

VCH/PHC Perinatal Depression Strategy: Collaboration in Action



13th Canadian Collaborative MH Conference
June 15-16, 2012

Presentation Objectives

- Rationale
- Implementation
- 3-year Workplan: PND objectives
- Achievements - Years 1 & 2
- Next steps



Rationale

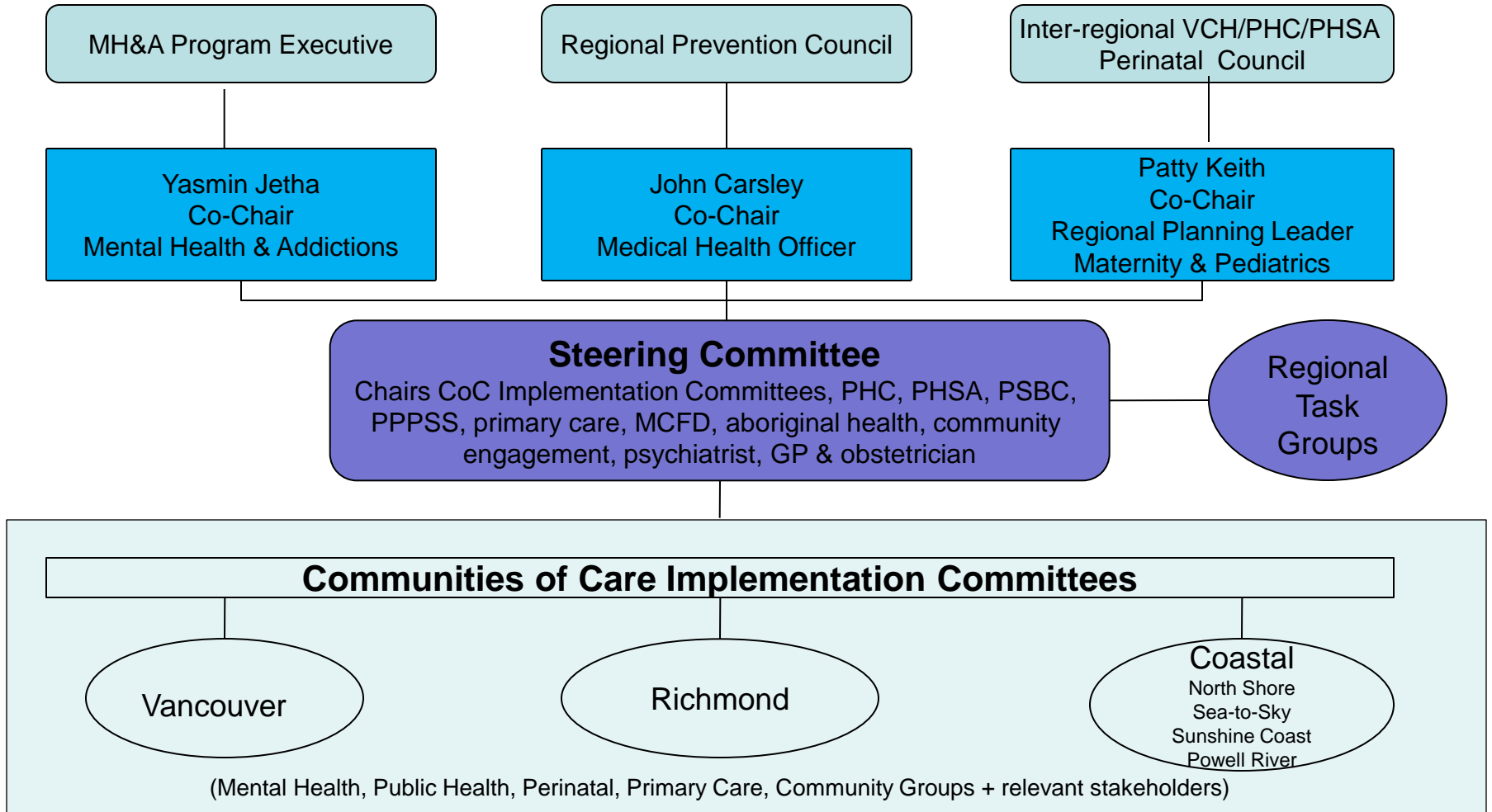
Drivers for Change:

