

COPE

Centre of Perinatal Excellence

Applied Skills in Perinatal Mental Health Assessment and Care

LESSON NOTEBOOK

Module 1 | Lesson 5

Accurate Assessment



Module 1: Lesson 5
Accurate Assessment of
Risk and Symptomatology

Best Practice
COPE
Guideline

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Pre-requisite Learning

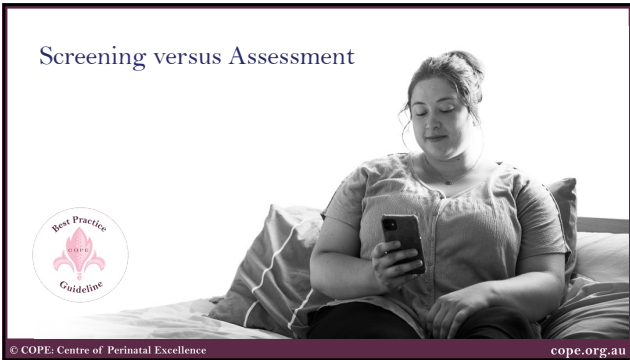
- Screening for perinatal mental health
 - Scoring
 - Recommended screening tools
- Completed (free) the Basic Skills training

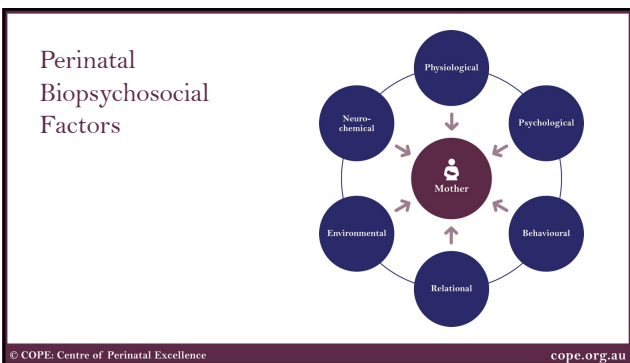
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PMH Training Matrix

	Assessment/Health Promoter/Prevention	Basic Skills	Basic Skills Plus	Information Skills	Advanced Assessment and Intervention Skills
Who for	<ul style="list-style-type: none"> • General community • Parents • Significant others • Health professionals • All Perinatal health professionals • Midwifery health professionals • Generalist health workers • Childcare workers • NCPs • Health promotion/Health Education Officers • Midwives 	<ul style="list-style-type: none"> • Midwives • MFT/FPs/FPs • Generalist health workers • GPs • Allied health • All Perinatal health professionals • Midwifery health professionals • Generalist health workers • Childcare workers • NCPs 	<p>This module is designed for health professionals who have completed the Basic Skills training and are seeking to develop their perinatal mental health skills and knowledge.</p> <p>It is a specific level of training for health professionals who are seeking to develop their perinatal mental health skills and knowledge.</p> <p>Health professionals who have completed this module will be able to:</p> <ul style="list-style-type: none"> • Identify the signs and symptoms of perinatal mental health problems. • Conduct a risk assessment for perinatal mental health problems. • Provide support and advice to women and their families. • Refer women and their families to appropriate services. 	<p>Information Skills are designed to help health professionals who are seeking to develop their perinatal mental health skills and knowledge.</p> <p>Health professionals who have completed this module will be able to:</p> <ul style="list-style-type: none"> • Identify the signs and symptoms of perinatal mental health problems. • Conduct a risk assessment for perinatal mental health problems. • Provide support and advice to women and their families. • Refer women and their families to appropriate services. 	<p>This module is designed for health professionals who are seeking to develop their perinatal mental health skills and knowledge.</p> <p>Health professionals who have completed this module will be able to:</p> <ul style="list-style-type: none"> • Identify the signs and symptoms of perinatal mental health problems. • Conduct a risk assessment for perinatal mental health problems. • Provide support and advice to women and their families. • Refer women and their families to appropriate services.

