

Case Example



Lila is a single mother of a 6 week-old baby. She has a history of generalized anxiety disorder, but is not on any medications at present. When you arrive for a scheduled visit, Lila's home is a mess. The baby is crying. Lila is crying, too. She tells you her monthly financial allowance has not arrived this week and she is almost out of diapers. She cries harder and starts to hyperventilate. You try to calm her down, but she is almost hysterical and tells you her baby would be better off without her.

Worksheet with Questions for Reflection

1. What would your immediate response be?

2. How would you assess Lila's emotional state?

3. How would you determine what the next steps should be?

4. Do you routinely ask your clients about self-harm/suicide?

5. Do you routinely ask clients about intrusive thoughts?

6. How have you responded to a client telling you they are having intrusive thoughts?

7. What other information might indicate that the client may be at risk for suicide?

8. Have you had any experience with a client wanting to harm themselves? Have you had any experience with a client having thoughts about harming their child/ren?

9. What is your internal reaction to suicidal statements? Ideation about harm to others?
How have you responded to clients in similar situations?

10. What other questions can you use to get the client to talk about reasons for dying and living?

11. Have you been in situations where there was a risk to a child's safety? How did you respond?
What was the outcome?

12. Have you ever made a safety plan with a client? What did it include?

13. What other things could be included in a safety plan?

Edinburgh Postnatal Depression Scale (EPDS) © 1987 The Royal College of Psychiatrists

The Edinburgh Postnatal Depression Scale (EPDS) is a set of 10 screening questions that can indicate whether a woman has symptoms that are common in women with depression and anxiety during pregnancy and in the year following the birth of a child. The EPDS is not intended to provide a diagnosis – only trained health professionals should do this. It is strongly recommended that the EPDS is completed with a health care professional.

The EPDS can be found in *Perinatal Mental Health: The Edinburgh Postnatal Depression Scale (EPDS) Manual*. 2nd Ed (Cox, Holden & Henshaw, 2014) which provides guidance for health professionals on how to use the EPDS and also includes 58 translations of the EPDS that can be reproduced.



References:

Cox, J.L., Holden, J.M., & Sagovsky, R. (1987). Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782-786. doi: 10.1192/bjp.150.6.782

Cox, J.L., Holden, J., & Henshaw, C. (2014). *Perinatal mental health: The Edinburgh Postnatal Depression Scale (EPDS) manual*. (2nd ed.). London: RCPsych Publications. www.rcpsych.ac.uk/usefulresources/publications/books/rcpp/9781909726130.aspx

A Brief Screen for Anxiety and Depression: Patient Health Questionnaire (PHQ-4)

Name:

Date:

Over the past 2 weeks have you been bothered by these problems?	Not at all	Several days	More days than not	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3

The thought of harming myself has occurred to me (circle one): **NO** **YES**

Total score is determined by adding together the scores for each of the 4 items. Scores are rated as normal (0-2), mild (3-5), moderate (6-8), and severe (9-12). Immediate referral to a mental health service is recommended for those with suicidal ideation and/or a severe score.

This screen is used in primary care settings and can be used on any clients, even those who are not pregnant or postpartum (e.g., mother with a three year-old child; father ...).

References:

- Kroenke K, Spitzer RL, Williams JB, Löwe B. An ultra-brief screening scale for anxiety and depression: the PHQ-4. *Psychosomatics*. 2009 Nov-Dec;50(6):613-21.
- Löwe B, Wahl I, Rose M, Spitzer C, Glaesmer H, Wingenfeld K, Schneider A, Brähler E. A 4-item measure of depression and anxiety: validation and standardization of the Patient Health Questionnaire-4 (PHQ-4) in the general population. *J Affect Disord*. 2010 Apr;122(1-2):86-95.

Creating a Safety Plan

When a client is in crisis, critical thinking might not be possible. Health or social service providers (e.g., public health nurse, family home visitor, mental health counselor) can develop a brief safety plan with the client.

These are some sample questions that may help to focus the client's thinking. The aim is to clarify the client's wishes and priorities, support safety for all and aid the client's recovery. The plan should address three areas:

1. The client's safety
 - a. Who can you call to stay with you?
 - b. How likely are you to act on your thoughts?
 - c. What would prevent you from acting on your thoughts?
 - d. It looks like it would be best for you to see your doctor. Will you be able to be seen right now and who can take you there?
 - e. It looks like it would be best for you to go to the emergency department. Do you have someone that can take you there? Which hospital would you prefer to go to (if there is a choice of more than one)?

2. The children's safety
 - a. Who can stay with your child/ren while you are not well?
 - b. How likely are you to act on your thoughts about harming your child/ren?
 - c. Do you prefer to have your children cared for in your home or would it be better if they are looked after in someone else's home?
 - d. I have concerns about your child/ren's safety and would like to call child protection services. Will you help me work with them to make the best decision for you and your child/ren?

3. How to address the cause of the crisis
 - a. Can you tell me what you think caused this crisis?
 - b. What can you do to address the situation?
 - c. Who can you ask to help you resolve this situation?
 - d. What would be an acceptable solution?
 - e. Have you thought about what kind of treatment would help to make you feel better?

