Introducing Awareness of Behavioral Health into Women’s Care:
How to integrate SBIRT and mental health screening into comprehensive care.

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Hope & Wellness Resources and Build Your Village, 2019
Objectives

• Explain the purpose and use the EPDS and other behavioral health screening instruments.
• Describe the prevalence and the types of perinatal mood and anxiety disorders.
• Identify the role of healthcare providers in identification and treatment of perinatal mood and anxiety disorders.
• Be able to describe why SBIRT is part of a public health approach to addressing substance use.
• Identify substance use risk limits.
Your Challenge Today:

How could this work in my agency or benefit the participants that I work with?
What are we really talking about?
Why are we talking about this??

- 60% of women with depressive symptoms go undiagnosed
- Of those diagnosed, only 50% receive treatment
Women and Mental Health
Perinatal Mental Health

“for women who are diagnosed with postpartum depression, 27% enter pregnancy with a mental health disorder, another 33% have onset in pregnancy, and 40% have postpartum onset.”

Kendig et al. (2017)
Prevalence

- About 80% of new mothers experience the baby blues in the first few weeks after the baby arrives.
- 1 in 7 women experience serious depression or anxiety during pregnancy or postpartum.
- 38% of women of color experience perinatal emotional complications
- 1-2 of 1,000 women experience postpartum psychosis.
- 1 in 10 fathers experience depression after the birth of a child.
Range of Perinatal Mood Disorders

- Prenatal or Postpartum
- Depression
- Anxiety
- Panic Disorder
- Post-Traumatic Stress Disorder
- Obsessive-Compulsive Disorder
- Bipolar Disorder
- Psychosis
Risk factors for PMAD...

- Prior history of anxiety &/or depression, including prenatal
- Family history of mental health disorder
- Sensitivity to hormones (puberty, PMS, birth control)
- History of infertility/fertility treatment
- Pregnancy or infant loss
- History of abuse/ Interpersonal violence (physical, verbal, or emotional)
- Breastfeeding difficulties
- Other life stressors (loss/death, poverty, life changes)

...Can also be risk factors for substance use as well
While still below the national average, the rate of overdose deaths among people age 12–24 in Kansas has quadrupled since 1999.

*2017 KANSAS LEGISLATIVE PREVIEW
Anticipating key health policy themes, Kansas Health Institute
2016
“78 Americans die every day from an opioid overdose.”


2017
“130 Americans die every day from an opioid overdose”

More than 3 million US women are at risk of exposing their developing baby to alcohol.

3 in 4 women who want to get pregnant as soon as possible report drinking alcohol.

100% Fetal alcohol spectrum disorders are completely preventable.
Substance Use During Pregnancy

- 18% of US women report **alcohol use during 1st trimester**; 4% during 2nd and 3rd trimesters
- Drug use among pregnant women:
  - 1<sup>st</sup> trimester: 9.0%
  - 2<sup>nd</sup> trimester: 4.8%
  - 3<sup>rd</sup> trimester: 2.4%

World Health Organization Recommendations:

- #1: Ask all pregnant women about substance use at every visit
- #2: Offer brief intervention to pregnant women using alcohol or drugs

Meyer-Leu et al., 2011; WHO, 2014; SAMHSA, NSDUH, 2013
In Her Own Words
**SBIRT: Screening**

**Screening**
- Standardized tools to quickly assess risk level
- Pre-screen - universal
- Full Screen - targeted

**Brief Intervention**
- Help patients understand their substance use and health impact; motivate behavior change.

**Referral to Treatment**
- Help patients showing signs of a substance use disorder to access specialty care.

Hope and Wellness Resources & Build Your Village, 2019  Christina
**Low-Risk Drinking Guidelines**

National Institutes of Health

*Women who are pregnant or may become pregnant should not drink alcohol.*

*Over 66 men and women follow the guidelines for women.*

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<th>Low-risk drinking limits</th>
<th>MEN</th>
<th>WOMEN</th>
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<tr>
<td><strong>On any single DAY</strong></td>
<td>No more than <strong>4</strong> drinks on any day</td>
<td>No more than <strong>3</strong> drinks on any day</td>
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<tr>
<td><strong>AND</strong> <strong>AND</strong></td>
<td><strong>14</strong> drinks per week</td>
<td><strong>7</strong> drinks per week</td>
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To stay low risk, keep within BOTH the single-day AND weekly limits.

http://rethinkingdrinking.niaaa.nih.gov/
Doctors, nurses, or other health professionals should screen* every adult patient, including pregnant women, and counsel those who drink too much. Providers can help women avoid drinking too much, including avoiding alcohol during pregnancy, in 5 steps.