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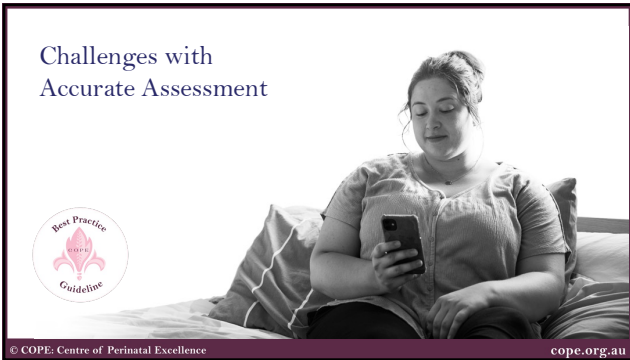


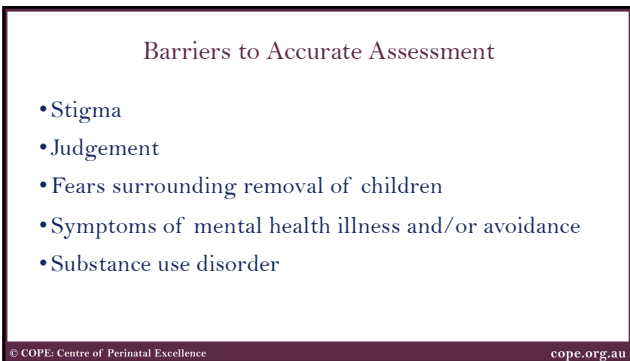


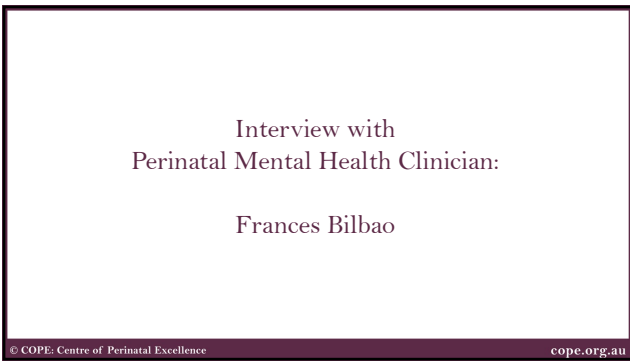
"It is critical that clinicians not separate mental health disorder from the psychosocial context in which it arises, and yet this has been the modus operandi when it comes to mental health screening in the primary care setting. This dichotomy is especially problematic in the perinatal context where psychosocial context and function take on greater prominence as women transition into the parenting role, which relies heavily on psychosocial context."

Joint Care of Parents and Infants in Perinatal Psychiatry

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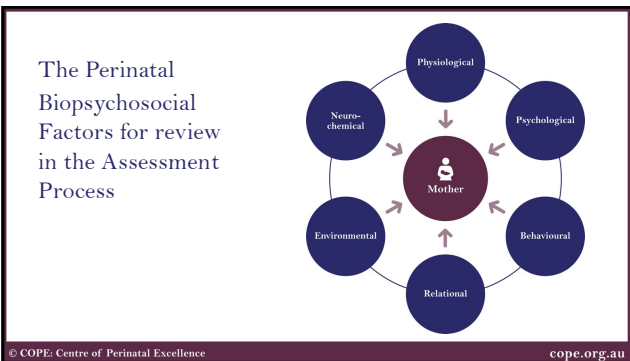




Assessment - What to Include

- History
- Physical wellbeing
- Drug and alcohol misuse
- Attitudes towards pregnancy/baby
- Experience of pregnancy & birth
- Mother-infant relationship
- Intimate partner violence
- Social networks and interpersonal relationships
- Living conditions and social isolation
- Housing, employment, economic and immigration status
- Responsibilities
- Cognitive abilities

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Antenatal (Psychosocial) Risk Questionnaire (ANRQ) - Client

This questionnaire is designed to assess the risk of perinatal mental health problems for the mother and baby. It covers a range of factors including physical health, psychological well-being, social support, and living conditions. The questionnaire is completed by the client and the results are used to inform the assessment and management of the mother and baby.

