

START DEPRESSION ALGORITHM
Prepared: 4 March, 2012 version 1.1

Purpose: To provide guidance to staff regarding acceptable procedures when speaking to a participant who is depressed, at risk of suicide or potentially at risk of suicide.

Scope: This algorithm applies to all communication with at risk participants conducted for the START study.

IDENTIFICATION OF DEPRESSION

In the course of completing the CRF or follow-up telephone calls, there may be a concern that a START mother is depressed. A score of 20 or higher on the K-10 suggests some psychological distress.

The following symptoms for more than two weeks may also suggest depression:

- Does not feel herself
- Is sad and tearful
- Feels exhausted, but unable to sleep
- Has changes in eating or sleeping patterns
- Feels overwhelmed and unable to concentrate
- Has no interest or pleasure in activities she used to enjoy
- Feels hopeless, frustrated, restless, irritable or angry
- Feels extremely high or full of energy
- Feels anxious-she may feel this as aches, chest pain, shortness of breath, numbness, tingling or a lump in the throat
- Feels guilty, ashamed, or thinks she is not a good mother
- Is not bonding with the baby or is afraid to be with her baby

****If depression is identified or suspected proceed to safety screening****

SAFETY SCREENING

Definitions:

1. Suicide attempt – a potentially self-injurious behavior, with at least some intent to die as a result or if intent can be inferred, e.g. if it is clearly not an accident or the individual thinks the act could be lethal, even though denying intent.
2. Suicidal ideation – thoughts of engaging in suicidal behavior
3. Suicidal behavior – a spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts, and completed suicide
4. Suicidality – a term that encompasses suicidal thoughts, ideation, plans, suicide attempts, and completed suicide

STEP 1

If you have reason to believe a participant may be suicidal:

- (1) Take it seriously and address the issue
- (2) Ask clearly, calmly and directly if the participant has had thoughts of wishing she wasn't alive or of taking her life

If the participant acknowledges having suicidal thoughts, ask her if she has a plan to kill herself:

If YES (has a plan):

ACTION:

- (1) Identify and validate the participant's feelings
- (2) Enquire if she has means to carry out the plan and obtain as much information as you can (for example, has pills, where the pills are and when she is planning to take them)
- (3) If participant has means, ask if she/her can agree to put the means in another room while you talk with her
- (4) Tell the participant "Because of what you have told me and because I am concerned for you, I am required to take further action." Tell the mother you will be contacting COAST Peel, a crisis support team. She should not be left alone or left with the baby.
- (5) Immediately contact COAST Peel 905-278-9036 or 911 (if out of catchment or COAST cannot respond). Identify yourself as a research assistant with the START study and relay as much information as you have and ask them to perform a home visit.

If NO (no plan):

ACTION:

- (1) Identify and validate the participant's feelings
- (2) Tell the mother you are very concerned for her safety
- (2) Ask the mother if she would like you to call COAST so that a crisis support team can visit her home or if she will go to the nearest emergency room for help.
- (3) If the mother refuses to have COAST contacted or go to the ER and you have NO ACUTE CONCERNS, ask her to call her family physician to make an appointment as soon as possible and inform her you will contact her family physician as well. Follow-up with family physician's office ASAP.
- (4) Refer her to other services (listed below) including providing information on COAST and the suicide line 905 459 7777

If you have ANY acute concerns, call COAST or 911 even if she refuses this service

STEP 2

Ask the mother if she ever has repeated scary thoughts about the baby, or thoughts about harming the baby.

If YES:

ACTION: Notify the mother you have concerns about her safety and the safety of her baby and will be contacting COAST Peel. She should not be left alone or left alone with the baby. Immediately contact COAST Peel 905-278-9036 or 911 if out of catchment and provide the mother's location and details about your concerns so they can perform a home visit.

On very rare occasions, mothers will suffer from **Postpartum Psychosis**. This is a serious illness with risks to the mother and the baby. If a mother:

- Has thoughts of harming herself or the baby
- Hears or sees things that are not there
- Believes people or things are going to harm her or the baby
- Feels confused or out of touch with reality

ACTION: Notify the mother you have concerns about her safety and the safety of her baby and will be contacting COAST Peel. She should not be left alone or left alone with the baby. Immediately contact COAST Peel 905-278-9036 or 911 if out of catchment and provide the mother's location and details about your concerns so they can perform a home visit.

If there is NO history of SUICIDAL IDEATION and you have NO acute safety concerns, but feel a mother may be depressed

ACTION:

- (1) Ask the mother if she would like you to call COAST so that a mental health team can visit her home and offer her support and assessment – If she agrees, contact COAST.
- (2) If she declines, and you do not have acute safety concerns, ask the mother to call her family physician to make an appointment as soon as possible and inform her you will contact her family physician as well. Follow-up with family physician's office ASAP.
- (3) Inform her she can go to the emergency room at any time or call COAST to seek help
- (4) Provide information on resources listed below including COAST Peel, crisis lines, peel postpartum support line and counseling services.

