Validated Tools for Behavioral Health Screening: The How and Why of Using Them.

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- Intent and purpose of using screening tools
- Overview of the screening tools, Modified 5P's, PHQ-9 and Edinburgh Postnatal Depression Scale
- When to utilize these tools as outlined in FY18-19 Maternal Health Agreement Addenda
- EMR and Screening Tools
- Release of Information for Mental Health/Substance Use information
- Changes in the Maternal Health History C1 & C2 forms

- Routine screening should rely on validated screening tools. These tools have been well studied and demonstrated a high sensitivity for detecting substance use and misuse. *Guidelines for Perinatal Care, 8th Edition, American Academy of Pediatrics and American College of Obstetricians and Gynecologists. Pg 137. 2017*
- The American College of Obstetricians and Gynecologists recommends that clinicians screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. *ACOG Committee Opinion, No. 630, May 2015.*

Why Use a Screening Tool?

- Reliable
  - Shows the same results when administered repeatedly
- Valid
  - Measures what it is supposed to measure
- Normed
  - Compares client's answers to others of the same group using a large sample of people.

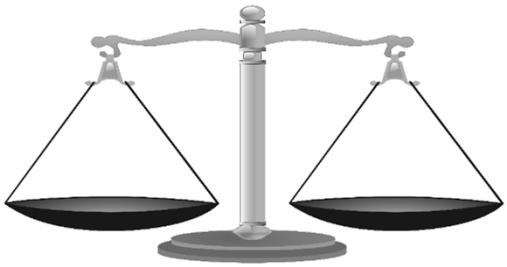
Screening vs Assessment

- Screening is a process for evaluating the possibility of a substance use or mental health disorder. The outcome is a simple yes or no.

- Assessment is a process for gathering detailed information about the nature of the disorder and developing specific recommendations for addressing the problem or diagnosis.

Screening Tools Do Not Replace Professional Judgement

Your judgement should take precedence over any results obtained.



Modified 5P's

- Brief
- Easily administered
- Screens for alcohol and drugs
- Screens for family of origin, peers and partner for alcohol and drugs

Maternal Health and High Risk Maternity Agreement Addenda FY 18-19

- Local Health Departments are expected to have a policy/procedure in place regarding utilization of the Modified 5P's screening tool for prenatal & postpartum patients. Division of Public Health Agreement Addenda FY 18-19
- Modified 5P's are referenced in the Agreement Addenda in the following categories:
  - C. Policies/Procedures
    - C 7 (HRMC)
    - C 11 (Maternal Health)
  - D. Prenatal and Postpartum Services
    - D 5 (HRMC)
    - D 11 e (HRMC- Postpartum)
    - D 4 (Maternal Health)
    - D 9, e (Maternal Health Postpartum)
  - Psychosocial Services
    - H 2 (HRMC & Maternal Health)

Risk Screening Form

8. Did any of your parents have a problem with alcohol or other drug use? ❑ Yes ❑ No
9. Do any of your friends have a problem with alcohol or other drug use? ❑ Yes ❑ No
10. Does your partner have a problem with alcohol or other drug use? ❑ Yes ❑ No
11. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications? ❑ Yes ❑ No
12. Before you knew you were pregnant, how often did you drink any alcohol, including beer or wine, or use other drugs? ❑Not at all ❑Rarely ❑Sometimes ❑Frequently
13. In the past month, how often did you drink any alcohol, including beer or wine, or use other drugs? ❑Not at all ❑Rarely ❑Sometimes ❑Frequently

PMH Risk Screening Form v1.8 June 2017

Modified 5P's

Modified 5 P's

Responses are confidential.

1. Did any of your parents have a problem with alcohol or other drug use?
   ❑ Yes ❑ No
2. Do any of your friends have a problem with alcohol or other drug use?
   ❑ Yes ❑ No
3. Does your partner have a problem with alcohol or other drug use?
   ❑ Yes ❑ No
4. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?
   ❑ Yes ❑ No
5. Before you knew you were pregnant, how often did you drink any alcohol, including beer or wine, or use other drugs?
   ❑ Not at all ❑ Rarely ❑ Sometimes ❑ Frequently
6. In the past month, how often did you drink any alcohol, including beer or wine, or use other drugs?
   ❑ Not at all ❑ Rarely ❑ Sometimes ❑ Frequently

The Modified 5 P's is being used with endorsement from the Institute for Health and Recovery.