Name: _____ Date: _____

Age: _____ Sex: _____

Gestational week: _____

Risk factors: _____

Risk score: _____

ANRQ Questionnaire Template

Antenatal (Psychosocial) Risk Questionnaire (ANRQ) - Client

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Name: _____ Date: _____

Age: _____ Sex: _____

Gestational week: _____

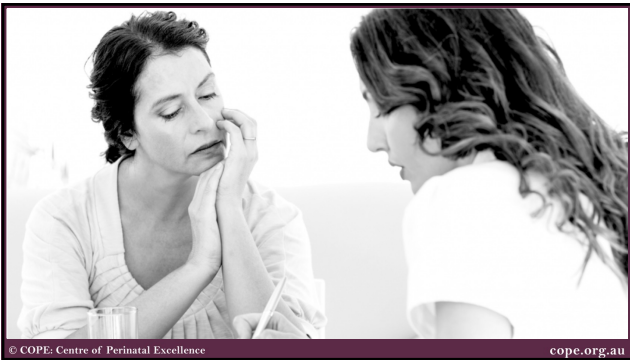
Risk factors: _____

Risk score: _____

ANRQ Scoring Guide

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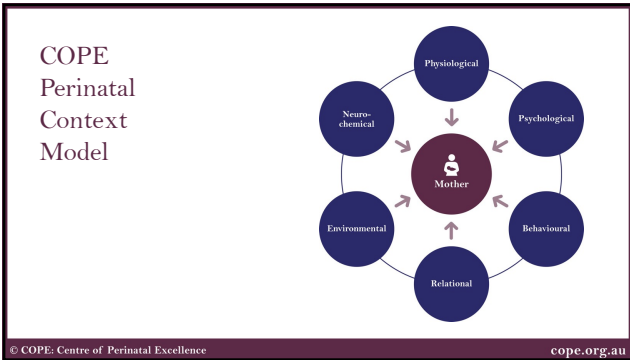


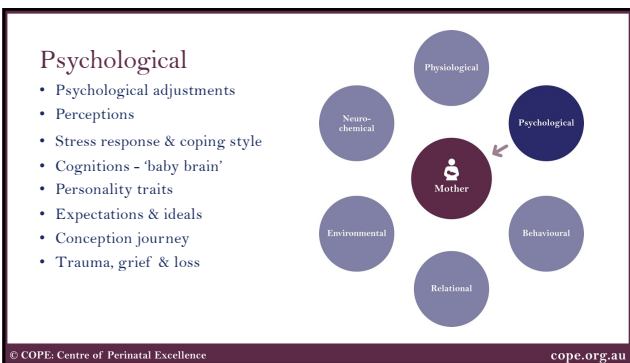


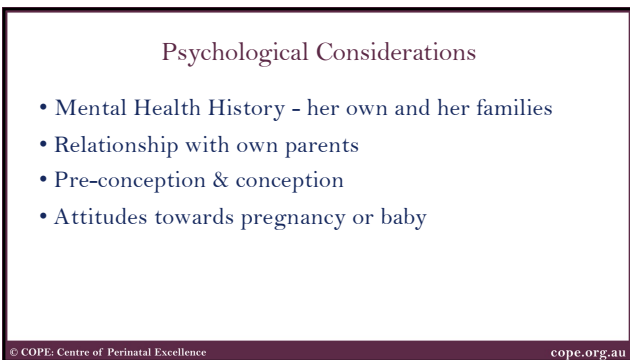
Psychosocial Assessment

- Aboriginal and Torres Strait Islander
- Migrant women (including refugees, asylum seekers)
- Women experiencing intimate partner violence
- Lesbian, gay, bisexual, trans, and/or intersex parents

