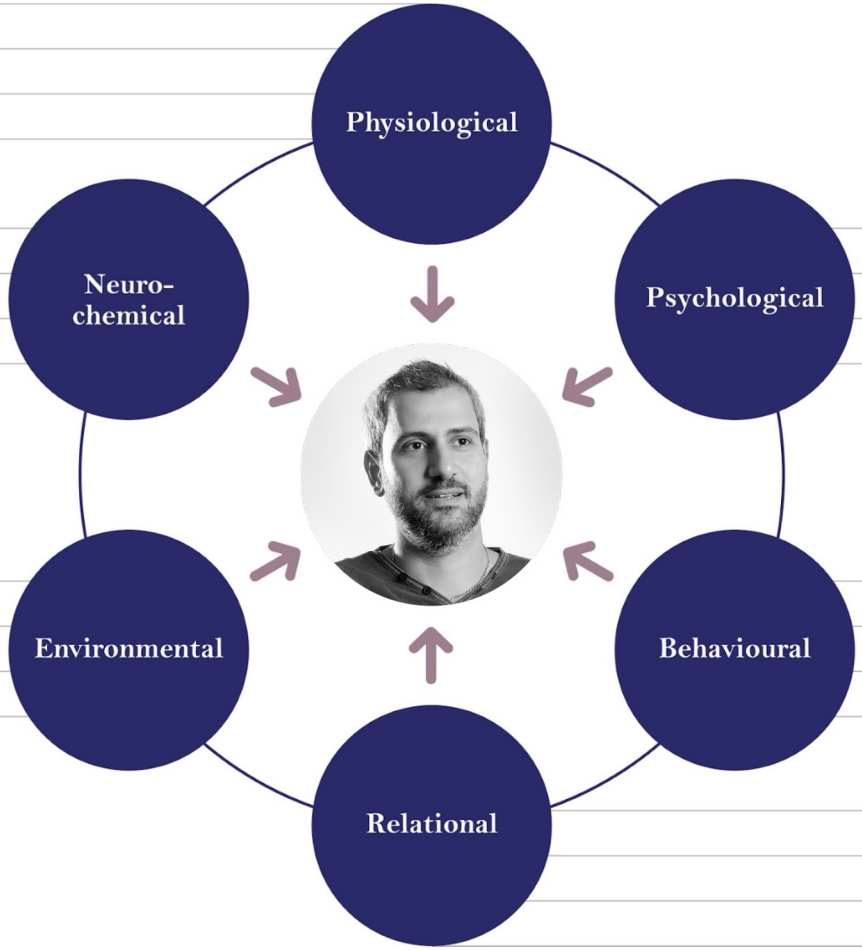
10. Protective Factors

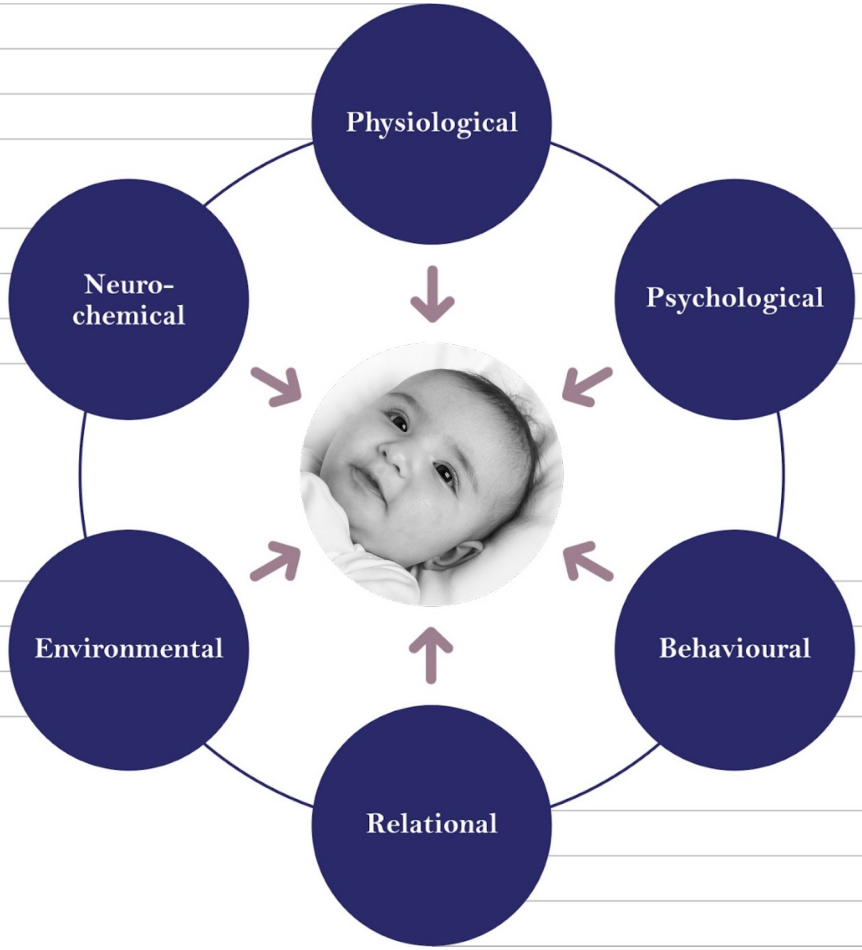
*Help seeking in current context
*Positive response to psychological treatment previously
*Insightful and self reflective
*Openly engaged in assessment session
*Open to receiving support and possible referral options
*Financially stable
*Stable employment and security
*High level of functioning generally



Sophia's Family Constellation







Case Study 4:
Rachel

Rachel

Rachel

<u>Reason for Referral and Presenting Issue</u>

Rachel, is a 38-year-old married woman, and mother to 4yrs, 2.5yrs and 3mth old boys.

Rachel and Luke are married and have a 2-and-a-half-year-old son Ollie, and 4-year-old son Sam and 6-month-old Max.

Rachel is a previous client of the private PMH service, having previously seen a Psychiatrist and Clinical Psychologist. During past engagement she was prescribed Desvenlafaxine (commonly known as Prestiq). However she stated she changed to Escitalopram (Lexapro) and found this to be "much better". Rachel advised she stopped taking Lexapro when trying to conceive Max and has not recommenced any medication. She has spoken with her GP, who suggested she reengage with psychological support.

Rachel reported her GP suggested this referral at her first postnatal visit, however she stated "I kept putting it off because I just don't have time for this, it's hard to get to appointments with all the kids and to fit it into their sleep routines – they rule my life!"

Rachel's reasoning for attending this first appointment was that the "scary thoughts are getting really bad and they just won't stop". "I think I am going crazy". "I'm so tired all the time, but I can't sleep because my mind is so busy." She described feeling chaotic and confused because one part of her brain was having these horrible thoughts while the other was so in love with her boys and consumed with taking good care of them and loving them. It was only when she attempted to describe the scary thoughts she became obviously emotional and teary. She stated "I'm afraid I might take one of the knives in my kitchen and stab the baby. When he won't go to sleep I get so stressed and panicky, sometimes I have thought, 'What would happen if I just put a pillow over him to make him stop crying?".

Rachel reported more cognitive than overtly behavioural compulsions, however Rachel briefly mentioned she sometimes pulls her hair "when the thoughts are really bad" and that there have been times when "some clumps of hair have come out if I pull too hard". She also described a rigid sleep routine for each of the three children and an attempt to keep as much order and structure in her day as possible. She planned each day the night before. Any activities or events were governed by children's sleep times and that they

all had to be at home to sleep in their own room and to be able to feed Max in the dark because it was the only way he would feed.

Rachel described a history of being a "worrier and probably a bit of a perfectionist". She had studied Primary Teaching at University as a second career path, and was awarded an exceptional academic achievement - this mirrored her recollection of attending school. She completed her first year of teaching before having Sam, however she had not returned to work since his birth.