1. Assess a woman’s drinking.
   - Use a validated screener (e.g., AUDIT (US)*).
   - Take 6-15 minutes to explain results and provide counseling to women who are drinking too much.
   - Advise her not to drink at all if she is pregnant or might be pregnant.
   - Come up with a plan together.

2. Recommend birth control if a woman is having sex (if appropriate), not planning to get pregnant, and is drinking alcohol.
   - Review risk for pregnancy and importance of birth control use.
   - Discuss full range of methods available.
   - Encourage her to always use condoms to reduce risk of sexually transmitted diseases.

3. Advise a woman to stop drinking if she is trying to get pregnant or not using birth control with sex.
   - Discuss the reasons to stop alcohol use before the woman realizes she is pregnant.

4. Refer for additional services if a woman cannot stop drinking on her own.
   - Provide information on local programs or go to SAMHSA treatment locator. www.findtreatment.samhsa.gov
   - Consider referral to treatment or recommend Alcoholics Anonymous. www.aa.org

5. Follow up yearly or more often, as needed.
   - Set a time for return appointment.
   - Continue support at follow-up.

*Learn how to do alcohol screening and counseling at www.cdc.gov/ncbddd/fasd/alcohol-screening.html.

SOURCE: Adapted from American College of Obstetricians and Gynecologists: www.acog.org/alcohol.
Screening

- Pre-screen/Brief/Annual Screen - universal
- Full Screen - targeted

Annual questionnaire
Once a year, all our patients are asked to complete this form because drug use, alcohol use, and mood can affect your health as well as medications you may take. Please help us provide you with the best medical care by answering the questions below.

Are you currently in recovery for alcohol or substance use?  □ Yes □ No

Alcohol:  One drink =

- 12 oz. beer
- 5 oz. wine
- 1.5 oz. liquor (one shot)

MEN: How many times in the past year have you had 5 or more drinks in a day?

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WOMEN: How many times in the past year have you had 4 or more drinks in a day?

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Drugs: Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?

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Full Screening Tools-Targeted for those positive on Brief Screen

- **AUDIT**: Alcohol Use Disorder Identification Test
- **DAST**: Drug Abuse Screening Test
- **ASSIST**: Alcohol, Smoking, and Substance Abuse Involvement Screening Test
- **GAIN** or **GAIN-SS**: Global Appraisal of Individual Needs
- **5Ps**: For pregnant and post-partum women
- **CRAFFT**: Car, Relax, Alone, Forget, Family or Friends, Trouble (adolescents)
Starting the Conversation

• Open the line of communication
  • I know everyone is focused on the baby, but I want to hear about you.
  • I know/I have heard sleep deprivation after having a baby can be extremely difficult, how are you sleeping/coping with that?
  • Having a new baby can be overwhelming. Tell me how you are feeling.
  • I have known women who have experienced a mental health complication after having a baby, so I like to talk to all new parents about that. How are you coping with being a new mom/dad/parent?

• Listen!
Behavioral Health Screening Tools

- **ANRQ**: Antenatal Risk Questionnaire
- **EPDS**: Edinburgh Postnatal Depression Scale
- **PHQ-2 & PHQ-9**: Patient Health Questionnaire
- **PASS**: Perinatal Anxiety Screening Scale
- **GAD-7**: General Anxiety Disorder 7 Item
- **MDQ**: Mood Disorder Questionnaire
PMAD Screening Recommendations
Brief Intervention

- **Screening**
  - Pre-screen/ Annual Screen - universal
  - Full Screen - selected

- **Brief Intervention**
  - Help patients understand their substance use/possible health impact, motivate behavior change

- **Referral to Treatment**
  - Help patients showing signs of substance use disorder to access specialty care
The Spirit of Motivational Interviewing

Helping someone to find Motivation to make a Change that is really, really, really hard
Referral to Treatment

- Help patients showing signs of a substance use disorder to access specialty care
5 Protective Factors

• Consider the Protective Factors in making referrals
  • Parental Resilience
  • Social Connections
  • Knowledge of Parenting and Child Development
  • Concrete Support in Times of Need
  • Social and Emotional Competence of Children
Components of Care

Medical

Social Support

Mother Infant Attachment

Therapeutic
A Strong Referral to an Appropriate Treatment Provider Is Key!

Often utilizes a WARM HANDOFF
Support Staff to become MAT providers

Medically Assisted Treatment for Opioids

https://www.youtube.com/watch?v=tMusvDyoIRI
IRIS enables service providers in a community to make, receive, and track referrals.