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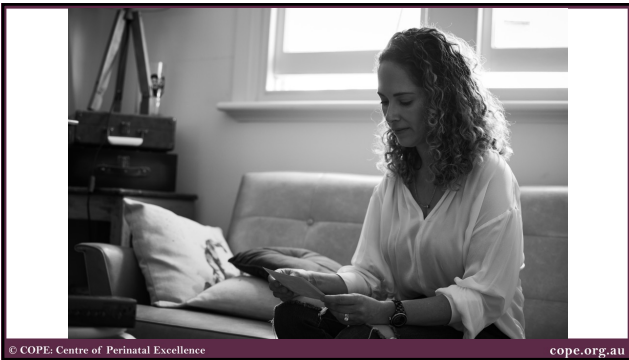


Dreams and Expectations

- Perceptions of parenthood
- Dreams and ideals of parenthood - hopes & expectations
- Hopes and expectations of partner

"I had no idea how life changing it would be"
"I just remember it feeling overwhelming and often more than I could handle"
"This one is out of your control"

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Supporting Perinatal Loss

Client needs following loss

- Containing
- Understanding
- Validation

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Assessing Trauma, Grief and Loss

- Storytelling of loss
- Assessment of symptoms
- History of prior trauma
- Exploration of partner reaction
- Couple communication and coping styles
- Perinatal Bereavement Grief Scale

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Behavioural

- Lifestyle change
- Sleep changes
- Physical activity
- Sexual activity
- Eating and diet



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Assessment – Drug and Alcohol

- Lack of knowledge
- Lack of convincing evidence
- Having a partner/friend who drinks
- Opinions from family and friends
- Peer pressure, particularly about drinking
- Lack of support from partner, friends and family
- Living in a family or community tolerant of heavy drinking
- Social isolation and living in remote communities
- Poverty
- Unemployment
- Stress, domestic violence, loneliness which may result in self-medicating
- Women who have FASD themselves

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Challenges in Assessment

- All clinical settings will encounter affected women
- Drug and alcohol use exists in all demographics and settings
- Lack of time and resources can limit screening
- Stigmatization
- Judgment from society and medical profession
- Fear of legal ramifications
- Difficulties establishing trusting relationships

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Relational

- Adverse life events
- Intimate relationship discord
- Relationship with infant
- Interpersonal relationships & problems with key relationships
- Challenges in communication with health professionals
- BPD impact on relationships



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Relationships

Assessing support network

1. Circumstances of support
2. How well supported she feels



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Relationships

Assessing support network

1. Circumstances of support
2. How well supported she feels


- Experience of relationships
- Managing relationship strain
- Intimate relationships
- Partner's mental health
- LGBTI specific factors



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Own Parenting Experience

- Attachment in childhood
- Current relationships with parents
- Insight and reflection
- Family of origin coping strategies
- What to keep and what to change?



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Assessing Relational Factors

- Dyadic Adjustment Scale - 32 items
- consensus, satisfaction, expression of affection and cohesion
- Relationship Assessment Scale - 7 items
- General relationship satisfaction
- Multidimensional Scale of Perceived Social Support - 12 items
- Perceptions of support from friends, family and a significant other
- Couples Satisfaction Index - 32 - 4 items
- General measure of relationship satisfaction

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Applied Skills in Perinatal Mental Health:
Module 1: Lesson 5

Environmental

- Isolation & poor support
- Marginalised communities
- Social adversity
- Technology
- Impact of culture
- Social media

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Environmental

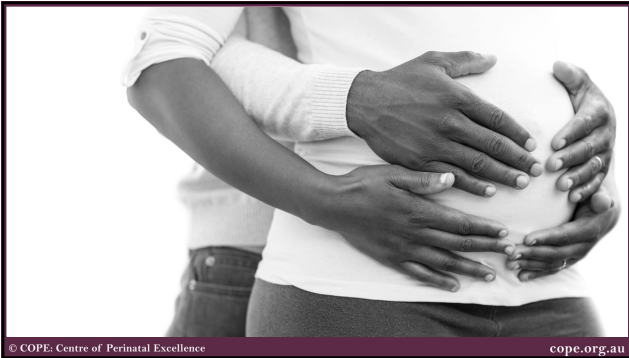
- Support structure
- COVID

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Neuro-chemical/Biological

- Genetic/family history
- Previous Mental Health Disorders
- Sensitivity to hormonal changes
- Other non-pregnancy related mental health disorders
- Epigenetic
- Breastfeeding changes
- Sleep rhythms
- Iron, copper, mineral changes
- Thyroid gland - eg. onset of Hashimoto