Regarding her most recent pregnancy Rachel stated "I was too busy to really know I was pregnant!" She reported the birth was "pretty straight forward like the others" and that she discharged herself the day after a vaginal delivery because she "just wanted to get home". Rachel described a dislike for hospitals because she prefers to have things the way she likes them at home and didn't appreciate the "interference" from the midwives and hospital staff.

In regards to parenting her two older boys, Rachel said they "were really bad sleepers" and "terrible feeders", with significant issues related to both breastfeeding and formula use. She reported that Ollie and Sam both have intolerances "to basically everything" and that trying to find a formula they could "be happy and normal on" was a "nightmare". When she spoke of Max she referred to him as "my worst nightmare coming true" - by which she meant she was certain she would have the same sleep, settling and feeding challenges with him as were present with the older two boys.

Health Service

test location

AFFIX PATIENT LABEL HERE

Family name: Case Study
Given name: Rachel
Date of birth: 08/03/1983
Sex: sex.female
Culture/status: n/a

Summary Report

Date: 09/07/2022 Page: 1 Screen: 1 of 1

Postnatal

EPDS Scores

Total Score	19	(0-30)
Anxiety Sub-score	9	(0-9)
Q-10 Score	1	(0-3)

Risk Factor Score (ANRQ/PNRQ) **35** (5-60)

TOTAL SCORE ADVICE (EPDS)
Probability of major depression is relatively high. Fully assess safety (including fetus/infant)and the need for crisis support. It is important to ensure access to timely mental health assessment and management.

ANXIETY SUB-SCORE ADVICE (EPDS)
Whilst the EPDS was not designed to measure anxiety, high scores on Items 3, 4 and 5 have been found to be correlated with symptoms of anxiety. This can be the case even with a low overall EPDS score.

As the anxiety sub-score is four or more, anxiety may be present. Enquire about feelings of anxiety, panic or feeling overwhelmed. Use your clinical judgement and offer further assessment or referral if you believe there is a real concern.

SELF-HARM ADVICE (EPDS)
The score greater than 0 on question 10 of the EPDS indicates there is a possibility of suicidal ideation. A full risk assessment is required (see below) to assess safety.

According to clinical judgement:
i. Seek advice from your team leader/manager
ii. Refer immediately for mental health assessment
iii. Determine the need for emergency supports

Conduct or refer for risk assessment, which includes assessing:
1. Whether there are any thoughts of suicide
2. If a plan has been considered
3. If there are access to means, and
4. The lethality of those means

RISK FACTOR ADVICE
The score (23 or more) suggests the presence of significant psychosocial risk factors. This indicates a significantly INCREASED RISK of perinatal mental health problems.

Also review responses to drug and alcohol and family violence questions and enquire further to establish psychosocial care needs and treatment planning.

RISK FACTOR PROFILE - SCORED ITEMS
History depression/anxiety -Yes (5)
Interference family/relationships - Quite a lot (4)
Sought professional help – Yes (5)
GP
History other mental health problems – No
Partner is emotionally supportive – Somewhat (3)
Stress experienced in past 12 months – No (0)
Consider self a worrier – Very much (5)
Upset when no order in life – Very much (5)
Access to support – Somewhat (3)
Emotionally abused when growing up - No (0)
History of sexual/physical abuse – No (0)
Mother supportive in childhood - Not at all (5)

UNSCORED ITEMS
Drug and alcohol problems present - Not at all
Feel safe in current relationship – Quite a lot
Birth disappointing or frightening – A little
Experience of parenting been positive – A little
Baby unsettled/feeding poorly – Very much

REQUEST FOR HELP
When asked if wanting help for issues raised, the need for help was indicated.

MODE OF COMPLETION
It was indicated that the screening was completed alone/without others present.

Edinburgh Postnatal Depression Scale and PNRQ/ANRQ Questionaire

V1 00 11/2020

SW1053

COPE
Centre of Perinatal Excellence

Patient responses to EPDS Questions

AFFIX PATIENT LABEL HERE

Family name: Case Study
Given name: Rachel
Date of birth: 08/03/1983
Sex: sex.female
Culture/status: n/a

Item Responses

Date: 09/07/2022 Page: 2 Screen: 1 of 1

EPDS Responses

1. I have been able to laugh and see the funny side of things Not quite so much now	2. I have looked forward with enjoyment to things Rather less than I used to
3. In the past seven days, I have blamed myself unnecessarily when things went wrong Yes, most of the time	4. I have been anxious or worried for no good reason Yes, very often
5. In the past seven days, I have felt scared or panicky for no very good reason Yes, quite a lot	6. Things have been getting on top of me Yes, sometimes I haven't been coping as well as usual
7. I have been so unhappy that I have had difficulty sleeping Yes, sometimes	8. In the past seven days, I have felt sad or miserable Yes, quite often
9. I have been so unhappy that I have been crying Only occasionally	10. In the past seven days, the thought of harming myself has occurred to me Hardly ever

Edinburgh Postnatal Depression Scale and PNRQ/ANRQ Questionaire

V1 00 11/2020
SW1053

COPE
Perinatal Mental Health Assessment Template

Name: Rachel Mann **Date:** 09 / 07 / 2022

Address: 17 Redfern Court, Perth

Date of Birth: 08 / 03 / 1983

Perinatal Status: ☐ Antenatal | EDD: / / ☒ Postnatal | Baby's DOB: 03 / 04 / 2022

Clinician:
Mary Foster

Referral Source:
Returning client to private PMH service, GP referral

Screening Results: EPDS: 19, Q10 1 ☐ ANRQ: ☒ PNRQ: 35

Other Screening/Assessment Results *(please specify)*:

DASS21: Depression 15 (Moderate) Anxiety 22 (Extremely Severe) Stress 24 (Severe)

Medication *(current and previous use of medication)*:

Previously taken; Desvenlafaxine and Escitalopram (no current medication)

COPE
Perinatal Mental Health Assessment Template

Mental State Exam (MSE)

Appearance:
Casual attire, athletic sports wear. Average height, small frame and possibly underweight for height, caucasian female. Noted hair pulled back in ponytail, however a patch of hair was visibly missing.

Behaviour/Speech:
Appropriate eye contact, however at times intense and unwavering, speech was loud at times and quicker than average, busy movements and agitated behaviours. Teary at times through session

Affect:
Edgy and uptight affect, her presence felt tense and restricted. Level of apparent anxiety/stress congruent with described mood

Cognition:
Orientated to person place and time. Some difficulties reported in short term memory

Mood:
Mood was described as “irritable and uptight, like I’m going to explode any second. I’m just so on edge all the time”.

Thoughts and Perception:
Coherent and logical, however ruminating and fixated at times. No indication or report of perceptual disturbances. Although scored 1 on Q10 of EPDS Rachel expressed she has had moments of feeling like she would like to “escape”, but no report or indication of SI, no plan or intent expressed

Judgement and Insight:
Insight and judgement fair. Impulse control intact, however some contradiction in expression of feeling a strong sense of being self controlled and contained, contrasted to feelings of “I could loose control any time”.

Assessment Considerations

Main Presenting Issues:

*Rachel's reasoning for attending this first appointment was that the "scary thoughts are getting really bad and they just won't stop".
*I think I am going crazy". "I'm so tired all the time, but I can't sleep because my mind is so busy."
*She described feeling chaotic and confused because one part of her brain was having these horrible thoughts while the other was so in love with her boys and consumed with taking good care of them and loving them.
*She stated “I’m afraid I might take one of the knives in my kitchen and stab the baby. When he won't go to sleep I get so stressed and panicky, sometimes I have thought, 'What would happen if I just put a pillow over him to make him stop crying?' ".
*Rachel reported more cognitive than overtly behavioural compulsions
*Sometimes pulls her hair "when the thoughts are really bad" and that there have been times when "some clumps of hair have come out if I pull too hard".
*Attempt to keep as much order and structure in her day as possible.