- Depression
 - Leading cause of disability in women of childbearing age.
 - Up to 1 in 5 women will experience significant depression during pregnancy &/or postpartum.
- Of women that live in VCH (09/10)
 - 35% received >1 MSP billed MH service during perinatal period (avg 3.6).
 - 9% & 30% received >1 MSP billed depression &/or anxiety service (avg 2.9 & 2.5).
- Perinatal depression can be a factor in low birth weight, compromised mother-baby, behavioural/cognitive impairment in early years and, in extreme cases, maternal suicide and infanticide.

“Addressing Perinatal Depression: A Framework for BC’s Health Authorities”

July 2006: BC Reproductive MH Program

Implementation Structure



3 Year Workplan: PND Objectives

Objectives		Year of Focus		
		2010/11	2011/12	2012/13
Education & prevention				
1	Create PND education materials and resources for staff and physicians.	✓		
2	Provide education to update staff and physician knowledge about the screening, diagnosis and treatment of PND and available PND services.	✓		
Screening & Diagnoses				
3	Document regional care provider pathway and the patient journey for PND screening, referral, treatment and support.	✓		
4	Implement PND screening across VCH/PHC as per the provincial guidelines.		✓	✓
Treatment & Self-Management				
5	Develop and maintain an easy-to-use guide (inventory) for regional and local PND services.	✓		
6	Create patient and family PND education and self-management resources (website, pamphlets).		✓	
7	Increase options for treatment of mothers suffering severe PND, including inpatient beds which meet the needs of both mothers and their babies.			✓
Coping & Support				
8	Work with non-government and government agencies to extend the range of support available to women suffering PND and their partners/families.		✓	✓
9	Formalize linkages and partnerships with community and cross-cultural agencies to help women suffering PND and their families.		✓	✓
10	Increase public awareness of PND and self-care and support options.		✓	✓
Evaluation				
11	Evaluate the impact of the strategy within VCH and for targeted client groups.	✓	✓	✓

- Input into plan provided by clients & community partners

Input Community Partners & Consumers

Include community groups in planning & roll-out:	Added PPPSS to VCH/PHC PND Steering Committee; Local PND Committees added additional relevant community groups
Increase options for supporting mothers with PND (not only treatment)	Added objective “work with non-gov’t and gov’t agencies to extend the range of support available to women with PND & their families”.
Create different levels of education for different service providers	Created 3 tiers of education modules.
Incorporate non-medication related treatments into education	Incorporated into all tiers of education modules.



Pillar 1: Education & Prevention

Overall Goal: All providers will be aware of the Provincial PND Strategy and familiar with the resources available.

Achievements to date

- Staff & community provider education
 - Developed 2 levels: live & recorded presentations with cases & as e-module. To date: 350+ staff including PHNs, MH clinicians, ED & maternity staff. Continuing to offer as part of orientation & ongoing staff education.
 - PPPSS offering to community-based agencies (e.g., family places).

Pillar 1: Education & Prevention

Achievements to date continued

- Physician education
 - Continuing education forums (e.g., BCWs Prov Grand Rounds, CME on the Run for GPs). Collaborative presentations by psychiatrists, GPs, MH clinicians and PPPSS.
 - VCH Practice Support Program (PSP): Pilot tested PND content in MH module; successful pilot and will be incorporated permanently &/or developed into “stand-a-lone” PND learning session. Includes a hard copy & electronic “PND Resource Manual” (ex. algorithm, quick reference sheet, patient teaching materials, resources). Complemented by in-practice coaching sessions with GPs & MOAs (starting with those that completed the MH module).

Pillar 2: Screening & Diagnosis

Overall Goal: Universal screening at 28-32 weeks pregnant (MD/ Midwifery office); and 6-8 weeks PP (MD/ midwifery office or PHN clinic) using **EPDS**.

Achievements to date

- Partnered with PSBC to purchase provincial license & translate EPDS into multiple languages. Added to PSBC website Mar. '12.
- Developed patient handout “introducing” the EPDS + PND resources. MD/ midwifery offices/ PHN clinics distribute with EPDS to women while waiting for appointments. Discuss results with provider during appt.



