

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

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# Objectives

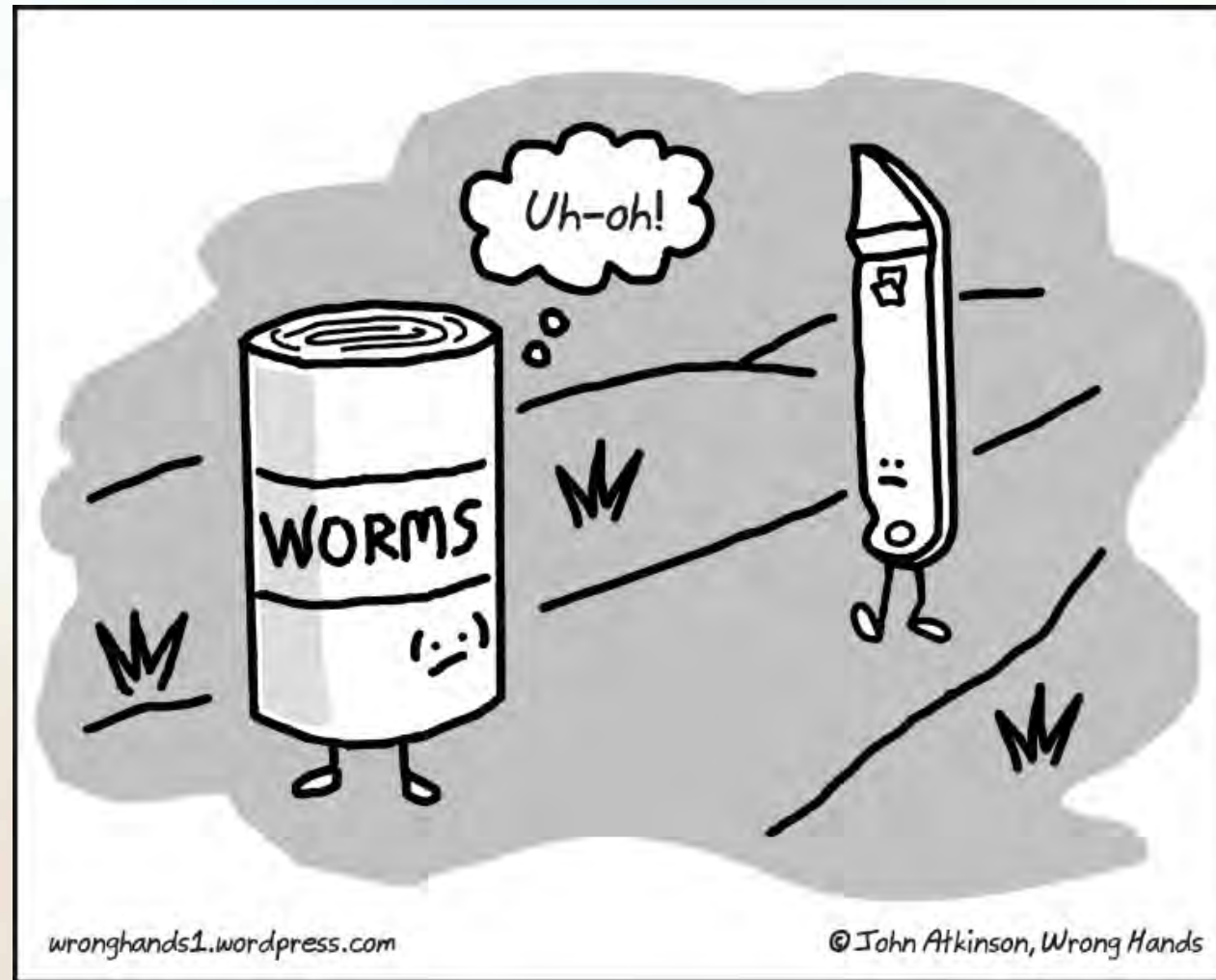
- Explain the purpose and use the EPDS and other behavioral health screening instruments.
- Describe the prevalence and the types of perinatal mood and anxiety disorders.
- Identify the role of healthcare providers in identification and treatment of perinatal mood and anxiety disorders.
- Be able to 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??