COPE
Perinatal Mental Health Assessment Template

Current Symptoms

Physical:

- [x] Easily fatigued, tiredness
- [ ] Sleep disturbance
- [x] Significant weight or appetite change
- [x] Insomnia, even though exhausted
- [x] Other: "Busyness" in body and mind

Cognitive:

- [x] Intrusive thoughts
- [x] Having trouble making easy decisions or thinking clearly
- [x] Difficulty concentrating
- [x] Worrying or feeling anxious about baby's health and safety
- [x] Worried about things not being in control
- [ ] Recurrent thoughts of death or suicide, or both
- [ ] Other: _____

Affective:

- [ ] Fearful
- [x] Muscle tension
- [ ] Feeling weepy or crying over seemingly minor things
- [ ] Mood swings
- [x] Feelings and/or outbursts of rage
- [x] Depressed mood or irritability
- [x] Feeling restless, keyed up, on edge, panicky
- [ ] Feelings of worthlessness or guilt
- [ ] Feeling unattached or unbonded to fetus/baby
- [ ] Other: _____

Behavioural:

- [ ] Panic attacks
- [x] Missing parts of old life *eg. the freedom to go out with friends*
- [ ] Avoidance behaviours *eg. towards baby or social interactions*
- [ ] Diminished interest or enjoyment in activities
- [x] Other: Compulsive behaviours to check children and follow routine and structure

Other Symptoms:

COPE
Perinatal Mental Health Assessment Template

Patient Information

1. History of Mental Illness

Previous diagnoses | Substance misuse | Childhood experiences/adverse childhood experiences | Intimate partner violence | Abuse | Relationships

*Previously diagnosed with PND and GAD and has been under the care of a Psychiatrist and Clinical Psychologist.
*During past engagement she was prescribed Desvenlafaxine (commonly known as Prestiq). However she stated she changed to Escitalopram (Lexapro) and found this to be "much better".
*Rachel advised she stopped taking Lexapro when trying to conceive Max and has not recommenced any medication.

2. Current Physical and Mental Health

Eating | Lifestyle factors | Other personal or family history of health conditions | Exercise

*Rachel reported more cognitive than overtly behavioural compulsions, however Rachel briefly mentioned she sometimes pulls her hair "when the thoughts are really bad" and that there have been times when "some clumps of hair have come out if I pull too hard".
*She also described a rigid sleep routine for each of the three children and an attempt to keep as much order and structure in her day as possible. She planned each day the night before.
*Any activities or events were governed by children's sleep times and that they all had to be at home to sleep in their own room and to be able to feed Max in the dark because it was the only way he would feed.
*Strong need for physical activity and found a coping mechanism in the past, finding it difficult to “fit it all in with three kids”

3. Children and Families

Other siblings | Extended family dynamics

*Rachel found discussing her own family difficult
*Her parents live in a small town several hours away from Perth, and Rachel does not see them often
*Rachel’s younger sister lives in Melbourne and they have infrequent contact and reportedly were not close growing up. “We were really different, she is lazy and messy, we just don’t get each other”.

COPE
Perinatal Mental Health Assessment Template

4. Relationships

Woman's relationship with partner | Cultural differences | Relationships with wider family | Expectations of family life and parenthood (own and partner) | Relationship strengths and satisfaction | Communication | Intimacy

*Rachel and Luke have been married for 15 years and prior to this relationship Rachel reported Luke had not had a committed relationship
*Luke is a plumber and has taken on his fathers established business recently.
*Rachel reports Luke is feeling a lot of pressure to ensure the business is successful
*Rachel does not feel well supported by Luke and feels he is absent in his role as a parent
*Luke is reportedly a "good provider"
*Luke has reportedly told Rachel she is too controlling and does not like the way he parents
*Rachel feels Luke withdraws by playing basketball with his friends and going to the footy on the weekends

5. Journey to Parenthood

Planned or unplanned | Reactions to pregnancy (same or different) | Fertility treatment | Donor conception | First or subsequent pregnancy or child | History perinatal loss | Birth experience(s) and aftercare

*Rachel advised each pregnancy has been planned, and that family life has been arranged around due dates
*Regarding her most recent pregnancy Rachel stated "I was too busy to really know I was pregnant!"
*She reported the birth was "pretty straight forward like the others" and that she discharged herself the day after a vaginal delivery because she "just wanted to get home".
•Rachel described a dislike for hospitals because she prefers to have things the way she likes them at home and didn't appreciate the "interference" from the midwives and hospital staff.

6. Transition to Parenthood

Adjustment to role change | Adjustment to identity shift | Sense of loss | Restrictions and lifestyle change | Parenting confidence | Isolation | Partner's perspectives

*In regards to parenting her two older boys, Rachel said they "were really bad sleepers" and "terrible feeders", with significant issues related to both breastfeeding and formula use.
*She reported that Ollie and Sam both have intolerances "to basically everything" and that trying to find a formula they could "be happy and normal on" was a "nightmare".
*When she spoke of Max she referred to him as "my worst nightmare coming true" - by which she meant she was certain she would have the same sleep, settling and feeding challenges with him as were present with the older two boys.

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Perinatal Mental Health Assessment Template

7. Support Network

Perception of support | Availability of support | Communication

*Rachel reported a strong sense of being alone in her parenting journey, “I might as well be a single parent”
*Rachel also shared an insight that she does not find the support anyone else offers helpful, “no-one can get it right and they don’t do things the way I like them”
*I’m a total perfectionist, I know I’m my own worst enemy”
*When communicating around parenting decisions and daily tasks, Rachel reported she finds it “easier to just do it all myself”
*Rachel finds she feels she is “parenting four children” at times

8. Drug and Alcohol Use

Quantity and Frequency | Triggers/antecedents

*No reported use of D&A for Rachel
*When asked about Luke, Rachel said she feels he “drinks too much when he is with his mates”, and noted he can be more aggressive when he consumes alcohol

9. PIMH Risk Assessment *(use COPE Risk Template)*

Woman:

- ☐ Risk of harm to self - Direct Self Harm (DSH) or Suicide Intent (SI)
- ☐ Risk of harm to others/Family violence

Details:

Low risk, see Risk Template
*although noted report of fleeting thoughts of harm to infant - explored in detail in risk assessment

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Perinatal Mental Health Assessment Template

Risk to infant:

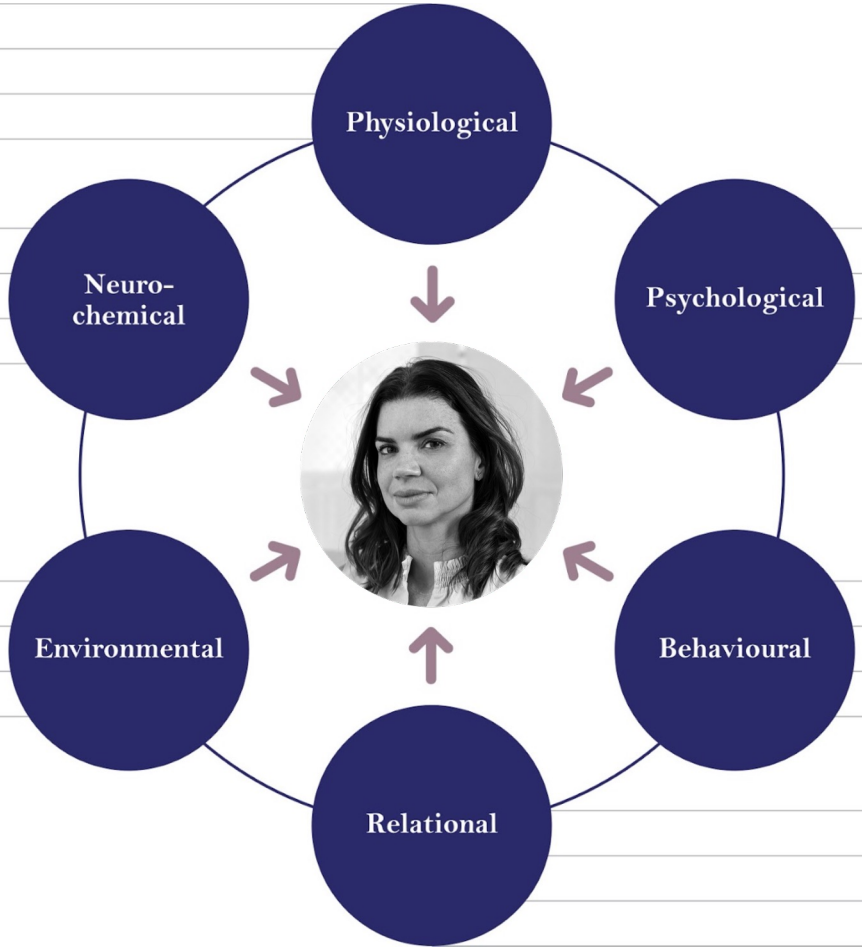
- [x] Have you had thoughts of harming your baby?
- [x] Have you felt irritated by your baby?
- [ ] Have you had significant regrets about having this baby?
- [ ] Does the baby feel like it is not yours at times?
- [x] Have you ever wanted to shake or slap your baby?
- [ ] Have you ever harmed your baby?