When to Use the Modified 5P's

- Initial intake
  - If Pregnancy Risk Screening form has NOT been completed
- Any point during prenatal visits that professional judgement indicates
- Postpartum visit

PHQ-9

- Widely used
- Brief
- Validated and documented in a variety of populations
- Excellent reliability
- Reviews symptoms over time

PHQ-9

Patient Name: _____ **Date:** _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use a ✓ to indicate your answer)	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing thing	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself- or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3

_____+ _____+ _____+ _____=

Total Score _____

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Edinburgh Postnatal Depression Scale (EDPS)

- Ten questions
- Usually completed in 5 minutes or less
- Validated for multiple cultures and languages
- High sensitivity and specificity
- Validated for screening for both depression and anxiety
- Reviews symptoms over time

Edinburgh Postnatal Depression Scale (EDPS)

Edinburgh Postnatal Depression Scale[1] (EPDS

Name: _____ Address: _____

Your Date of Birth: _____ _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please ch
the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:
- ☐ Yes, all the time
- ☒ Yes, most of the time — This would mean: "I have felt happy most of the time" during the past week.
- ☐ No, not very often — Please complete the other questions in the same way.
- ☐ No, not at all

In the past 7 days:

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

*10 The thought of harming myself has occurred t
   - ☐ Yes, quite often
   - ☐ Sometimes
   - ☐ Hardly ever
   - ☐ Never

Administered/Reviewed by _____ Date _____

[1]Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

[2]Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

Users may reproduce the scale without further permission providing they respect copyright by quoting the names of the authors, the title and the source of the paper in all reproduced copies.

Maternal Health and High Risk Maternity Agreement Addenda FY 18-19

- Local Health Departments are expected to have a policy/procedure in place regarding screening prenatal & postpartum patients who have a current diagnosis, symptomatic or have history of depression. Division of Public Health Agreement Addenda FY 18-19
- The PHQ-9 and Edinburgh Postnatal Depression Scale are referenced in the Agreement Addenda in the following categories:
  - C. Policies/Procedures
    - C 16 (HRMC)
    - C 20 (Maternal Health)
  - D. Prenatal and Postpartum Services
    - D 6 (Maternal Health)
    - D 9 c (Maternal Health- Postpartum)
    - D 6 (HRMC)
    - D 11 c (HRMC- Postpartum)
  - Psychosocial Services
    - H 1 (Maternal Health & HRMC)

When to Use the PHQ-9 or EDPS

- Prenatal appointment
- At any point during prenatal visits that professional judgement indicates.
- A positive response is received on the Maternal Health History C 2 form questions, 1 or 2
- Postpartum appointment

Screening Tools and EMR

The State Archive office and the Women's Health Branch joint consensus is:

- Screening tools can be incorporated into the EMR, however they must still be completed by the patient, not a healthcare professional. The patient may enter her answers on a device such as an iPad or any method that provides direct entry into the EMR.

When a hard copy is completed:

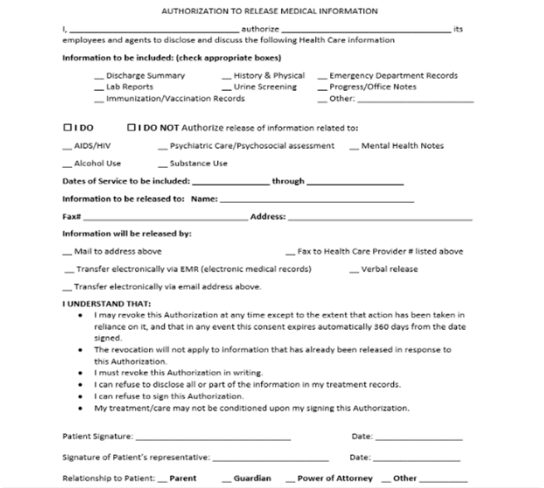
- Each patient will need to complete the form. Health Departments may not use a laminated copy & wipe off the answers after the patient completes the form, use other varieties of reusable forms or enter verbal answers for the patient unless the patient can not complete the form herself due to identified limitations.
- Health Departments should have a QA policy for these forms that requires an independent person (one who did not see the Patient) to review the record entry and verify it is correct. After that verification, the document can then be shredded. This practice will satisfy Risk Management concerns, ensure patients receive care/connection they need, and keep the data print of the EMR smaller.