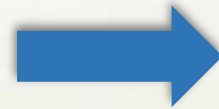
60% of women  
with depressive  
symptoms go  
undiagnosed



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

# Opioid Epidemic in Kansas

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.”

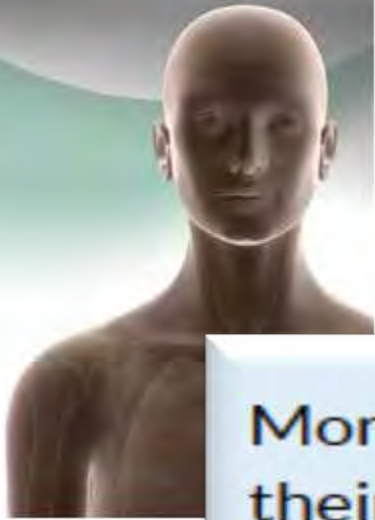
CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at <http://wonder.cdc.gov>.

**2017**

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

CDC-Understanding the Epidemic.  
<https://www.cdc.gov/drugoverdose/epidemic/index.html>

**Vital**<sup>CDC</sup>signs™



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

## S creening

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

## B rief I ntervention

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

## R eferral to T reatment

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

# Low-Risk Drinking Guidelines

National Institutes of Health



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

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

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

<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.

**"The best advice is to stop drinking alcohol when you start trying to get pregnant."**



**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](http://www.findtreatment.samhsa.gov)
- Consider referral to treatment or recommend Alcoholics Anonymous. [www.aa.org](http://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](http://www.cdc.gov/ncbddd/fasd/alcohol-screening.html).

SOURCE: Adapted from American College of Obstetricians and Gynecologists. [www.acog.org/alcohol](http://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.

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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)

	None	1 or more
<b>MEN:</b> How many times in the past year have you had 5 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>
<b>WOMEN:</b> How many times in the past year have you had 4 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>

**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).


	None	1 or more
How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?	<input type="radio"/>	<input type="radio"/>



# 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

## S creening

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

## B rief I ntervention

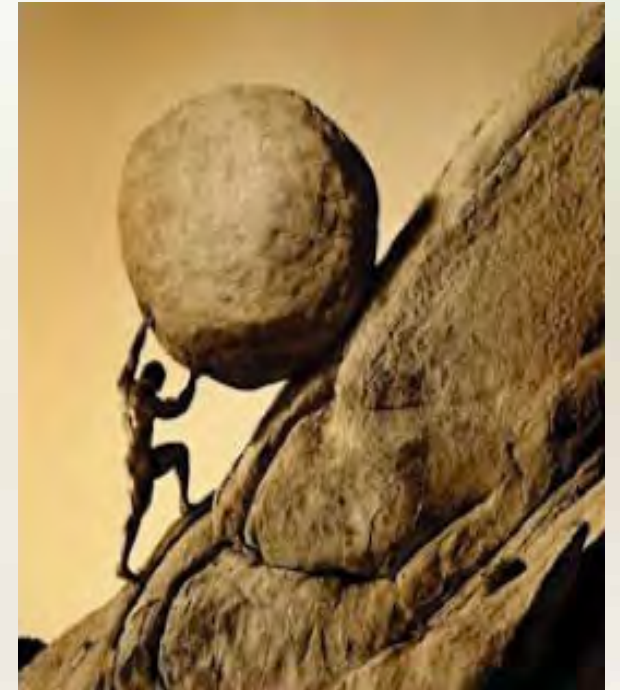
- Help patients understand their substance use/possible health impact, motivate behavior change