Further Comments:

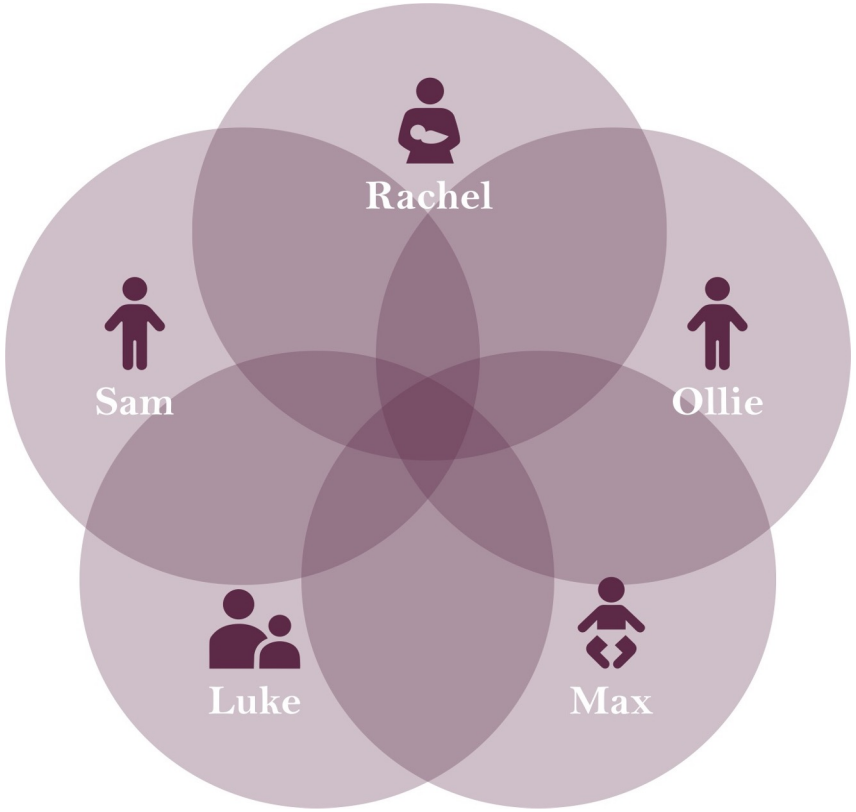
*Strong and evident sense of bond with all three children, particularly baby Max during the assessment session
*Attentive care and attention to Max in session
*Max appeared secure and settled, appropriately responsive to Rachels care and attention
*No indication of risk of harm, cognitions explored further in risk assessment

10. Protective Factors

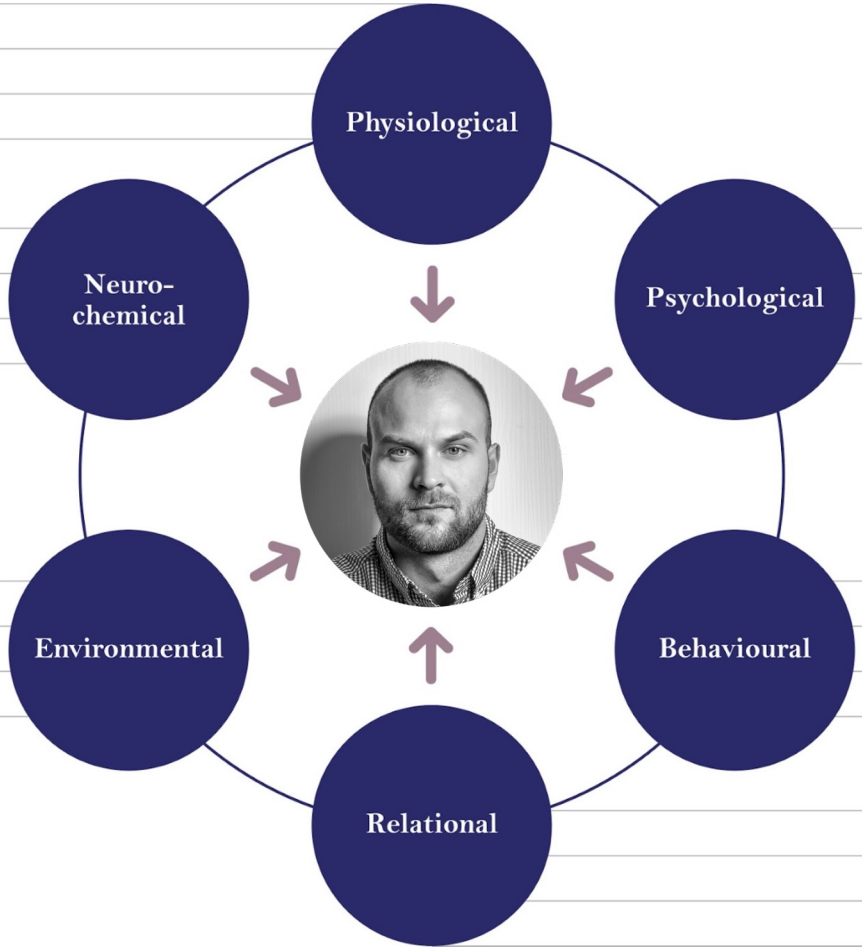
*Help seeking in current context
*Positive response to psychological treatment and medication previously
*Strong sense of purpose in parenting role
*Somewhat open to receiving support and possible referral options, however history of not engaging in support services
*Financially stable, although some strain in family business apparent
*High level of functioning generally