After any contact with COAST or a depressed mother, contact their family physician's office to update them and request they follow-up with the mother ASAP

If you have concerns about the safety of a child, contact Peel Children's Aid 905-363-6131

RESOURCES:

(1) Crisis Services

****Crisis Services Distress Centre Peel (COAST)** 24-hour crisis support services provided in a variety of languages 905-278-7208. Their office number is [905 453 2121 x3623](tel:9054532121)

Spectra Community Support Services (formerly Telecare Distress Centre) 24-hour crisis support provided in English,Hindi,Urdu,Punjabi,Spanish and Portuguese 905-459-7777 or for Caledon 905-584-7770

Peel Crisis Services (Mobile Crisis of Peel) 905-278-9036 or 1-888-811-2222 (Caledon)

Trillium Hospital Crisis team 905-848-7495

Credit Valley Hospital crisis team_905-813-2200 ask crisis worker be paged

William Osler Brampton Civic Hospital crisis team_ 905-494-2120 dial 0 and ask for crisis team

William Osler Etobicoke Campus_416-494-2120 dial 0 and ask for crisis team

Suicide prevention crisis line (Spectra in Brampton): [905 459 7777](tel:9054597777). They also have a multi-lingual option Hindi, Urdu and Punjabi are ext 2

(2) Medical/Clinical Services

Credit Valley Hospital Women's Reproductive Mental Health Program

Program is offered by an inter-professional team including a Psychiatrist, Psychologist, Mental Health RN, Social worker and Maternal Child Health Promotion RN. Referral Criteria:Physician referral required, client resides within Mississauga/Halton LHIN or delivered at one of the hospitals within the Mississauga/Halton LHIN or physician has privileges at CVH. Services include: assessments, medication consultations, individual therapy, postpartum support groups, partner education workshops and bereavement counseling. **905-813-1550 Referrals: 905-813-4502 (Fax)**

Trillium Health Centre Mental Health Clinic Referral Criteria: Catchment area of Trillium Health Centre, physician referral Require a primary diagnosis of a Mood Disorder 151 City Centre Drive, Mississauga (416) 521-4006 **Services provided:** Cognitive Behavioural Therapy and Interpersonal Therapy. Multidisciplinary team including psychiatrists, psychologists, nurses, social workers, occupational therapists.

Brampton Civic Hospital

Referral Criteria: Physician referral

Mental Health Clinic Urgent Care Clinic - must be referred by physicians associated with William Osler Health Centre 905-494-2120

Etobicoke General Hospital – Mental Health Urgent Care Clinic 905-494-2120

(3) PMD Support Groups and Services

Peel postpartum support line **905-459-8441 From Caledon: 289-298-5468**

The support line is staffed by trained volunteers who can provide caring, emotional support to women and their families during the prenatal and postpartum period. Outbound support calls can be provided for those who need ongoing support. Self refer or service providers can refer with consent.

Public Health Nurse call Region of Peel, Public Health **905-799-7700** Monday to Friday between 8:30 a.m.- 4:30 p.m. Caledon residents call free of charge at 905-584-2216. You can also e-mail peelhealth@peelregion.ca Outside of these hours, contact Telehealth Ontario at **1-866-797-0000**.

Mississauga Parent Child Resource Centres/Mississauga South Ontario Early Years Centre 1801 Lakeshore Rd West, Mississauga (905) 822-1114

Mississauga Parent Child Resource Centres/Mississauga West Ontario Early Years Centre 6677 Meadowvale Town Centre Circle, Mississauga 905-567-4156 **Caledon Parent-Child Centre /Ontario Early Years Centre** 150 Queen Street South, Bolton 905-857-0107 **Mississauga East Ontario Early Years Centre/Dixie Bloor Neighbourhood Resource Centre** Tomken South Senior Public School 3160 Tomken Road, Mississauga 905-276-6392 **Brampton Parent-Child Resource Centres/Malton Neighbourhood Services/Bramalea Civic Centre OEYC** 150 Central Park Drive Unit 101, Brampton 905-495-3430 ****New location as of September 1, 2011**** Moms Supporting Moms (Peer Support Postpartum Group) Ontario Early Years Centre 180 Sandalwood Parkway East, Unit 8C Brampton, Ontario L6Z 4N2 905.495.3430 **Parents Voice on Adoption-Raising Children Birth to 6 years of age** Adoption support group meets monthly. Participants share and hear from other adoptive families. Meetings are held at the Ontario Early Years Centre located at #105-57 Mill Street North, Brampton. To register call Noreen 905-452-1973 ext. 1047 **Information Lines/Websites Peel Postpartum Family Support Line_ 905-459-8441 Region of Peel-Public Health_ 905-799-7700**

