

Work Flow: Crisis Intervention following Screening for Perinatal Mood and Anxiety Disorders (PMAD)



Further assess positive response to #10

- Is client having <u>active</u> thoughts of harming self or others?
- Does client have a plan for causing harm to self or others?



Arrange for same day or next day appointment (per plan as developed by local agency; may include the following, but should be adapted to a plan/procedure that fits your community and ensures an adequate system of care; edit below to reflect local plan)

- Ask client to verbally contract for safety
- Discuss need for immediate appointment and follow-through
- Assess if client is currently seeing a mental health provider or if requires a new referral
- Provide client with local Mental Health Resources directory and identify available services/providers
- Schedule same day or next day appointment with mental health provider
- Refer to OB/GYN or primary care provider for follow-up
- Assure client has support person available to her and emergency plan in place in the event feelings/thoughts worsen
- Document event/intervention (including client's denial of current thoughts or plan)
- Fax EPDS and documentation to providers

Arrange for emergency services

(per plan as developed by local agency; may include the following, but should be adapted to a plan/procedure that fits your community and ensures an adequate system of care; edit below to reflect local plan)

- Discuss need for emergency services
- Identify emergency service options per local *Mental Health Resources directory* and local policy and procedure
- Assess if client is willing to accept services



If client accepts emergency services/treatment:

- Assess if client has support person available to transport to emergency service location
- Verbally contract for safety
- Arrange for transportation

If client refuses emergency services/treatment:

- Have client sign refusal of transport for evaluation form
- Call for transport to facility i.e. hospital ER by law enforcement officer as per local protocol for mental health evaluation noncompliance
- Stay with client until arrangements are made for client safety
- Collaborate with client for care of child/ren (if applicable)
 - Consider friends, relatives, neighbors
 - o Local emergency shelter or law enforcement if no other options
- Document to complete the intervention, including:
 - o Client condition
 - o Contacts made
 - o Arrangements made
 - o Time of events
 - *Send copy of documentation to applicable providers
- Contact care provider (primary care, OB, and or mental health provider) to inform of situation

*Contact supervisor at any point in this process (per agency policy)

On follow-up visit with client:

- Continue to evaluate mental health status
- Discuss experience
- Determine plan for mental health follow-up
- Help problem solve issues with accessing appropriate care
- Get signed consent from client for follow-up communication with OB/Primary Care Provider and Mental Health Provider
- Stay focused on purpose of keeping baby and mom safe



Keep in touch with assigned therapist/provider:

 Minimum of monthly contact until mother is stable as determined by therapist/mental health provider

Follow-up

Debrief with supervisor

Contact mother next business day:

- Provide support
- Obtain updated status
- Plan for ongoing follow-up visits (by self or partnering program staff, as applicable based on available resources
 - Make warm referral if necessary to refer)