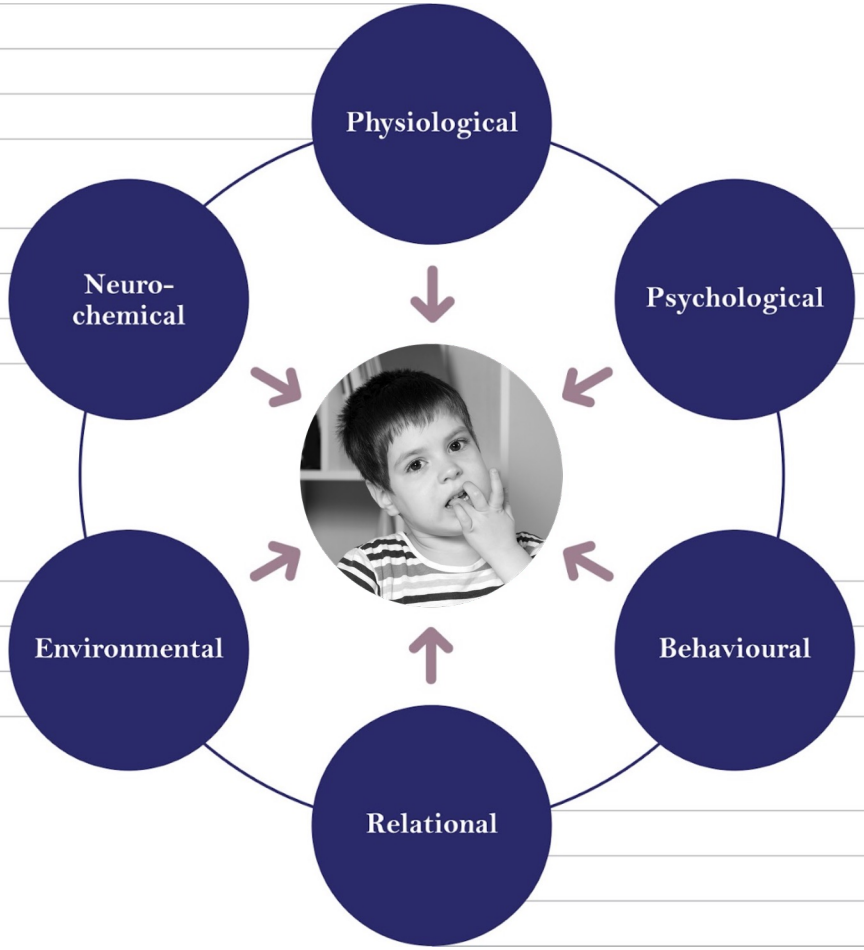


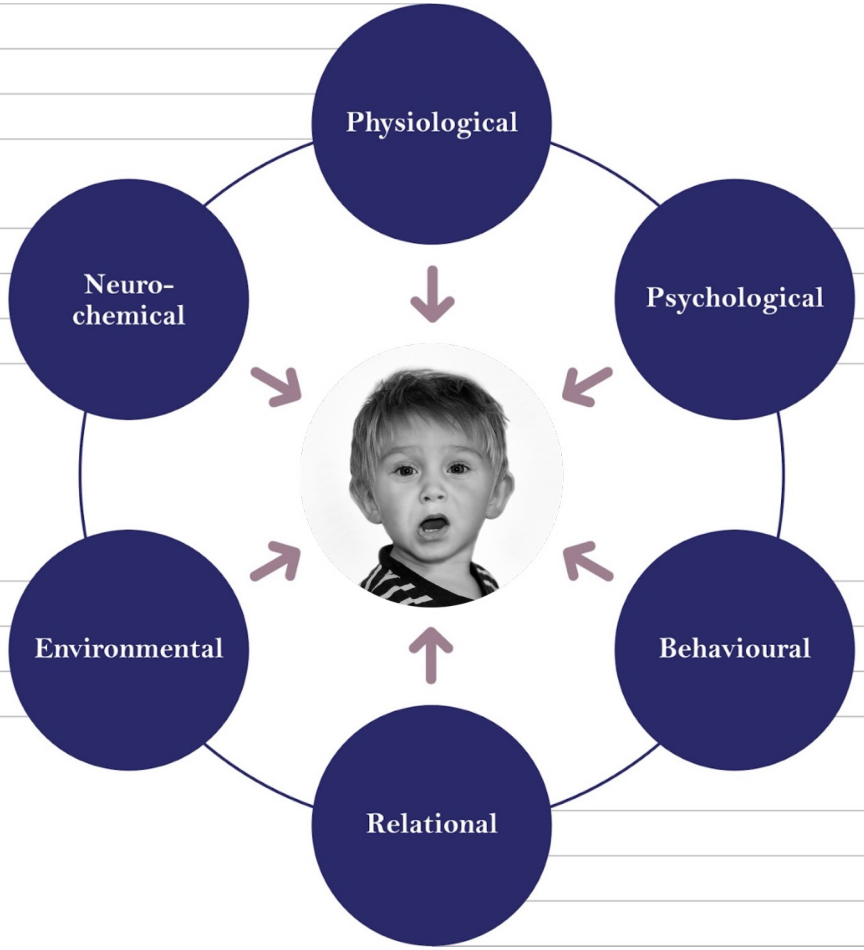
Rachel's Family Constellation

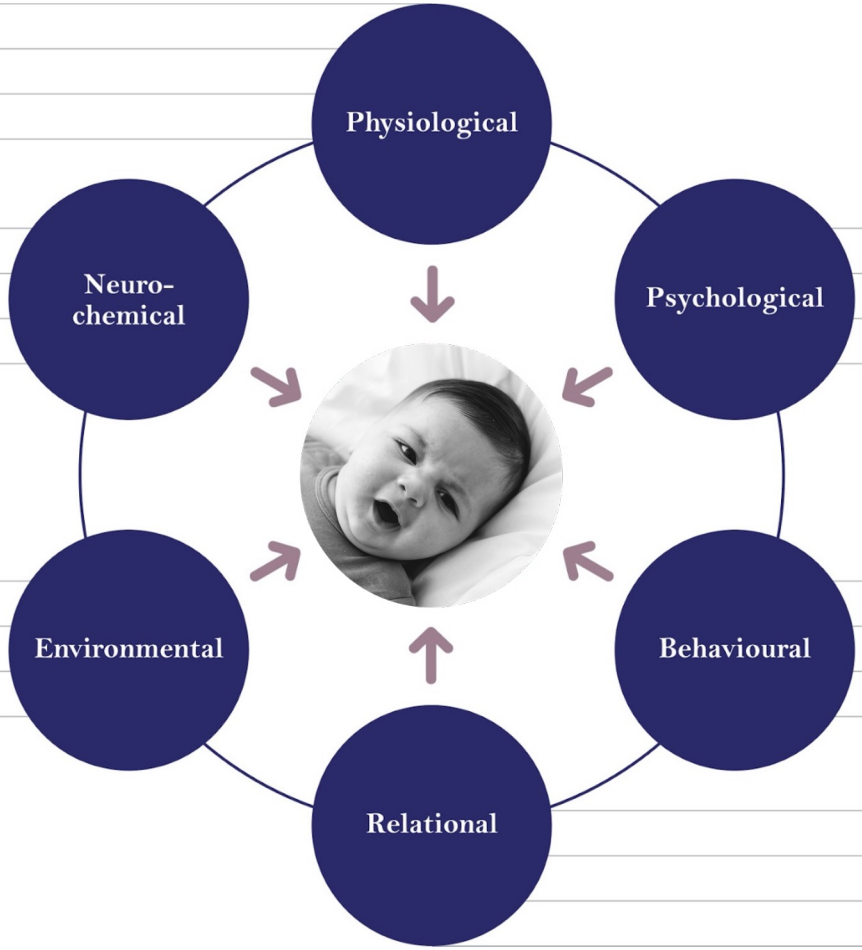


Rachel and Luke's Family









Edinburgh Postnatal Depression Scale (EPDS)

Cox JL, Holden JM Sagovsky R (1987) Detection of postnatal depression: development of the 10-item Edinburgh postnatal depression scale. Brit J Psychiatry 150 782-86. Reproduced with permission.

Name: _____ **Date:** _____

We would like to know how you have been feeling in the past week. Please indicate which of the following comes closest to how you have been feeling over the past seven days, not just how you feel today. Please tick one circle for each question that comes closest to how you have felt in the **last seven days.**

Here is an example already completed.

I have felt happy:

- ☐ Yes, all of the time
- ■ Yes, most of the time
- ☐ No, not very often
- ☐ No, not at all

This would mean: 'I have felt happy most of the time during the past week'.

Please complete the other questions in the same way.

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

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

2. I have looked forward with enjoyment to things

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

3. I have blamed myself unnecessarily when things went wrong

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

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

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

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

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

6. Things have been getting on top of me

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

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

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

8. I have felt sad or miserable

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

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

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

10. The thought of harming myself has occurred to me

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

Edinburgh Postnatal Depression Scale (EPDS)

Cox JL, Holden JM Sagovsky R (1987) Detection of postnatal depression: development of the 10-item Edinburgh postnatal depression scale. Brit J Psychiatry 150 782-86. Reproduced with permission.