- **CUSTOMIZE**: Communities tailor their own common intake forms.
- **MOBILIZE**: Providers log into the web application—either at their desk or in the field—to initiate referrals to community partners.
- **COORDINATE**: As referrals are rejected, accepted, and completed, the referring organization is kept in the loop every step of the way.
- **MONITOR**: IRIS dashboards provide at-a-glance access to your organization's and community's referral data.

Considerations for practice

• Protocols
• Scheduling
• Staffing
• Training
• Implementation Support
• Policies
• Reporting with Special Populations (pregnant/adolescent)
• OUTCOME Measures!
Expanding Treatment to include Behavioral Health

- Know your Local Resources
- Know the digital resources (Apps, online support groups)
- Work with Community Partners to bridge the gaps
- Work with staff to receive additional training
- Work with staff to receive additional licensure
- Utilize technology to assist in delivering SBIRT services (screens, assessments, interventions)

Hope and Wellness Resources & Build Your Village, 2019
Hang Posters up in Treatment Rooms and Lobby and have Handouts available...

These can help to indicate it is “OK” to talk about these things here
Maternal Mental Health Coalition

- Maternal Mental Health Coalition
- Blue Dot Project

Maternal Mental Health week is April 29th – May 4th, 2019

You are not alone.

1 in 7 Mothers
experience depression or anxiety
during pregnancy or postpartum

Call your healthcare provider.
Contact us for support and resources.
1-800-944-4PPD
www.postpartum.net

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Apps can Help Extend the Reach of treatment!
Apps and Online Access for Professional and Families

- LactMed @ NIH
- Track today for a better tomorrow
- Virtual Hope Box
- Weekly Online Support Meetings

Hope and Wellness Resources & Build Your Village, 2019
Words Become our World

Think about NOT saying...

• Sally’s UA is dirty
• “Another junkie in room 5”
• She is an old addict
• She keeps screwing up
• You are never going to change

Use This INSTEAD...

• UA was positive for X substance
• She has a Substance Use Disorder and needs help
• She is a person in sustained recovery from opioids
• She had a slip or a relapse
• There is always HOPE that people can change

(It doesn’t guarantee they will and sometimes it is not on our timeframe)
Next steps

• What are the current screening practices where you are?

• What are barriers to screening?

• What are barriers in referring and treating women in your community?

• What is working? What are you or your agency doing to help integrate or improve behavioral health into your service delivery?
Screening

You can’t tell by looking

A striking characteristic of postpartum depression is how covertly it is suffered.

~Cheryl Tatano Beck, 2002
You never know when you might plant a seed
• Medication Use in Pregnancy and Lactation
  • LactMed- NIH Toxnet database (phone app available)
  • Mother to Baby: 866-626-6847 www.mothertobaby.org
  • Infant Risk Center: 806-352-2519 www.infantrisk.com (phone app available)
  • PSI Perinatal Psychiatric Consult Line 1-800-944-4773, ext 4

• General PMAD info:
  • Mass General Women’s Health www.womensmentalhealth.org
  • Postpartum Support International www.postpartum.net
  • Massachusetts Child Psychiatry Access Program (MCPAP)
  • The Marcé Society www.marcesociety.com
Resources

Postpartum Support International
www.postpartum.net

Build your Village of DgCo
www.buildyourvillagekansas.com

Perinatal Mental Health Alliance for Women of Color
www.pmhawoc.org

PSI Kansas Resource List
Resources

- SAMHSA SBIRT
  - https://www.samhsa.gov/sbirt

- IRETA Online Training and Toolkit and Webinars
  - https://ireta.org/resources/sbirt-101/
  - https://ireta.org/resources/sbirt-toolkit/
  - https://ireta.org/?sfid=243&_sft_resource_type=webinar

- SBIRT Oregon
  - https://www.sbirtoregon.org/

- On-line Training and other Resources-UMKC SBIRT
  - http://www.sbirt.care/
Great Resource
• SAMHSA’s State Targeted Response Technical Assistance (STR-TA) Consortium assists STR grantees and other organizations, by providing the resources and technical assistance needed to address the opioid crisis.

• Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

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Contact the STR-TA Consortium

• To ask questions or submit a technical assistance request:

• Visit www.getSTR-TA.org
• Email str-ta@aaap.org
• Call 401-270-5900
Thank you for your Valuable Time Today!

FOR ADDITIONAL INFORMATION OR TRAINING, CONTACT US:

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References

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