

Realize Screening for Perinatal Mental Health – Abbreviated version with instructions	Suicide Risk Assessment and Intervention – Abbreviated version (short) correspond with ASES model	Emergency Contacts
<p>1. Routine <u>general screening</u> with EPDS</p> <ul style="list-style-type: none"> <li>Initially 6</li> <li>Repeat in pregnancy (28-32 weeks, ideally)</li> <li>3-2 weeks (monthly)</li> <li>Once again (or more) in first year</li> </ul> <p>2. Screen <u>at-risk</u> (or above) parent scores ≥14</p> <ul style="list-style-type: none"> <li>Consider <u>enhanced</u> screening</li> <li>Offer <u>enhanced</u> content before assessment EPDS</li> <li>Purpose/benefit of screening</li> <li>Screening vs. Diagnosis</li> <li>Focus on <u>early</u> diagnosis and care planning</li> <li>Can step up screening when results will not inform next steps e.g. already diagnosed and current mental working, personal loss, apprehension...</li> <li>With any positive response to <u>Question 30</u> complete suicide assessment</li> <li>Consider <u>Joint judgement</u> with EPDS score, in collaboration with client, to determine next steps.</li> <li>Follow <u>EPDS care pathway</u> for post care planning</li> </ul>	<p><b>Connect with thoughts of suicide</b> (goal): identify signs of suicide and confirm if thoughts of suicide</p> <ul style="list-style-type: none"> <li>Is suicide ideation?</li> <li>Ask directly about suicide</li> </ul> <p><b>Understanding/Chosen</b> (goal): to identify turning point/connected to life/faith, reject suicide, move on to safety</p> <ul style="list-style-type: none"> <li>What have they started?</li> <li>Listen for turning point</li> <li>Support their turning point goal (goal: living with making safety plan)</li> </ul> <p><b>Assessing life</b> (goal): Emergency response if needed, with suicide plan (confirm actions)</p> <ol style="list-style-type: none"> <li>Activate Emergency response if needed</li> <li>Debrief suicide risk – how, how prepared, now soon</li> <li> <ul style="list-style-type: none"> <li>Willing to have plan developed?</li> <li>Consider prior suicide attempts</li> <li>Consider mental health services</li> <li>Consider drug, alcohol and medication use</li> </ul> </li> <li>Build on strengths, and supports available</li> <li>Agree on emergency contact and agree with Dr. NP and Client</li> </ol> <p><b>Confirm Actions</b></p> <ul style="list-style-type: none"> <li>Have client report safety plan to goal</li> <li>Confirm plan is written to keep safety up to date</li> </ul> <p>3. Consider written up plan</p>	<p>911</p> <p><u>988 Suicide Crisis Helpline</u> 24/7 Canada-wide</p> <p><b>Distress Centre of London, Leeds and Grimsby:</b> The Mental Health telephone support for pregnant women, Leeds and Grimsby. Operative from 9:00 am to midnight, 365 days a year. 1-800-486-8842</p> <p><b>360/Outreach Team – Brocksby General Hospital:</b> The Mental Health telephone support for individuals in addressing mental health obligations in Leeds and Grimsby. Services are confidential for providers in person and over call. 24/7 Crisis line: 0114 276 2222, 365 days a year. 1-800-486-8842</p> <p><b>Family and Children Services of Leeds and Grimsby:</b></p>