Name: _____ **Date:** _____

We would like to know how you have been feeling in the past week. Please indicate which of the following comes closest to how you have been feeling over the past seven days, not just how you feel today. Please tick one circle for each question that comes closest to how you have felt in the **last seven days.**

Here is an example already completed.

I have felt happy:

- ☐ Yes, all of the time
- ■ Yes, most of the time
- ☐ No, not very often
- ☐ No, not at all

This would mean: 'I have felt happy most of the time during the past week'.

Please complete the other questions in the same way.

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

2. I have looked forward with enjoyment to things

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

3. I have blamed myself unnecessarily when things went wrong

3 Yes, most of the time
2 Yes, some of the time
1 Not very often
0 No, never

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

0 No, not at all
1 Hardly ever
2 Yes, sometimes
3 Yes, very often

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

3 Yes, quite a lot
2 Yes, sometimes
1 No, not much
0 No, not at all

6. Things have been getting on top of me

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

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

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

8. I have felt sad or miserable

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

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

3 Yes, most of the time
2 Yes, quite often
1 Only occasionally
0 No, never

10. The thought of harming myself has occurred to me

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

Antenatal (Psychosocial) Risk Questionnaire (ANRQ) – Client

Name: _____ Date: _____

The questions below are designed to help you and your clinician understand whether you may benefit from some extra support during this time of change. You may find some questions challenging, but please choose the answers that best apply to you. There are no right or wrong answers.

Please complete all questions, unless instructed to SKIP a question. Once you have completed the questions, your clinician will discuss your responses with you. If you have any concerns about any of the questions, please let your clinician know.

Total

Q1. Have you ever had a period of 2 weeks or more when you felt particularly worried, miserable or depressed?

☐ No — **If No**, skip to **Q1.c.**

☐ Yes — **If Yes**, please answer **Q1.a., Q1.b. and Q1.c.,**

If Yes, did this:

Q1.a. Seriously interfere with your work or your relationships with friends and family?

☐ Not at all ☐ A little ☐ Somewhat ☐ Quite a lot ☐ Very much

Q1.b. Lead you to seek professional help?

☐ No ☐ Yes

Did you see a:

☐ psychiatrist ☐ psychologist/counsellor ☐ GP

If yes, name of professional: _____

Did you take tablets/herbal medicine? ☐ No ☐ Yes

If yes, list medication(s): _____

Q1.c. Do you have **any other history of mental health problems?** (*e.g. eating disorders, psychosis, bipolar, schizophrenia)* ☐ No ☐ Yes

If yes, list other mental health problems: _____

_____

Q2. Is your relationship with your partner an emotionally supportive one?

☐ Very much ☐ Quite a lot ☐ Somewhat ☐ A little ☐ Not at all ☐ No partner

Q3. Have you had any stresses, changes or losses *in the last 12 months? (e.g. only: separation, domestic violence, job loss, bereavement etc.)*

☐ No — **If No**, skip to **Q4.**

☐ Yes — **If Yes**, please answer **Q3.a.,**

If yes, please specify: _____

If Yes:

Q3.a. How distressed were you by these stresses, changes or losses?

☐ Not at all ☐ A little ☐ Somewhat ☐ Quite a lot ☐ Very much

Q4. Would you generally consider yourself a worrier?

☐ Not at all ☐ A little ☐ Somewhat ☐ Quite a lot ☐ Very much

Antenatal (Psychosocial) Risk Questionnaire (ANRQ) – Client

Q5. In general, do you become upset if you do not have order in your life? *(e.g. regular timetable, tidy house)*

Not at all ☐ | A little ☐ | Somewhat ☐ | Quite a lot ☐ | Very much ☐

Q6. Do you feel you will have people you can depend on for support with your baby?

Very much ☐ | Quite a lot ☐ | Somewhat ☐ | A little ☐ | Not at all ☐

Now you are having a baby, you may be starting to think about your own childhood and what it was like:

Q7. Were you emotionally abused *when you were growing up?*

No ☐ | Yes ☐

Q8. Have you **ever** been sexually ☐ or physically ☐ abused?

No ☐ | Yes ☐

Q9. *When you were growing up,* did you feel your mother was emotionally supportive of you?

Very much ☐ | Quite a lot ☐ | Somewhat ☐ | A little ☐ | Not at all ☐ | No Mother ☐

And finally...

Do you feel safe with your current partner?

Not at all ☐ | A little ☐ | Somewhat ☐ | Quite a lot ☐ | Very much ☐ | No partner ☐

Do you think that you (or your partner) may have a problem with drugs or alcohol?

Not at all ☐ | A little ☐ | Somewhat ☐ | Quite a lot ☐ | Very much ☐

Do you have any other concerns that you would like to talk about today? _____

_____

_____

Antenatal (Psychosocial) Risk Questionnaire (ANRQ) – Client with postnatal items

Name: _____ Date: _____

The questions below are designed to help you and your clinician understand whether you may benefit from some extra support during this time of change. You may find some questions challenging, but please choose the answers that best apply to you. There are no right or wrong answers.

Please complete all questions, unless instructed to SKIP a question. Once you have completed the questions, your clinician will discuss your responses with you. If you have any concerns about any of the questions, please let your clinician know.

Total

Q1. Have you ever had a period of 2 weeks or more when you felt particularly worried, miserable or depressed?

☐ No — **If No**, skip to **Q1.c.**

☐ Yes — **If Yes**, please answer **Q1.a., Q1.b. and Q1.c.,**

If Yes, did this:

Q1.a. Seriously interfere with your work or your relationships with friends and family?

☐ Not at all ☐ A little ☐ Somewhat ☐ Quite a lot ☐ Very much

Q1.b. Lead you to seek professional help?

☐ No ☐ Yes

Did you see a:

☐ psychiatrist ☐ psychologist/counsellor ☐ GP

If yes, name of professional: _____

Did you take tablets/herbal medicine? ☐ No ☐ Yes

If yes, list medication(s): _____

Q1.c. Do you have **any other history of mental health problems?** (*e.g. eating disorders, psychosis, bipolar, schizophrenia)* ☐ No ☐ Yes

If yes, list other mental health problems: _____

_____

Q2. Is your relationship with your partner an emotionally supportive one?

☐ Very much ☐ Quite a lot ☐ Somewhat ☐ A little ☐ Not at all ☐ No partner

Q3. Have you had any stresses, changes or losses *in the last 12 months? (e.g. only: separation, domestic violence, job loss, bereavement etc.)*

☐ No — **If No**, skip to **Q4.**

☐ Yes — **If Yes**, please answer **Q3.a.,**

If yes, please specify: _____

If Yes:

Q3.a. How distressed were you by these stresses, changes or losses?

☐ Not at all ☐ A little ☐ Somewhat ☐ Quite a lot ☐ Very much

Q4. Would you generally consider yourself a worrier?

☐ Not at all ☐ A little ☐ Somewhat ☐ Quite a lot ☐ Very much

Antenatal (Psychosocial) Risk Questionnaire (ANRQ) – Client with postnatal items

Q5. In general, do you become upset if you do not have order in your life? *(e.g. regular timetable, tidy house)*	Not at all ☐	A little ☐	Somewhat ☐	Quite a lot ☐	Very much ☐	☐
Q6. Do you feel you will have people you can depend on for support with your baby?	Very much ☐	Quite a lot ☐	Somewhat ☐	A little ☐	Not at all ☐	☐

Now you are having a baby, you may be starting to think about your own childhood and what it was like.

Q7. Were you emotionally abused *when you were growing up?*	No ☐	Yes ☐					☐
Q8. Have you **ever** been sexually ☐ or physically ☐ abused?	No ☐	Yes ☐					☐
Q9. *When you were growing up,* did you feel your mother was emotionally supportive of you?	Very much ☐	Quite a lot ☐	Somewhat ☐	A little ☐	Not at all ☐	No Mother ☐	☐

If you have already had your baby, please complete the following questions about your experiences.