Pillar 3: Treatment & Self-Management

Overall Goal: To develop and implement a PND care pathway for VCH and local geographic areas with its supporting resources: including an accessible inventory of patient and provider resources, CBT groups & peer support groups for the management of PND.

Achievements to date

- Developed care pathways for VCH & local geographic areas.
 - Based on 4 pillars of provincial framework
 - Prevention/education, screening, treatment & support.
 - Includes screening (using the Edinburgh Postpartum Depression Scale) & follow-up.
 - Identifies resources for varying levels of follow-up (“usual” & “urgent”; treatment & support).
 - Resources customized for each geographic area.



VCH-Vancouver Provider Pathway for Women with Perinatal Depression

September 28, 2011

Education & Prevention	Creating a culture of knowledge at individual, family & community levels.... <ul style="list-style-type: none"> • Provide realistic beliefs & dispel myths about motherhood • Increase knowledge & awareness of PND & resources 		Resources: <ul style="list-style-type: none"> • <i>BC Reproductive Mental Health Program</i>: www.bcmhas.ca ► Programs & Services ► Reproductive MH • <i>Pacific Postpartum Support Society</i>: www.postpartum.org; 604-255-7999; 1-855-255-7999 • <i>Here to Help</i>: www.heretohelp.bc.ca; 310-6789 (no area code required) • <i>HealthLink BC</i>: www.healthlink.bc.ca; 811 • <i>Motherisk</i>: www.motherisk.org/women/index.jsp 				
Screening & Diagnosis	BEST PRACTICE - UNIVERSAL SCREENING: Steps 1 - 3.						
EPDS is available in multiple languages at www.perinatalservicesbc.ca/	1	Administer the Edinburgh Postnatal Depression Scale (EPDS) at 28-32 weeks of pregnancy & again at 6-8 weeks postnatally or after adoption.					
	2	Interpret the EPDS (see reverse)	<8 Depression not likely ▼	9-11 Depression possible ▼	12-13 Fairly high possibility; assessment by PCP ¹ recommended ▼	14+ Positive screen for depression ▼	Answer 1,2 or 3 to Qu 10 <i>or</i> S/S of a psychotic disorder <i>or</i> concern re harm to baby ▼
	3	Take action	Continue support	Support, re-screen in 2-4 wks & consider referral to PCP ¹	Support & refer to PCP ¹ . Diagnostic assessment & treatment by PCP & / or specialist recommended for scores of 14+ (see tx & mgt section)		Immediate discussion required; refer for urgent diagnosis & treatment as needed (see tx & mgt section)
IF UNIVERSAL SCREENING NOT POSSIBLE &/OR ANYTIME CONCERNS IDENTIFIED, PERFORM TARGETED SCREENING: Steps 4 – 6.							
4	Are there risk factors &/or concern re mood or behaviour?						
5	If yes, ask 3 questions pertaining to last 2 weeks:	1. Have you often felt sad or depressed? (from PHQ-9) 2. Have you felt a loss of interest in pleasurable activities? (from PHQ-9) 3. Have you felt anxious &/or unable to sleep when the baby sleeps due to racing thoughts or worries?					
6	If yes to ≥ 1 of the 3 questions, administer the Edinburgh Postnatal Depression Scale (EPDS); interpret & take action as above.						
Treatment & Self-Mgt (tx & mgt)	Severity²	Woman ≥ 19 yrs old				Woman <19 yrs old	
Emergent / urgent risk	24/7 resources:	<ul style="list-style-type: none"> • Ambulance / Emergency Department • BC Repo MH psychiatrist (M-F: 0800-1700 hours) • Crisis / Distress Line • Helpline for Children (MCFD) • MHES Crisis Line (Car 87) • RACE line psychiatrist (M-F: 0800-1700 hours) 	911 / ED (604) 875-2025 1-800-SUICIDE (784-2433) 310-1234 (no area code) (604) 874-7307 (604) 696-2131; 1-877-696-2131	Ambulance / Emergency Department at BCCH Vancouver After-Hours Office (MCFD) : Car 86 (child protection issues, infants to 12 yrs old; 24/7)			