Telehealth 1-866-797-0000

Motherisk 416-813-6780 (consultation on medication safety during pregnancy and breastfeeding)

Canadian Mental Health Association_905-451-2123 (Peel Branch)

Centre for Addiction and Mental Health Provides clinical care, research, education and health promotion **Life with New Baby_** Information and resources for professionals and families **Pacific Postpartum Support Society_**(based in BC Canada) non-profit society dedicated to supporting the needs of distressed postpartum mothers and their families

Postpartum Support International_U.S.-based foundation providing support to families.

Trauma and Birth Stress information and support to mothers and families regarding Post Traumatic Stress Disorder after childbirth

MedEd PPD professional education, peer-reviewed Web site developed with the support of the National Institute of Mental Health

Child Development Resource Connection Peel (CDRCP): 905-890-9432 Provides information & resources about licensed child care, infant and child development programs, services for special needs children, mental health services and counselling. A 'Lending Library' is on site.

Justplaydates is a free, self directed site so you host the type of playdates you want to enjoy. You can search for other members up to a 20km radius from your home and connect safely. **Support for partners and families**

Postpartum Dads: Provides information and support to fathers whose partners are experiencing PMD **Postpartum Men:** Provides information and support to fathers who are experiencing postpartum depression. **FAME** Brampton: 905-488-7716 Mississauga: 905-276-8316 Offering support to families where any mental illness is an issue by providing education, resources and coping strategies.

Support Services Healthy Babies Healthy Children Program 905-799-7700 Home visits by a Public Health Nurse to provide information, referral, and support for parents of children 0-6 years of age. **Valley Infant-Parent Program** Therapeutic program supporting parent-infant attachment operated by Children's Services and Peel Children's Centre. **Peel Children's Aid** 905-363-6131 To report concerns about a child **Punjabi Community Health Services** (905) 790-0808 Serves the Peel community through community development, culturally appropriate service delivery, partnership with other organizations, research and asset inventories.

(4) Counselling

Family Services of Peel 905-453-5775 Provide individual or family counselling offered on a fee for service

Catholic Family Services of Peel 905-450-1608 (Brampton/Bolton) 905-897-1644 (Mississauga) Walk-in counselling clinic. No appointment necessary, childminding available in Brampton/Mississauga. Call for languages offered at each location. Fees determined on sliding scale.

India Rainbow Community Services of Peel 905-275-2369 Programs include crisis intervention, support and guidance to abused women, information and access to eligible government benefits, referrals to shelters and support groups and empowerment workshops.

Ontario Association of Social Workers 416-972-9882 toll free 1-877-828-9380 Online directory to locate a private practice social worker *Employee Assistance programs can provide referral to counselling services. Faith-based counselling service is often available through a faith group.*

Some information for this algorithm was obtained from the Peel Postpartum Mood Disorder Program Website

<http://www.pmdinpeel.ca/Page.asp?IdPage=8766&WebAddress=ppmd>

When talking to a suicidal person

Do:

- Be yourself. Let the person know you care, that he/she is not alone. The right words are often unimportant. If you are concerned, your voice and manner will show it.
- Listen. Let the suicidal person unload despair, ventilate anger. No matter how negative the conversation seems, the fact that it exists is a positive sign.
- Be sympathetic, non-judgmental, patient, calm, accepting. Your friend or family member is doing the right thing by talking about his/her feelings.
- Offer hope. Reassure the person that help is available and that the suicidal feelings are temporary. Let the person know that his or her life is important to you.
- If the person says things like, "I'm so depressed, I can't go on," ask the question: "Are you having thoughts of suicide?" You are not putting ideas in their head, you are showing that you are concerned, that you take them seriously, and that it's OK for them to share their pain with you.

But don't:

- Argue with the suicidal person. Avoid saying things like: "You have so much to live for," "Your suicide will hurt your family," or "Look on the bright side."
- Act shocked, lecture on the value of life, or say that suicide is wrong.
- Promise confidentiality. Refuse to be sworn to secrecy. A life is at stake and you may need to speak to a mental health professional in order to keep the suicidal person safe. If you promise to keep your discussions secret, you may have to break your word.
- Offer ways to fix their problems, or give advice, or make them feel like they have to justify their suicidal feelings. It is not about how bad the problem is, but how badly it's hurting your friend or loved one.
- Blame yourself. You can't "fix" someone's depression. Your loved one's happiness, or lack thereof, is not your responsibility.

Adapted from: *Metanoia.org*