Was your experience of giving birth to this baby disappointing or frightening?	Not at all ☐	A little ☐	Somewhat ☐	Quite a lot ☐	Very much ☐	
Has your experience of parenting this baby been a positive one?	Not at all ☐	A little ☐	Somewhat ☐	Quite a lot ☐	Very much ☐	
Overall, has your baby been unsettled or feeding poorly?	Not at all ☐	A little ☐	Somewhat ☐	Quite a lot ☐	Very much ☐	

And finally...

Do you feel safe with your current partner?	Not at all ☐	A little ☐	Somewhat ☐	Quite a lot ☐	Very much ☐	No partner ☐
Do you think that you (or your partner) may have a problem with drugs or alcohol?	Not at all ☐	A little ☐	Somewhat ☐	Quite a lot ☐	Very much ☐	

Do you have any other concerns that you would like to talk about today? _____

_____

_____

 Reference: Austin, M. P., Colton, J., Priest, S., Reilly, N., & Hadzi-Pavlovic, D. (2013) The Antenatal Risk Questionnaire (ANRQ): Acceptability and use for psychosocial risk assessment in the maternity setting. Women & Birth, 26, 17-25.

Antenatal (Psychosocial) Risk Questionnaire (ANRQ) – Client

The questions below are designed to help you and your clinician understand whether you may benefit from some extra support during this time of change. You may find some questions challenging, but please choose the answers that best apply to you. There are no right or wrong answers.

Please complete all questions, unless instructed to SKIP a question. Once you have completed the questions, your clinician will discuss your responses with you. If you have any concerns about any of the questions, please let your clinician know.

Total ☐

Q1. Have you ever had a period of 2 weeks or more when you felt particularly worried, miserable or depressed?

☐ No — **If No**, skip to **Q1.c.**

☐ Yes — **If Yes**, please answer **Q1.a., Q1.b. and Q1.c.,**

If Yes, did this:

Q1.a. Seriously interfere with your work or your relationships with friends and family?

Not at all ☐ | A little ☐ | Somewhat ☐ | Quite a lot ☐ | Very much ☐

Q1.b. Lead you to seek professional help?

☐ No ☐ Yes

Did you see a:
☐ psychiatrist ☐ psychologist/counsellor ☐ GP

If yes, name of professional: _____

Did you take tablets/herbal medicine? ☐ No ☐ Yes

If yes, list medication(s): _____

Q1.c. Do you have **any other history of mental health problems?** (*e.g. eating disorders, psychosis, bipolar, schizophrenia)* ☐ No ☐ Yes

If yes, list other mental health problems: _____

_____

Q2. Is your relationship with your partner an emotionally supportive one?

Very much ☐ | Quite a lot ☐ | Somewhat ☐ | A little ☐ | Not at all ☐ | No partner ☐

Q3. Have you had any stresses, changes or losses *in the last 12 months? (e.g. only: separation, domestic violence, job loss, bereavement etc.)*

☐ No — **If No**, skip to **Q4.**

☐ Yes — **If Yes**, please answer **Q3.a.,**

If yes, please specify: _____

If Yes:

Q3.a. How distressed were you by these stresses, changes or losses?

Not at all ☐ | A little ☐ | Somewhat ☐ | Quite a lot ☐ | Very much ☐

Q4. Would you generally consider yourself a worrier?

Not at all ☐ | A little ☐ | Somewhat ☐ | Quite a lot ☐ | Very much ☐

Q5. In general, do you become upset if you do not have order in your life? *(e.g. regular timetable, tidy house)*

Not at all ☐ | A little ☐ | Somewhat ☐ | Quite a lot ☐ | Very much ☐

Antenatal (Psychosocial) Risk Questionnaire (ANRQ) – Client

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Q6. Do you feel you will have people you can depend on for support with your baby?

Very much ☐ | Quite a lot ☐ | Somewhat ☐ | A little ☐ | Not at all ☐

Now you are having a baby, you may be starting to think about your own childhood and what it was like:

Q7. Were you emotionally abused *when you were growing up?*

No ☐ | Yes ☐

Q8. Have you **ever** been sexually ☐ or physically ☐ abused?

No ☐ | Yes ☐

Q9. *When you were growing up,* did you feel your mother was emotionally supportive of you?

Very much ☐ | Quite a lot ☐ | Somewhat ☐ | A little ☐ | Not at all ☐ | No Mother ☐

Do you have any other concerns that you would like to talk about today? _____

_____

_____

Antenatal Risk Questionnaire (ANRQ) Clinician Information and Scoring Template

Background

The Antenatal Risk Questionnaire (ANRQ) addresses key domains of psychosocial health that have been shown to be associated with increased risk of perinatal mental health morbidity (e.g., depressive or anxiety disorder) and less optimal mother-infant attachment. The ANRQ can be **self-completed or administered** by the clinician and can be used during pregnancy or postnatally[1]. The ANRQ has **12 scored items** relating to the following risk domains:

- Mental health history
- Level of practical support and emotional support from partner
- Stressors/losses in the last year (e.g. bereavement, separation etc.).
- History of physical, sexual or emotional abuse or neglect
- Anxiety and perfectionism levels

Scoring the ANRQ

- There are **12 scored items**
- **Use the scoring template provided:**
  - **Q1, Q1b, Q3, Q7, Q8:** No = 0, Yes = 5
  - **Q1.a, Q2, Q3.a, Q4, Q5, Q6, Q9:** Scores range from 1 to 5
  - **Notes**:
    - *If Q1 = No, Q1a and Q1b should not be answered or scored;*
    - *Q1.c should not be scored;*
    - *If Q3 = No, Q3.a should not be answered or scored.*
- Based on these scoring instructions, place individual questions scores **in the score box on the right hand side**.
- Add up the maximum 12 scored items and place the **Total Score in the box at the top of the questionnaire**.
- The range of scores is 5-60. **A higher score indicates greater psychosocial risk**.

Rules for clinical use of the ANRQ

It is recommended that the following rules be followed when administering the ANRQ:

- The ANRQ should only be used by appropriately **trained** staff with ongoing clinical supervision;
- Ideally, the ANRQ should be administered toward the end of a visit;
- ANRQ responses should be **discussed** with the woman, and **a psychosocial care plan** developed as appropriate (see box);
- The ANRQ should be administered with a depression screening measure (e.g., Edinburgh Depression Scale) to assess for possible current depression;
- The ANRQ is only intended as an **adjunct to clinical history** taking. **ANRQ items and the ANRQ cut-off scores** have been developed to aid the identification woman at increased psychosocial risk but are not a substitute for clinical judgement. If you feel a woman is experiencing distress or is at risk of such, you should discuss your concerns with her, explore these issues further and develop a psychosocial care plan as appropriate.

Summary of ANRQ results and clinical interpretation

- **Cut-off scores:** There is no absolute cut-off score, however an ANRQ **cut-off score of 23 or more is recommended,**[2]
- **A significant mental health history** (i.e., causing functional impairment or requiring professional help) **or** a **history of abuse** places the woman at increased risk of poor psychosocial outcome, **irrespective** of the total ANRQ score (see Box below).

Actions arising from responses to the ANRQ

Results should be discussed with the woman, responses further explored, and a psychosocial care plan developed as appropriate, for women who meet any of the following criteria:

- **Total ANRQ score of 23 or more;**
- **Significant mental health history: If Q1 = 5 (Yes) AND [Q1.a ≥ 4 (Quite A Lot/Very Much) OR Q1b = 5 (Yes)];**
- **History of abuse: If Q7 = 5 (Yes) OR Q8 = 5 (Yes).**
- **If clinical judgement indicates a woman is experiencing distress, or is at risk of such.**

1. The ANRQ has been validated for use during pregnancy, but is yet to be validated in the postnatal period.
2. Austin et al (2013). The Antenatal Risk Questionnaire (ANRQ): Acceptability and use for psychosocial risk assessment in the maternity setting. Women & Birth, 26, 17-25

Antenatal (Psychosocial) Risk Questionnaire (ANRQ) Clinician Information and Scoring Template

Brief Scoring instructions & Interpretation of Results

- There are a maximum of **12 scored items.** Based on the scoring instructions, place individual questions scores **in the score box on the right hand side.**
- Add up the maximum 12 scored items and place the Total Score **in the box at the top of the questionnaire.**
- **Total scores range from 5-60. A higher score indicates greater psychosocial risk.**

Women are at increased psychosocial risk if ANY of the following criteria are met:

> **Total ANRQ score of 23 or more;**
> **Significant mental health history:** If Q1 = 5 (Yes **AND** [Q1.a ≥ 4 (Quite A Lot/Very Much) **OR** Q1.b = 5 (Yes)];
> **History of abuse:** If Q7 = 5 (Yes) **OR** Q8 = 5 (Yes).