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Hormones

- Adjustment and sensitivity to hormone changes
- History of menstrual cycle, particularly mood state
- Reactions to contraception
- Dramatic mood change following birth, or cessation of breastfeeding

Physiological

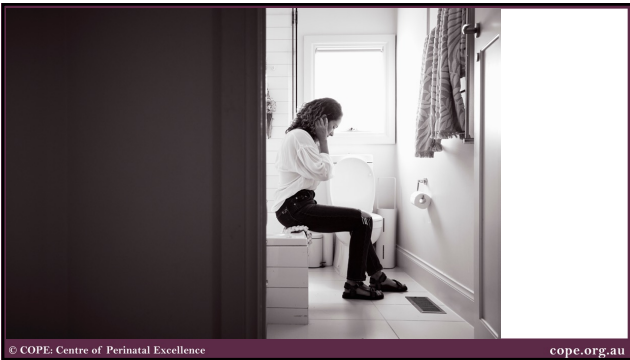
- Obstetric and gynecological complications
- Conception challenges
- Physical health conditions

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graph TD; N[Neuro-chemical] --- M((Mother)); P[Physiological] --- M; PS[Psychological] --- M; B[Behavioural] --- M; R[Relational] --- M; P --> M;
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Physiological Assessment

- Obstetric and gynecological complications

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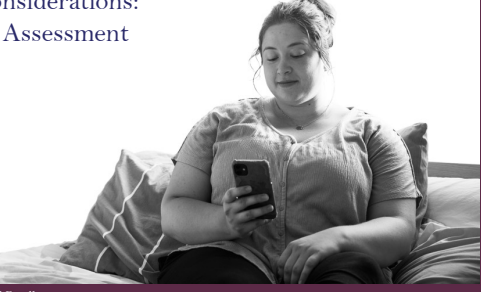


Psychological Assessment

- Obstetric and gynecological complications
- Conception challenges
- Physical wellbeing

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Special Considerations:
Antenatal Assessment



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Experience of Pregnancy

- Physical
- Psychological
- Body image
- Concept of baby
- How does she engage with fetus?
- Bond with fetus?
- How does partner engage with fetus?

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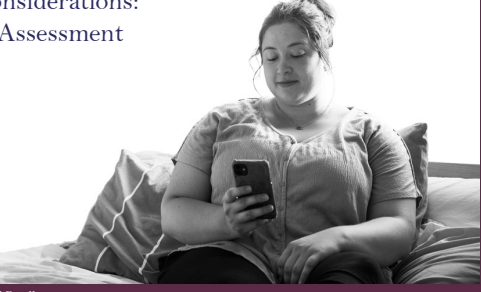
Birth Expectations

- Thoughts and feelings
- Preconceptions
- Previous experiences
- Hopes and ideals/birth plan
- Support
- Fear around birth



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Special Considerations:
Postnatal Assessment




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Postnatal Assessment Areas

- Birth experience
- Postnatal adjustment
- Mother-infant relationship
- Feeding settling and sleep
- Relationship adjustment



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Birth Experience

- What does she recall, what comes to mind?
- Who made the decisions?
- Did she feel consulted, respected, informed, empowered?
- How involved and supported she felt with her birthing team?

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Birth Experience

- Assessing for trauma perception/experience
- Separation of mother and infant
- How did mother feel partner supported her?
- How did she feel about medical professionals support?
- Did she feel heard?
- Did she feel empowered?

