Edinburgh Postnatal Depression Scale (EPDS) Referral Pathway

This statewide referral pathway has been prepared to promote and facilitate consistency of practice. Health practitioners are expected to review specific details of each patient and professionally assess the applicability of the referral pathway to that clinical situation. Screening tools are a guide only and does not replace clinical judgement. For Culturally and Linguistically Diverse (CaLD) caregivers use translated versions of EPDS or use a translator. An adapted version of the EPDS for Aboriginal and Torres Strait Islander women may be culturally more appropriate. See the Kimberley Mum's Mood Scale

When to administer the EPDS

The EPDS should be adminstered early in pregnancy, at least once later in pregnancy, in the first 6- 12 weeks following birth and at any time in the antenatal or postnatal period clinically indicated.

Knowing Your Local Pathways

It is essential that all health professionals working with families during the perinatal period are aware of the various referral pathways available in their local area. It is particularly important to be aware of the different referral pathways needed, based on the severity and complexity of the mental health issues present, the level of risk to the mother and/or her infant, as well as any other family and environmental issues that may be present.

Regardless of the score, continue to monitor emotional wellbeing at all visits assessing mental health symptoms, coping mechanisms, family support and social networks as well as the need for referral to any other services.

For a comprehensive list of possible resources and programs to refer to please refer to the Perinatal and Infant Mental Health Promotion and Prevention Plan

Question 10 (Risk of self-harm or suicide)

A positive response to question 10 indicates that further assessment is required regardless of the total score. It is important to assess the safety of the mother and baby. The use of the Risk Assessment Protocol Summary - Appendix A, is a helpful framework to follow to assess risk.

Non birthing parent

Based on current literature, the consensus- based recommendation is to offer non-birthing parents mental health screening (such as the EPDS) during the perinatal period. If administering the EPDS to non-birthing parents use a lower cut off score of 10 or more and consider the response to each individual question.

https://www.cope.org.au/wp-content/uploads/2023/06/COPE_2023_Perinatal_Mental_Health_Practice_Guideline.pdf p22

Significant change in EPDS score from previous questionnaires.

If a client has a significant change in their EPDS score from previous questionnaires, it is worth exploring further. Even if they are still within the low to moderate risk categories. Use clinical judgement to explore mood, energy level and attachment to their infant. Ask the person if there is anything that has caused the significant change in score and what support can be put into place to ensure the person doesn't continue to have a worsening of risk factors. Repeat EPDS in 2-4 weeks

EPDS Referral Pathway

Score	Actions	Possible Referral Pathway
Green Pathway EPDS score 0-9 (Low Risk)	Check for clinical symptoms not reflected in score and no evidence of wellbeing concerns and no significant attachment issues. Check literacy/understanding. A score of 0 is unusual. May require further exploration in case symptoms are being masked. Encourage the client to return if things change.	**Universal advice and guidance** No formal referral required. Share appropriate mental health and wellbeing resources/programs to optimise mental wellbeing. Promote activities that promote connection- Playgroup, mothers' groups, rhyme time at local library, toy library. For a comprehensive list of known available resources and programs refer to the Perinatal and Infant Mental Health Promotion and Prevention Plan 2023-2027 P21
Yellow pathway **EPDS score 10-12 (Moderate Risk)**	Discuss and explore any high score items. Offer ongoing appointments to support and monitor. Repeat EPDS in 2-4 weeks. Explore options/strategies for support	**Assist and monitor** Write letter to GP informing of EPDS score and plan. Liaise child health nurse. Promote additional support options to the mother Liaise with psychological services as needed. Promote resources available through perinatal mental health organisations such as PANDA, NGALA, COPE, For When and Gidget Provide same advice and guidance as per the GREEN pathway