When you have a client with a serious mental illness, they may need more than a safety plan. The crisis plan developed by Mary Ellen Copeland is accessible on the Canadian Mental Health Initiative website and is listed in the resources www.ccmhi.ca/en/products/toolkits/documents/EN_Workingtogethertowardsrecovery.pdf.

Resources and References Handout

RESOURCES

Telephone Helplines:

- Local crisis line or distress centre.
- Ontario Mental Health Helpline 24 hour: www.mentalhealthhelpline.ca. Call 1-866-531-2600 (chat and email support also available). Anonymous & Confidential.
- Telehealth Ontario. Call 1-866-797-0000 to speak with a nurse. Confidential.
- Kids Help Phone 24 hour service (age 20 & under): www.kidshelpphone.ca. Live web chat or call 1-800-668-6868. Anonymous & Confidential.
- Local child protection services.

Mental Health Crisis Resources:

- Canadian Collaborative Mental Health Initiative. Working Together Towards Recovery: A Toolkit for Consumers, Families, & Caregivers. www.ccmhi.ca/en/products/toolkits/documents/EN_Workingtogethertowardsrecovery.pdf. See: Appendix 2 - Crisis Plan.
- Canadian Mental Health Association – Ontario branch: www.ontario.cmha.ca. See “Services and Supports” – Crisis Support.
- Canadian Mental Health Association (CMHA): www.cmha.ca. See:
 - i) Your Mental Health – Stress – Coping with Stress
 - ii) Your Mental Health – Mental Health & The Family – The Stress of Parenting

Personal Resources:

- Family, friends who can stay with the person at risk
- Client’s own healthcare provider/s
- ER crisis centres, community Hospital, Walk-in Medical Unit, or Community Health Centre
- Community resources, e.g., church or club, family services
- Personal connections
- Any other resource that is meaningful to the person at risk

Resources for Service Providers:

- Best Start: Ontario's Maternal, Newborn and Early Childhood Development Resource Centre
 - Perinatal Mood Disorders Training Video – a brief video that provides education about mood and anxiety disorders during pregnancy and postpartum. The video consists of four chapters covering: Symptoms of Perinatal Mood Disorders, Barriers to Disclosure and Diagnosis, Screening and Assessment, Treatment and Support. The video with facilitators guide can be ordered at www.beststart.org/resources/ppmd/index.html or found on YouTube.
- Canadian Association for Suicide Prevention: www.suicideprevention.ca.
 - See: "About Suicide"; also "In Crisis Now?" sections.
- Centre for Addiction and Mental Health: www.camh.net.
 - See: Resources for Professionals.
- Living Works Education: www.livingworks.net.
 - See: "Store" section for Suicide Intervention Handbook, 10th edition. (2004).
- Mental Health First Aid: www.mentalhealthfirstaid.ca. A course that teaches people how to recognize the signs and symptoms of mental health problems and provide initial help.
- Ontario Association of Children's Aid Societies: www.oacas.org (Locate a Society; 24 hour service)
 - See: What If Parents Are Unable To Provide Care For Their Children.
- Ontario Association for Suicide Prevention: www.ospn.ca.
 - See: "Organizations"
- Ontario Psychiatric Outreach Program [OPOP]: www.opop.ca.
 - A collaborative network of academics and practitioners in the mental health field, sharing expertise and resources to deliver clinical services and education to Ontario's rural, remote and under-served areas. See: Programs.
- Patient Health Questionnaire – Brief Screen for Anxiety and Depression (PHQ-4): www.phqscreeners.com.
- Registered Nurses Association of Ontario [RNAO]: www.rnao.org.
 - See: Clinical Practice Guidelines, "Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour"
- The Postpartum Stress Center: www.postpartumstress.com. See:
 - SELF HELP: includes information on scary thoughts, tips for talking to the doctor, family support, etc.
 - HEALTHCARE PRACTITIONERS: includes assessing negative thoughts, suicide ideation for positive on EPDS item #10.

ADDITIONAL REFERENCES

Abramowitz JS, Schwartz SA, & Moore KM. (2003) Obsessional thoughts in postpartum females and their partners: content, severity and relationship with depression. *Journal of Clinical Psychology in Medical Settings*, 10, 157-164.

British Columbia Reproductive Care Program Guidelines for Perinatal Care (2003). Identification and Assessment of Reproductive Mental Illness during the Preconception and the Perinatal Periods. Retrieved on 2012-07-31 from <http://www.perinatalservicesbc.ca/NR/rdonlyres/52571845-20C7-4D80-8AF6-6D6BF9FA9C6F/0/MHGuidelinesIdentificationandAssessment3.pdf>

Fairbrother, N., & Abramowitz, J.S. (2007). New parenthood as a risk factor for the development of obsessional problems. *Behavioural Research and Therapy* 45, 2155-2163

Leckman et. al., (1999). Early pernatal preoccupations and behaviours and their possible relationship to the symptoms of obsessive-compulsive disorder. *Acta Psychiatr. Scand.* 100:1-26.

Mental Health First Aid (200, 2nd ed) Betty Kitchener & Anthony Jorm (2006). Alberta Mental Health Board as adapted with permission from Australia's Mental Health First Aid and Scotland's Mental Health First Aid.

Rubin Wainrib, B., & Bloch, E. (1998). *Crisis intervention and trauma response: theory and practice*. Springer Publishing Company.