Treatment & Self-Mgt cont'd (tx & mgt)	Moderate, severe or complex presentation of PND	<p>Reproductive MH programs - Reproductive psychiatry assessment & individual & / or group counselling for prenatal women & up to 1 year postpartum:</p> <ul style="list-style-type: none"> BC Repro MH (@BCWs) (604) 875-2025 www.bcmhas.ca ► Programs & Services ► Repro MH St Paul's Repro MH (604) 806-8589 www.providencehealthcare.org/mentalHealth.htm <p>Child attachment issues:</p> <ul style="list-style-type: none"> Alan Cashmore Centre 604 454-1676 vch.eduhealth.ca/PDFs/GK/GK.700.A43.pdf 	<p>Child & Adolescent Response Team (CART): 604 874-2300</p> <p>If in-care, notify MCFD</p>
	Mild or moderate presentation of PND	<p>Pacific Postpartum Support Society - Groups led by trained facilitators for women who experience depression during their pregnancy & up to 3 years postpartum. Also run a phone support line.</p> <ul style="list-style-type: none"> (604) 255-7999 www.postpartum.org <p>General psychiatry programs (psychiatric assessment & ST support for adults dealing with depression and other mental health conditions). Appropriate for women who have:</p> <p>a) An ongoing depression that requires community-based treatment support but not specialized reproductive MH services. Groups are not specific to PND and include both men and women.</p> <p>b) Been discharged from a reproductive MH program and require transitional support.</p> <ul style="list-style-type: none"> VGH Outpatient Psychiatry (604) 875-4794 http://psychiatry.vch.ca/opt.htm VGH Cross-Cultural Outpatient Clinic (604) 875-4115 http://psychiatry.vch.ca/ccs.htm (language specific assessment & short-term support) St Paul's Outpatient Psychiatry (604) 806-8004 www.providencehealthcare.org <p>Child attachment issues:</p> <ul style="list-style-type: none"> Alan Cashmore Centre 604 454-1676 vch.eduhealth.ca/PDFs/GK/GK.700.A43.pdf 	<p>Child & Adolescent Response Team (CART): 604 874-2300 (urgent response); OR</p> <p>Child & Youth MH Services Central Intake (non-urgent): 604 675-3895</p> <p>If in-care, notify MCFD</p>
	Women with risk factors or suspected or known PND	<p>Pacific PP Support Society 604 255-7999 (6d/wk) www.postpartum.org</p> <p>Public health nurses</p> <p>Evergreen: (604) 872-2511</p> <p>Robert & Lily Lee Family Community Health Centre: (604) 675-3980</p> <p>Pacific Spirit: (604) 261-6366</p> <p>Raven Song: (604) 709-6400</p> <p>South: (604) 321-6151</p> <p>Three Bridges: (604) 736-9844</p>	<p>Vancouver Youth Clinics www.vch.ca/your_health/youth/youth_clinics/youth_clinics_-_vancouver/vancouver</p> <p>If in-care, notify MCFD</p>
Coping & Support	Health Link: www.healthlink.bc.ca ; 811		
	Newborn Hotline: 604 737-3737		
	Chinese Helpline (SUCCESS): 604 270-8222 (Mandarin); 604 270 -8233 (Cantonese) (1000-2200 hrs, 7d/wk)		
	Bounceback (DVD & telephone coaching, 3 – 5 sessions over 4 – 8 wks): 1-866-639-0522; www.cmha.bc.ca/bounceback		

Treatment & Self-Management...

- Pathway supporting resources
 - Created inventory by CoC & added to HealthLink & VCH databases.
 - Developed bookmark with services & translated into 4 languages (distributed by PHNs).
 - Bookmark given to new mothers by PHNs. Available in multiple languages.



How do you feel after having a baby?

Are you:

- sad • angry • numb • overwhelmed
- anxious • worried • frustrated
- panicked • depressed • irritated
- unable to cope • crying a lot
- thinking that you are not a good parent
- feeling trapped

Many mothers have these feelings during pregnancy or after having or adopting a baby. However, if these feelings don't go away, you may need to talk to your doctor, midwife, nurse practitioner, or public health nurse. It can be very difficult to live with these feelings.

Talking to someone who understands does help. There is treatment. You are not alone.