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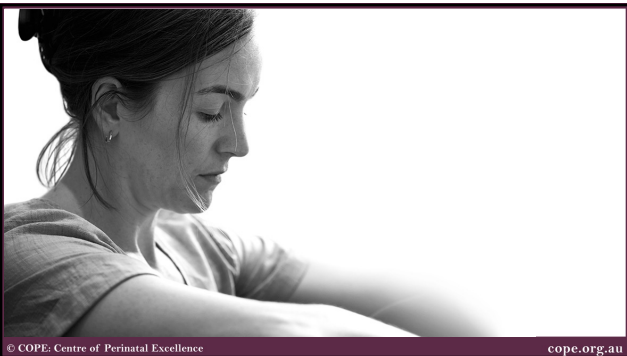
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Interview with
Consumers:

Rachel and Jayson

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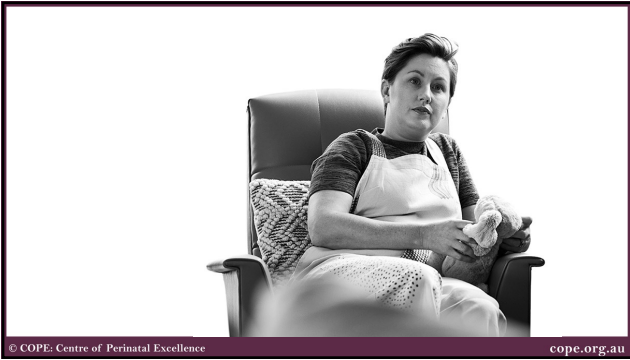


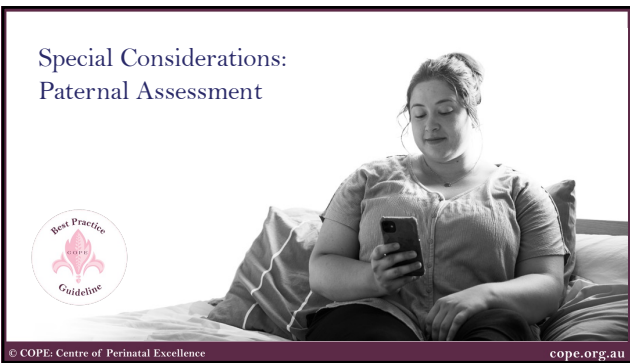
"Whilst care providers may consider their actions and interactions to be routine, some women experience them as traumatic. Therefore, it is vital that care providers understand how their practice influences the psychological and emotional experience of birth, in addition to the physical outcome of birth."

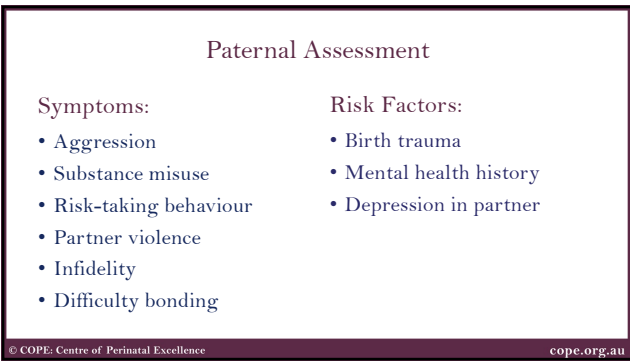
Reed, Sharman & Inglis (2017)

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- ### Postnatal Adjustment
- Birth recovery
 - Challenges associated with breastfeeding/feeding
 - Exhaustion/lack of sleep
 - Feeling emotional
 - Understanding baby's needs
 - Bonding with baby
 - Body image
 - Running a household with new requirements/priorities
 - Managing advice and relationships
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Exploratory Questions

- “How has your partner been coping since the birth of your baby?”
- “How is your partner adjusting to parenthood?”
- “How is your relationship with your partner?”