Release of Information

Recommend LHDs include the BOLD statement in their Authorization to Disclose Form, **"I understand that the information released may include sensitive information related to behavior and/or mental health, drugs and alcohol (including records of a program that provides alcohol or drug abuse diagnosis, treatment, or referral, as defined by federal law at 42 C.F.R. Part 2), HIV/AIDS and other communicable diseases, and genetic testing."**

or

Release of Information



AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I, _____ authorize _____ its employees and agents to disclose and discuss the following Health Care information

Information to be included: (check appropriate boxes)

__ Discharge Summary __ History & Physical __ Emergency Department Records
__ Lab Reports __ Urine Screening __ Progress/Office Notes
__ Immunization/Vaccination Records __ Other: _____

☐ **I DO** ☐ **I DO NOT** Authorize release of information related to:

__ AIDS/HIV __ Psychiatric Care/Psychosocial assessment __ Mental Health Notes
__ Alcohol Use __ Substance Use

Dates of Service to be included: _____ through _____

Information to be released to: Name: _____

Fax# _____ **Address:** _____

Information will be released by:

__ Mail to address above __ Fax to Health Care Provider # listed above
__ Transfer electronically via EMR (electronic medical records) __ Verbal release
__ Transfer electronically via email address above.

I UNDERSTAND THAT:

- I may revoke this Authorization at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically 360 days from the date signed.
- The revocation will not apply to information that has already been released in response to this Authorization.
- I must revoke this Authorization in writing.
- I can refuse to disclose all or part of the information in my treatment records.
- I can refuse to sign this Authorization.
- My treatment/care may not be conditioned upon my signing this Authorization.

Patient Signature: _____ Date: _____

Signature of Patient's representative: _____ Date: _____

Relationship to Patient: __ **Parent** __ **Guardian** __ **Power of Attorney** __ **Other** _____

Changes in C1 Form

Please complete the following questions. Put an X or check mark in the box for YES or NO, as it applies.

QUESTION	YES	NO
1. Are you currently living in a safe place?		
2. Do you have a working stove and refrigerator? Running water and indoor plumbing?		
3. Do you have any physical limitations or any problems hearing, reading, speaking? Do you have any learning disabilities?		
4. Have you experienced any type of major life event in the last year; such as, death of someone close, loss of job, housing worries, relationship issues, a major illness or a loved one in the military being deployed?		
5. Are there any reasons that you think might keep you from coming to your appointments? Transportation, work schedule, lack of child care, no family support?		
6. Complete PHQ-9.		
7. Within the past year have you been threatened or hit, slapped, kicked, spit on or otherwise physically hurt by anyone?		
8. Since you have been pregnant, have you been threatened or hit, slapped, kicked, spit on or otherwise physically hurt by anyone?		
9. If you did feel unsafe, do you know where you can go or have a trusted person to call?		
10. Within the last year, has anyone forced you into sexual acts which made you feel uncomfortable?		
11. Substance Use Screening: complete the Modified 5Ps form, if Pregnancy Risk Screening has not been completed.		
12. Do others smoke, use e-cigarettes or vape around you?		
13. Which of the following products have you used in the past 30 days? ☐ Cigarettes ☐ E-Cigarettes/vaping ☐ Cigars/Cigarillos ☐ Chewing tobacco ☐ Snuff ☐ Hookah ☐ Snus ☐ Strips ☐ Sticks/Orbs ☐ None ☐ Other		
14. If you could pick the best timing for your pregnancy, would you like to be pregnant: ☐ At another time ☐ Would not change it, my pregnancy was planned ☐ Not at all ☐ Would not change it, even though it was not planned		

Changes in C2 Form

To be filled by staff during appropriate intervals, for example during 2nd or 3rd trimester, postpartum or as needed.