## R eferral to T reatment

- 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



## Referral to Treatment

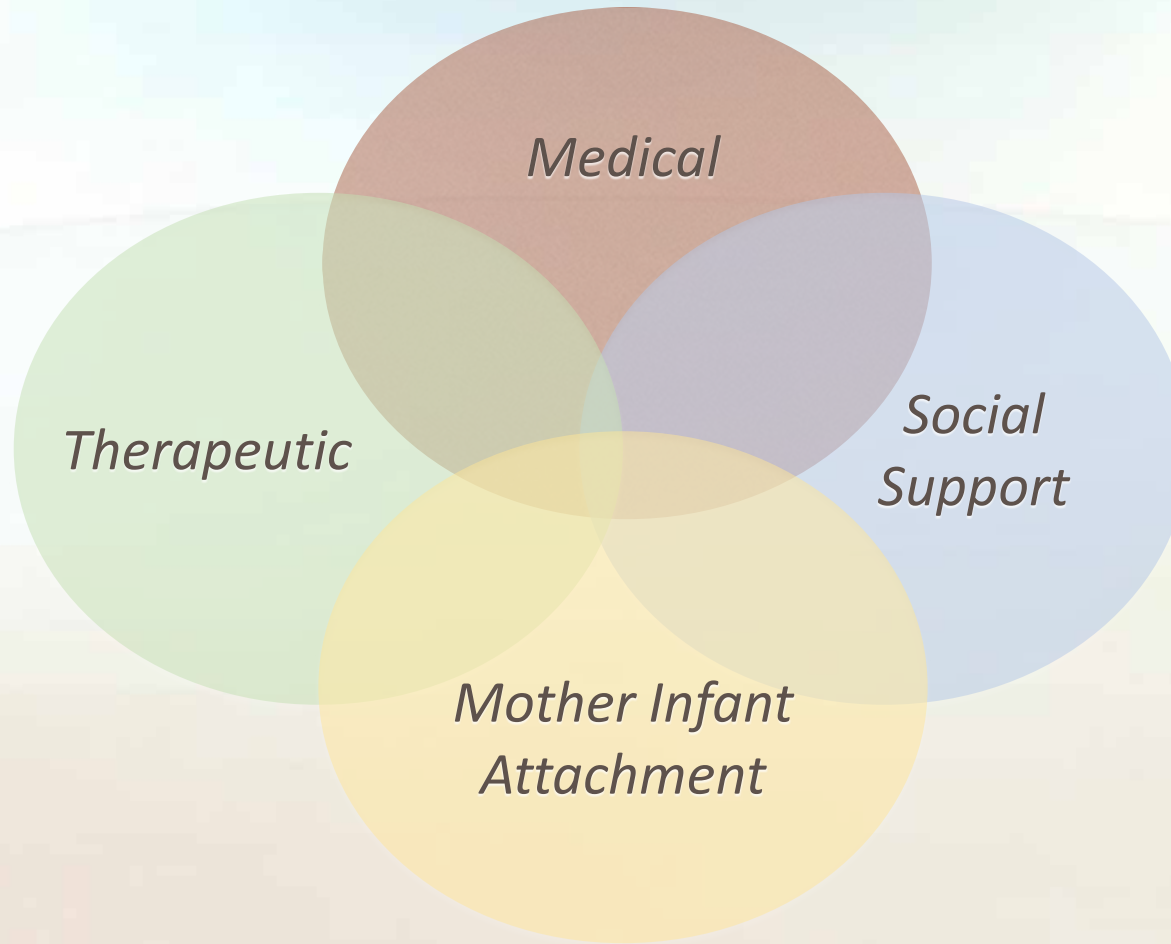
- Help patients showing signs of a substance use disorder to access specialty care

# 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





**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

<http://connectwithiris.org/>



HOME ABOUT  OUR TEAM CONTACT 

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, on-line 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)



Hang Posters up in Treatment Rooms and Lobby  
and have Handouts available...

SAMHSA  
Has FREE  
Posters




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  
29<sup>th</sup> – May 4<sup>th</sup>,  
2019




You are not alone.