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Issues for Fathers - Considerations

- Feeling excluded in provision of care
- Feeling unsupported in partners mental health

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Assessment Instruments

- EPDS
- ANRQ (with Family violence and D&A screening)
- PHQ-9: Patient Health Questionnaire
- DASS: Depression, Anxiety and Stress Scale
- PASS: Perinatal Anxiety Screening Scale
- PDSS: Postpartum Depression Screening Scale
- MDQ: Mood Disorder Questionnaire
- Parental Burnout Assessment (PBA)
- Attachment - Postpartum Bonding Questionnaire

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Assessment Instruments

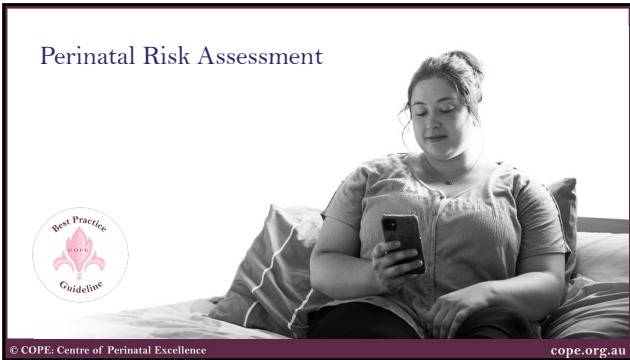
- MAQ: Maternal Attitudes Questionnaire
- MABS: Maternal Attitudes and Beliefs Scale
- PRBQ: The Pregnancy Related Beliefs Questionnaire

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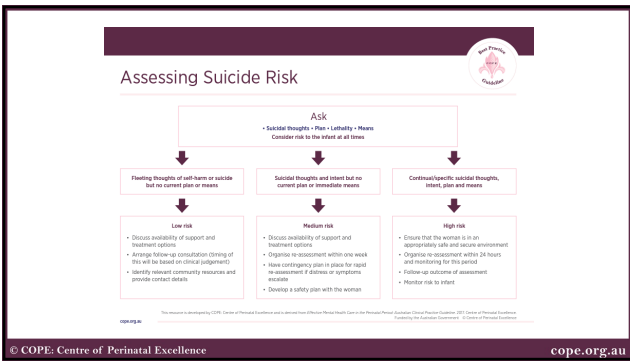
Other Considerations

- Cultural appropriateness
- Learning disabilities
- Intellectual impairment
- Physical disabilities

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Perinatal Risk Assessment

If risk of self-harm or suicide:

- Assess if adequate social support/help
- Arrange help
- Inform all relevant care professionals
- Advise to seek further help if the situation deteriorates

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The image shows a 'COPE Safety Plan' form. It includes sections for 'Mental Health', 'Physical Health', 'Support Network', and 'Emergency Help'. Each section has a list of questions and a corresponding line for an answer.

The image shows a 'Collaborative Management Plan' form. It includes sections for 'Mental Health', 'Physical Health', 'Support Network', and 'Emergency Help'. Each section has a list of questions and a corresponding line for an answer.

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Risk to Infant

- Risk of deliberate harm to infant
- Infanticide
- Drug and alcohol use in antenatal period

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Risk Assessment | Sample Questions

- Have you ever felt irritated by being pregnant or by your baby?
- Have you had significant regrets about becoming pregnant or having the baby?
- Does the baby feel like it's not yours at times?
- Have you wanted to harm your unborn child or shake or slap your baby?
- Have you ever harmed your baby?

Extract from: Postpartum Bonding Questionnaire

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Assessment Considerations

Physical Care: <ul style="list-style-type: none">• Routine• Reading cues/ability to feed/settle/identify illness• Ability to protect• Ability/willingness to access appropriate help• Anger management	Emotional Care: <ul style="list-style-type: none">• Reading cues• Reflective functioning• Attachment• Flexibility• Boundaries• Taking charge
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Managing Risk

- Be familiar with local legislation regarding reporting requirements
- Check with health and maternal agencies

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Lesson 5: Recap

- Screening vs Assessment
- Challenges with accurate assessment
- What to include in assessment
 - Antenatal assessment
 - Postnatal assessment
- Risk assessment

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