	2nd Trimester	3rd Trimester	Postpartum
Depression	Date: / /	Date: / /	Date: / /
1. Over the last two weeks have you had little interest or pleasure in doing things.	☐ No ☐ Yes	☐ No ☐ Yes	
2. Over the last two weeks have you felt down, depressed or hopeless?	☐ No ☐ Yes	☐ No ☐ Yes	
3. At any time in the past two weeks have you had thoughts that you would be better off dead or of hurting yourself or someone else in some way for at least several days in the last two weeks?	☐ No ☐ Yes	☐ No ☐ Yes	
3. If yes to Questions 1, 2, or 3 then completion of the PHQ-9 is required.	Score ____	Score ____	
4. Full EPDS or PHQ-9 Completed			Score ____
Interpersonal Violence			
6. Since we last asked you have you been threatened, hit, slapped, kicked, or spit on?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
7. Since we last asked you, have you been forced into sexual acts which made you feel uncomfortable?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
8. Do you feel your home is a safe place to bring your baby?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Tobacco Use			
9. Since we last asked you have you used any tobacco or nicotine products such as cigarettes, cigars, chewing tobacco, snuff, e-cigarettes or vape products?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Substance Use			
10. Since the last time we asked you, have you drank alcohol, used any illegal drugs or taken any prescription medications not given to you by a doctor?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes 5P's completed

RECORD RESULTS:	INITIAL (see previous form)	*Additional Screening*	2nd Trimester	3rd Trimester	Postpartum
Referral Done	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Referred to: ☐ PCM ☐ LCSW ☐ Mental Health ☐ Nurse Family Partnership ☐ Other: _____					
Referral Date:	/ /	/ /	/ /	/ /	/ /

Moved to MATERNAL HEALTH HISTORY — Part A

15. Check off any of the following that you are using now or used in the past year
    Now: ☐ Alcohol ☐ Marijuana ☐ Cocaine/Crack Cocaine ☐ Heroin ☐ IV Drugs ☐ Prescription Drugs ☐ None ☐ Other_____
    Past: ☐ Alcohol ☐ Marijuana ☐ Cocaine/Crack Cocaine ☐ Heroin ☐ IV Drugs ☐ Prescription Drugs ☐ None ☐ Other_____
16. Check off any of the following that your partner is using now or used in the past year
    Now: ☐ Alcohol ☐ Marijuana ☐ Cocaine/Crack Cocaine ☐ Heroin ☐ IV Drugs ☐ Prescription Drugs ☐ None ☐ Other_____
    Past: ☐ Alcohol ☐ Marijuana ☐ Cocaine/Crack Cocaine ☐ Heroin ☐ IV Drugs ☐ Prescription Drugs ☐ None ☐ Other_____

Resources

- National Institute of Mental Health: Transforming the understanding and treatment of mental illnesses: https://www.nimh.nih.gov/health/publications/postpartum-depression-facts/index.shtml
- National Center for Biotechnology Information: The PHQ-9 Validity of a Brief Depression Severity Measure: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495268/
- Guides for Perinatal Care, 9th Edition, American Academy of Pediatrics and American College of Obstetricians and Gynecologists. Pg 137. 2017
- Substance Abuse Treatment: Addressing the Specific Needs of Women. Ch:4 Screening and Assessment. The National Center for Biotechnology Information: https://www.ncbi.nlm.nih.gov/books/NBK83253/
- Bunevicius, A., Kusminskas, L., Pop, V., Pedersen, C. & Bunevicius, R. (2009). Screening for antenatal depression with the Edinburgh Depression Scale, *Journal of Psychosomatic Obstetrics & Gynecology, 30*(4), 238-243.

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