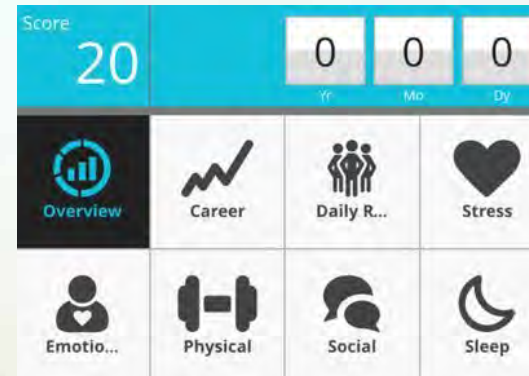
**1 in 7 Mothers**  
experience depression or anxiety  
during pregnancy or postpartum

*exhaustion, appetite or sleep disturbances, mood swings, anxiety, feeling overwhelmed*

Call your healthcare provider and  
Contact us for support and resources  
**1-800-944-4PPD**  
[www.postpartum.net](http://www.postpartum.net)



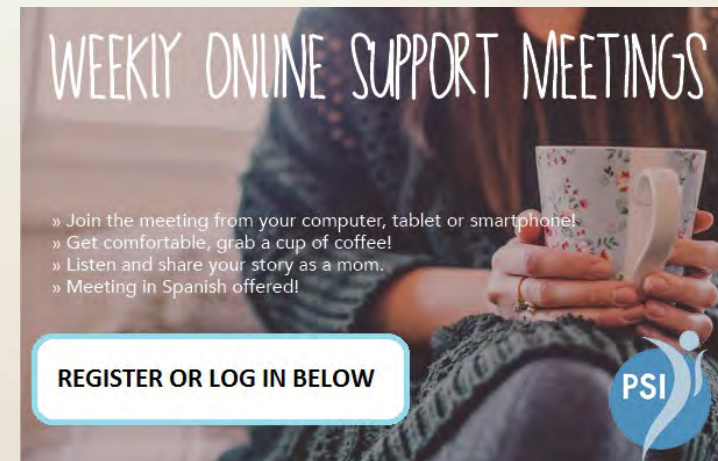




Apps can  
Help  
Extend the  
Reach of  
treatment!



# Apps and Online Access for Professional and Families



# 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





A close-up photograph of a person's hand watering a small green seedling. The hand is positioned above the plant, with water dripping from the fingers. The seedling is growing out of a mound of dark brown soil. The background is a soft, out-of-focus green. The text "You never know when you might plant a seed" is overlaid in the center of the image.

You never know when you  
might plant a seed



# Professional resources

- Medication Use in Pregnancy and Lactation
  - LactMed- NIH Toxnet database (phone app available)
  - Mother to Baby: 866-626-6847 [www.mohtertobaby.org](http://www.mohtertobaby.org)
  - Infant Risk Center: 806-352-2519 [www.infantrisk.com](http://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](http://www.womensmentalhealth.org)
  - Postpartum Support International [www.postpartum.net](http://www.postpartum.net)
  - Massachusetts Child Psychiatry Access Program (MCPAP)
  - The Marcé Society [www.marcesociety.com](http://www.marcesociety.com)



POSTPARTUM SUPPORT  
INTERNATIONAL

# Resources

Postpartum Support International  
[www.postpartum.net](http://www.postpartum.net)

Build your Village of DgCo  
[www.buildyourvillagekansas.com](http://www.buildyourvillagekansas.com)

Perinatal Mental Health Alliance for Women of Color  
[www.pmhawoc.org](http://www.pmhawoc.org)