If you need to talk to someone right away, call:

HealthLink BC (available 24 hours a day):
8-1-1 or 7-1-1 (TTY)

Crisis Prevention (available 24 hours a day):
1-800-suicide or 1-800-784-2433

CHIMO Crisis Centre (Richmond)
(8 a.m. – midnight): 604-279-7070

Other supports to consider include:

- Your local Public Health Nurse (see below for numbers)
- Pacific Post Partum Support Society:
Lower Mainland: 604-255-7999
Coastal areas: 1-855-255-7999
- Your Family Doctor or midwife
- SUCCESS (helpline in Chinese language):
Cantonese: 604-270-8233
Mandarin: 604-270-8222
- MOSAIC (new immigrant families):
604-254-9626

To speak with a Public Health Nurse in your area, call:

Richmond

Richmond Public Health: 604-233-3150
Newborn Hotline: 604-737-3737

Vancouver

Newborn Hotline: 604-737-3737
or a Community Health Center near you:
Evergreen: 604-872-2511
Grandview Woodland: 604-675-3980
Pacific Spirit: 604-261-6366
Raven Song: 604-709-6400
South: 604-321-6151
Three Bridges: 604-736-9844

North Shore

North Shore Public Health: 604-983-6700

Sea to Sky

Squamish Public Health: 604-892-2293
Whistler Public Health: 604-932-3202
Pemberton Public Health: 604-894-6939

Sunshine Coast

Gibsons Public Health: 604-886-5600
Sechelt Public Health: 604-885-5164

Powell River

Powell River Public Health: 604-485-3310

Vancouver Coastal Health

For more copies, go online at <http://vch.eduhc.ca> or
email ghem@vch.ca and quote Catalogue No. GH.4.10.H69
© Vancouver Coastal Health, April 2011

Treatment & Self-Management...

Pathway supporting resources

- CBT group for Chinese-speaking women in Vancouver. Facilitated by PHNs & consultant MH Clinician. Fall 2011.
- Expanded PPPSS support line to include Chinese-speaking volunteers. Fall 2011.
- NS PND support group. Facilitated by PHN & MH Clinician. Oct 2009.
- Richmond CBT group. Facilitated by Repro Psychiatrist & MH Clinician. April 2012. Based on FH Guide for PND groups.
- PPPSS telephone support line & groups.



Pillar 4: Coping & Support

Achievements to date

- Patient/client/public support
 - Toll-free component for the PPPSS support line in May 2011.
- On-line PND journey
 - Tells the story of a women with postpartum depression, her struggles, things that helped her cope & her path forward.
 - Links provide “factual” information on relevant topics (risk factors, treatment options, help from partners, resources, etc). Handouts developed by PPPSS, BC Repro MH & VCH.
 - Journey “live” on PPPSS website in Jan 2012. Launched in Feb 2012 & involved local media & generated 6+ “stories”.
<http://www.postpartum.org/thejourney.php>

Pillar 4: Coping & Support

- Work with government and non-government agencies to extend the range of support available to women with PND.
 - Multi-agency task group established (VCH/PHC, MCFD, PPPSS, community-based agencies, consumers & partners).
 - Working to establish a structured volunteer visiting &/or doula and homemaker support programs to provide “practical support” to women with PND &/or help to connect women to community resources.
 - Working with MCFD and Family Places/Neighbourhood Houses on ways to prevent PND &/or support women with PND. Several ideas “germinated” for implementation (e.g., walking groups).



Next Steps

- Ongoing staff & physician education.
- Increase implementation of universal PND screening.
- Continue partnership with PSP: Distribute “PND Resource Guides” & increase in-practice coaching
- Work with MCFD and community partners to extend the range of support services available to women with PND.
- Enhanced public awareness of PND & services.
- Explore innovative treatment options to treat mothers with severe PND which promote mother & baby staying together, where appropriate (inpatient care, home-based treatment, etc).



How has Collaboration Contributed to our Success?

3 perspectives:

- Health Authority
- Family physician
- Pacific Post Partum Support Society



“You have the capacity and wisdom to build connection and collaboration while reducing the cost and pain of conflict, increasing your happiness and effectiveness.”

- Stewart Levine