Instructions for women identified as at 'increased risk' (as per above):

- **Explore** psychosocial risk further as needed;
- **Discuss** the ANRQ and depression screening[1] results with the woman and establish a **care plan** with her as appropriate.

1. NOTE: The ANRQ should be administered with a depression screening measure (e.g., Edinburgh Depression Scale) to assess for possible current depression.

TOTAL SCORE (5-60)

Total

Q1. Have you ever had a period of 2 weeks or more when you felt particularly worried, miserable or depressed?

No **0** — **If No**, skip to **Q1.c.**

Yes **5** — **If Yes**, please answer **Q1.a., Q1.b. and Q1.c.,**

***SCORE Q1.A AND Q1.B ONLY IF Q1 = 5 (YES)**

If Yes, did this:

Q1.a. Seriously interfere with your work and your relationships with friends or family?

Not at all	A little	Somewhat	Quite a lot	Very much
1	**2**	**3**	**4**	**5**

Q1.b. Lead you to seek professional help?

No **0** Yes **5**

Did you see a:
☐ psychiatrist ☐ psychologist/counsellor ☐ GP

Did you take tablets/herbal medicine? ☐ No ☐ Yes

If yes, name of professional: _____

If yes, list medication(s): _____

Q1.c. Do you have **any other history of mental health problems?** (*e.g. eating disorders, psychosis, bipolar, schizophrenia)* ☐ No ☐ Yes

If yes, list other mental health problems: _____

_____

UNSCORED

Q2. Is your relationship with your partner an emotionally supportive one?

Very much	Quite a lot	Somewhat	A little	Not at all	No partner
1	**2**	**3**	**4**	**5**	**5**

Antenatal (Psychosocial) Risk Questionnaire (ANRQ) Clinician Information and Scoring Template

Q3. Have you had any stresses, changes or losses *in the last 12 months? (e.g. only: separation, domestic violence, job loss, bereavement etc.)*

No **0** — **If No**, skip to **Q4.**

Yes **5** — **If Yes**, please answer **Q3.a.,**

If yes, please specify: _____

***SCORE Q3.A ONLY IF Q3 = 5 (YES)**

If Yes:

Q3.a. How distressed were you by these stresses, changes or losses?

Not at all	A little	Somewhat	Quite a lot	Very much
1	**2**	**3**	**4**	**5**

Q4. Would you generally consider yourself a worrier?

Not at all	A little	Somewhat	Quite a lot	Very much
1	**2**	**3**	**4**	**5**

Q5. In general, do you become upset if you do not have order in your life? *(e.g. regular timetable, tidy house)*

Not at all	A little	Somewhat	Quite a lot	Very much
1	**2**	**3**	**4**	**5**

Q6. Do you feel you will have people you can depend on for support with your baby?

Very much	Quite a lot	Somewhat	A little	Not at all
1	**2**	**3**	**4**	**5**

Now you are having a baby, you may be starting to think about your own childhood and what it was like:

Q7. Were you emotionally abused *when you were growing up?*

No **0** — Yes **5**

Q8. Have you **ever** been sexually ☐ or physically ☐ abused?

No **0** — Yes **5**

Q9. *When you were growing up,* did you feel your mother was emotionally supportive of you?

Very much	Quite a lot	Somewhat	A little	Not at all	No Mother
1	**2**	**3**	**4**	**5**	**5**

Do you have any other concerns that you would like to talk about today? _____

_____

_____

COPE Safety Plan

Warning signs:

What are some of the warning signs that you may be at risk of harming yourself (e.g. feeling trapped, worthless or hopeless) and what can you do to protect yourself and your infant?

Warning signs:

Protective action:

Coping strategies:

What are some of coping strategies that you help you and decrease the level of risk?

Support networks:

Who can you turn to people to assist you in times of need?

Professional help:

Which health professionals and agencies can be contacted for help?

This resource is developed by COPE: Centre of Perinatal Excellence and is derived from *Effective Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline*. 2017. Centre of Perinatal Excellence.
Funded by the Australian Government

Assessing Suicide Risk

Ask

• Suicidal thoughts • Plan • Lethality • Means

Consider risk to the infant at all times

Fleeting thoughts of self-harm or suicide but no current plan or means

Low risk

- Discuss availability of support and treatment options
- Arrange follow-up consultation (timing of this will be based on clinical judgement)
- Identify relevant community resources and provide contact details

Suicidal thoughts and intent but no current plan or immediate means

Medium risk

- Discuss availability of support and treatment options
- Organise re-assessment within one week
- Have contingency plan in place for rapid re-assessment if distress or symptoms escalate
- Develop a safety plan with the woman

Continual/specific suicidal thoughts, intent, plan and means

High risk

- Ensure that the woman is in an appropriately safe and secure environment
- Organise re-assessment within 24 hours and monitoring for this period
- Follow-up outcome of assessment
- Monitor risk to infant

This resource is developed by COPE: Centre of Perinatal Excellence and is derived from *Effective Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline*. 2017. Centre of Perinatal Excellence.
Funded by the Australian Government

Pathways to Care

A Guide to the Management of Depression and Anxiety

Screening with the EPDS and Psychosocial Assessment (ANRQ)

- As early as practical in pregnancy and repeat screening later in pregnancy
- Always follow-up Q10 on the EPDS
- At 6–12 weeks after birth and repeat screening at least once in the postnatal year

Safety Concerns

Acute Mental Health Services | Crisis Assessment and Treatment Teams (CATT) | Child Protection

Usual Care
Provide to all woman

- Provide health promotion information
- Psycho-education
- Sign-up to Ready to COPE
- Help lines
- Web-based resources to seek help and information
- Discuss any support the woman may require.

EPDS score = 10–12
(Monitor and Repeat EPDS 2-4 weeks)

Management Options:
As Usual Care *plus*

- General practice • Midwifery
- Maternal, child & family nurse
- Consumer-led self help and support groups
- Involve carers/mobilise social supports
- NGO and community parenting services
- Psychology/Counselling services
- Self-directed web-based resources
- Parenting services

EPDS score = 13–14

Management Options:
As previous box *plus*

- *Enhanced midwifery/MCHN*
- Psychology
- Social work services*
- Psychiatry services*
- Individual and group PND specialised programs

*(*MCH and/or private sector)*

EPDS score = 15 and above

Management Options:
As previous box *plus*

- Mental Health Shared Care
- Adult mental health/Psychology services
- Specialist perinatal mental health services
- Psychiatry services

History of Mental Health Issues other than Depression and/or Anxiety

If the woman has a history of severe mental health illness (e.g., bipolar disorder, schizophrenia) she may already have contact with the local community mental health team and/or private psychiatrist and may have a perinatal management plan in place. If the woman is not in contact with any of these services, a referral should be made for further assessment and close monitoring.

Services for Other Psychosocial and Concurrent Problems

- Drug and alcohol specialist worker/service
- Family violence intervention teams
- Family and housing services
- Legal and Financial services
- Targeted parenting support units/programs
- Culturally specific support/refugee/migrant support services

Adapted and updated from Beyondbabyblues online training program to reflect the 2017 Guideline

This resource is developed by COPE: Centre of Perinatal Excellence and is derived from *Effective Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline*. 2017. Centre of Perinatal Excellence.
Funded by the Australian Government