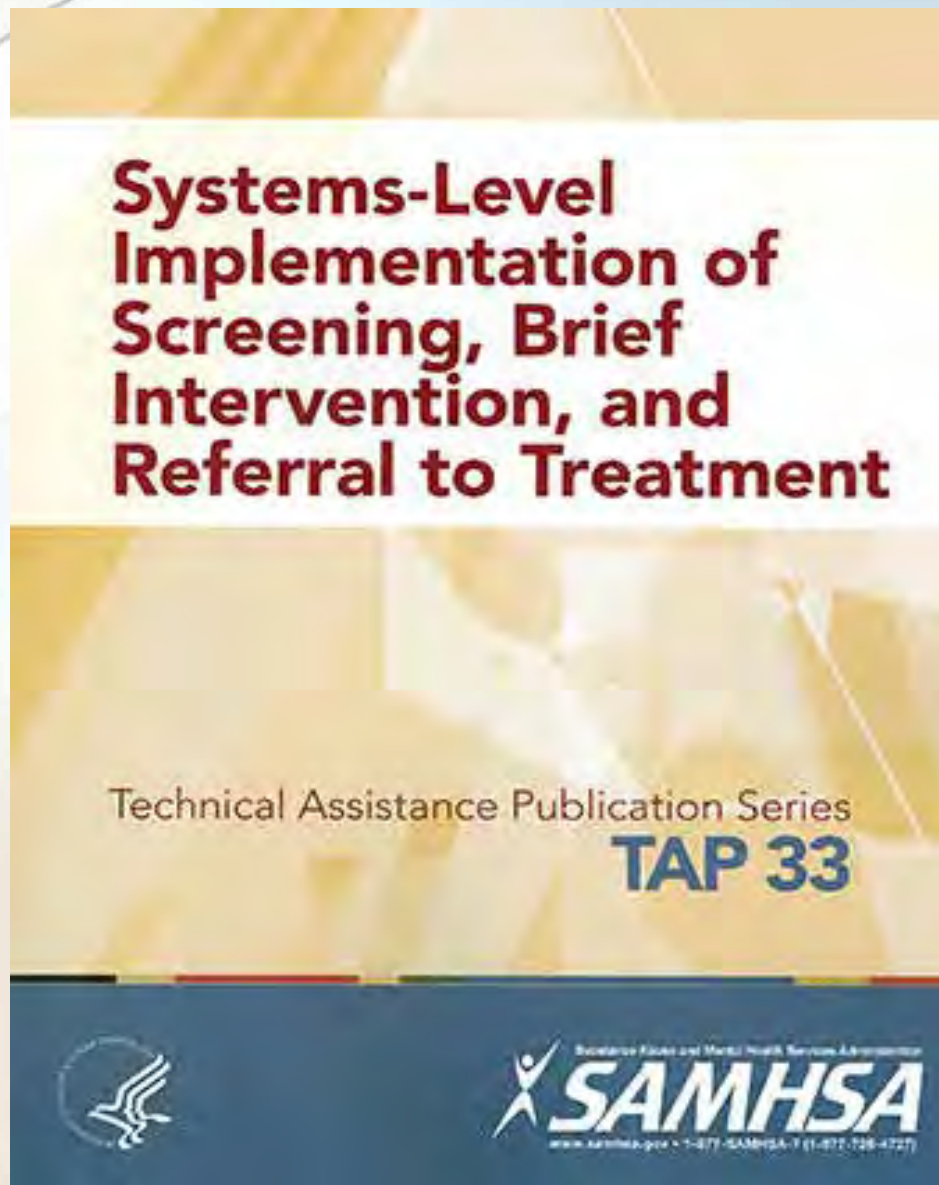
PSI Kansas Resource List



# 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!



Opioid  
Response  
Network  
STR-TA

# Working with communities to address the opioid crisis.

- 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.

Funding for this initiative was made possible (in part) by grant no. 1H79TI080816-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



# Contact the STR-TA Consortium



- To ask questions or submit a technical assistance request:
  - Visit [www.getSTR-TA.org](http://www.getSTR-TA.org)
  - Email [str-ta@aaap.org](mailto:str-ta@aaap.org)
  - Call 401-270-5900



# Q & A



**Thank you for your  
Valuable Time  
Today!**

**FOR ADDITIONAL INFORMATION OR TRAINING, CONTACT US:**

**Christina Boyd [strengths4u@msn.com](mailto:strengths4u@msn.com)**

**970-567-2722**

**Melissa Hoffman [mej0306@gmail.com](mailto:mej0306@gmail.com)**

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- Learn how to do alcohol screening and counseling at [www.cdc.gov/ncbddd/fasd/alcohol-screening.html](http://www.cdc.gov/ncbddd/fasd/alcohol-screening.html).  
SOURCE: Adapted from American College of Obstetricians and Gynecologists. [www.acog.org/alcohol](http://www.acog.org/alcohol)
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