Score	Actions	Possible Referral Pathway
Amber pathway **No identified risk to mother or baby** **EPDS score 13-30 (High Risk)**	Scores within this range indicate the presence of symptoms of distress that are impacting daily functioning and ability to cope. Discuss and explore any high scoring items. Is there a need for crisis intervention? Set up emergency supports as needed. Offer ongoing appointments to support and monitor.	**Specialist Mental Health Support** Liaise with partner, family and or friend to organise support. Written mental health referral to appropriate service: • GP • Mother & Baby Unit (KEMH & FSH) • Health Service where women delivered. • Private psychological/ psychiatrist referral Encourage options as per green and yellow pathway to promote further supports and information
Red Pathway **Acute risk** **Any client who scores a positive score on Q. 10 of the EPDS or clinical assessment that identifies immediate safety concern for mother/parent or baby**	Express your concerns. Use a risk assessment tool to assist your assessment such as that provided in Appendix A or one used by your organisation. Assessment of the mothers'/parents' current thoughts and plans needs to be discussed to ensure they are safe to leave. Aim to keep the mother/parent and baby safe. Stay with the mother/parent until formal advice and guidance has been provided or care for the person has been handed over. Document all actions. Arrange debrief for self.	**Acute support- Urgent referral to psychiatric services** Based on risk assessment decide which service is most important.Options to ring include: GP St John Ambulance Mental Health Emergency Response Line- Perth metro 1300 555 788 or Peel 1800 676 822 Rural link – Mental Health phone line 1800 552 002 Other helplines Local Mental health service Nearest emergency department Liaise with partner, family or friend to organise support. Develop a clear support plan and time to check in with the client to see how they are going

Appendix A: Risk Assessment

A positive score on Q10 of EPDS or any disclosure relating to self harm or suicidal ideation

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Ask about suicidal thought, planning, lethality and means

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Suicidal thoughts: "What exactly have you been thinking? How often? How compelling or powerful are these thoughts? Is it worse than previously? What triggers these thoughts?"

Planning-:"What have you been thinking you might do?" Press for plan details

Lethality: Is the specific method likely to be lethal?

Means: "Have you been thinking about how you might do it? Do you have the means to carry out your plan using this method?"

Intention: "How likely do you think you are to follow through and act on your thoughts or plan? What stops you?"

Protective factors: " Sounds like you've been feeling pretty awful, what's kept you going?"

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Consider baby safety and ask about thoughts of harm towards the baby

Questions to assess risk to the Infant:

"Have you had thoughts of harming your baby?"

"Have you felt irritated by your baby?"

"Have you had significant regrets about having this baby?"

"Does the baby feel like it's not yours at times?"

"Have you wanted to shake or slap your baby?"

"Have you ever harmed your baby?

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Based on the information obtained and your clinical judgement assess the level of risk and monitor or refer as appropriate

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Document in notes

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Monitor and provide support in future consultations as appropriate.

Low Risk	Medium Risk	High Risk
Some vague suicidal thoughts or thoughts about death Denies suicidal intention No plan. No recent attempts Quite connected Mild depression No psychotic symptoms Feels hopeful No-Mild anger/hostility	Frequent suicidal thoughts Some intention Rough plan and potential access to means Some connectedness Moderate depression Some psychotic symptoms Some feelings of hopelessness Moderate anger/hostility	Continual/specific thoughts Clear intention Specific plan and access to means. Can't guarantee safety Severe depression Voicing thoughts of helplessness, hopelessness, and guilt. Psychotic symptoms, hallucinations or delusions Severe anger/hostility
Actions	**Actions**	**Actions**
Develop a safety and management plan including GP and partner. Provide support numbers: Lifeline - 13 11 14 Panda - 1300 72 306 ForWhen (for new and expecting parents) 1300 242 322, Mon-Fri, 9 am-4.30 pm	Consult with senior colleague if possible If in doubt telephone local community mental health team Develop a safety contract and management plan including GP and partner Arrange for a support person to pick up the client and discuss the plan with this support person Ensure support person and client has numbers for: **Lifeline**- 131114 **Mental Health Emergency Response line** – 1300 555 788 (Perth) 1800 676 822 (Peel) **Rurallink** (afterhours mental health crisis for rural and regional WA. 4:40pm-8:30am weekdays, 24hrs on weekends and public holidays - 1800 552 002	Consult with senior colleague if possible If you require extra support or guidance, call the Mental Health Emergency Response line – 1300 555 788 (Perth) 1800 676 822 (Peel) Arrange to take the client to the Emergency Department (ED) Telephone significant other and asl them to attend ED Essure care for children of the client Arrange follow up and inform GP If continuing to see the client develop a safety and management plan and request permission to discuss this with other health professionals involved. Regular risk assessment

Full Risk Assessment Protocol - PIRI - Parent-Infant Research Institute

perinatalmentalhealthmanual.PDF (education.vic.gov.au)

This document can be made available in alternative formats on request.