

# Rethinking Maternal Mental Health Screening: Is There a Better Approach?

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# Overview

- SBIRT Screening in Primary Care, Pediatrics, & OB-GYN
- Beyond SBIRT- other screening
- Screening in the perinatal period
- Importance of maternal mental health screening
- Should we be doing it differently?



# S-BIRT

(Screening, Brief Intervention, Referral and Brief Therapy)

## Historical Overview

- Began as a partnership between SCF and CITC in 2004
- 1 of 7 grants in the nation
- CITC and SCF were only Tribal organizations
- Goal of providing access and links to treatment services



# S-BIRT Approach

- Proactive approach/Early Intervention
- Customer-Owner driven and voluntary
- Part of ROUTINE care



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# S-BIRT Integration into Primary Care

## Integrated Care Team Setting

- Team includes:

- Physician
- Case Manager
- Certified Medical Assistant (CMA)
- Case Management Support
- AND.....

- Behavioral Health Consultants

- All Masters Level Therapists.
- Currently 13 BHCs spread throughout in Primary Care, 4 in Pediatrics, 1 in OBGYN, and 2 in Valley Native PCC



# Behavioral Health Consultant (BHC)

- Consultation and education to providers and case managers on behavioral health issues
- Provide psycho-educational materials and workbooks to aid in treatment and understanding
- Screening, assessment, brief intervention, education and follow-up/monitoring for patients experiencing mental/medical health issues and life stresses
- Joint visits and care conferences with provider teams for complex cases
- Consultation with specialists, referral for longer term therapeutic interventions



# Who is screened? How often?

- Every customer 11 years or older who visits the clinic is screened for alcohol and drug use.
- Ages 11-17 receive CRAFFT, 18+ years receive SBIRT
- Annually, if screened negative
- Every six months, if screened positive



# Screening Process

- C/O first contact: CMA administers AUDIT (CRAFFT is self-administered)
- Scores are calculated and need for further screening is determined.
- C/O second contact: PCP introduces BHC to come in and complete screening
- C/O third contact: BHC discusses results
- At risk behaviors identified





**Please complete questions 1-4 only**

1. How often do you drink anything containing alcohol?  
 0 Never       1 Less than monthly       2 Monthly  
 3 Weekly       4 2-3 times/week  
 5 4-6 times/week       6 Daily
  
2. How many drinks do you have on a typical day when you are drinking?  
 0 0- 1 drink       1 2 drinks  
 2 3 drinks       3 4 drinks  
 4 5-6 drinks       5 7-9 drinks  
 6 10 or more
  
3. How often do you have four or more drinks on one occasion?  
 0 Never       1 Less than monthly  
 2 Monthly       3 Weekly  
 4 2-3 times a week       5 4-6 times a week  
 6 Daily
  
4. Do you use non-prescription drugs (such as marijuana, cocaine, or heroin), or overuse any prescriptions such as Oxycontin?  
  
 0 No       1 Yes

**SCORE Q1-Q3:** \_\_\_\_\_ **SCORE Q4:** \_\_\_\_\_

**BHC completes questions remaining questions.**

5. How often during the last year have you found that you were not able to stop drinking once you had started?  
 0 Never       1 Less than monthly  
 2 Monthly       3 Weekly  
 4 Daily or almost Daily

6. How often during the past year have you failed to do what was expected of you because of drinking?  
 0 Never       1 Less than monthly  
 2 Monthly       3 Weekly  
 4 Daily or almost Daily
  
7. How often during the past year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?  
 0 Never       1 Less than monthly  
 2 Monthly       3 Weekly  
 4 Daily or almost Daily
  
8. How often during the past year have you had a feeling of guilt or remorse after drinking?  
 0 Never       1 Less than monthly  
 2 Monthly       3 Weekly  
 4 Daily or almost Daily
  
9. How often during the past year have you been unable to remember what happened the night before because of your drinking?  
 0 Never       1 Less than monthly  
 2 Monthly       3 Weekly  
 4 Daily or almost Daily
  
10. Have you or someone else been injured because of your drinking?  
 0 No  
 2 Yes, but not in the past year  
 4 Yes, during the past year
  
11. Has a relative, friend, doctor, or other health care worker been concerned about your drinking and suggested you cut down?  
 0 No  
 2 Yes, but not in the past year  
 4 Yes, during the past year

**AUDIT Score (total Q1-3 & Q5-11):** \_\_\_\_\_

**Question 4 Score:** \_\_\_\_\_

**Positive Score:**

- For women or men age 65 years or older, a score of 7 or higher on Questions 1-3
- For men under age 65, a score of 8 or higher on Questions 1-3
- For everyone, a score of 1 on Question 4



# Breakdown of Adult Positive Score

## **Service breakdown according to score:**

- *Brief Intervention (7/8\* -15)*
- *Brief Therapy (16-19)*
- *Assessment/Referral to Tx (20+)*



# SCF SBIRT TO DATE

- In Primary Care & OBGYN:

\*Since 2006 have completed  
96,452 screenings (10% of total visits)

\*January-June 2012 screened 10,163  
customers (39% of unique customers)

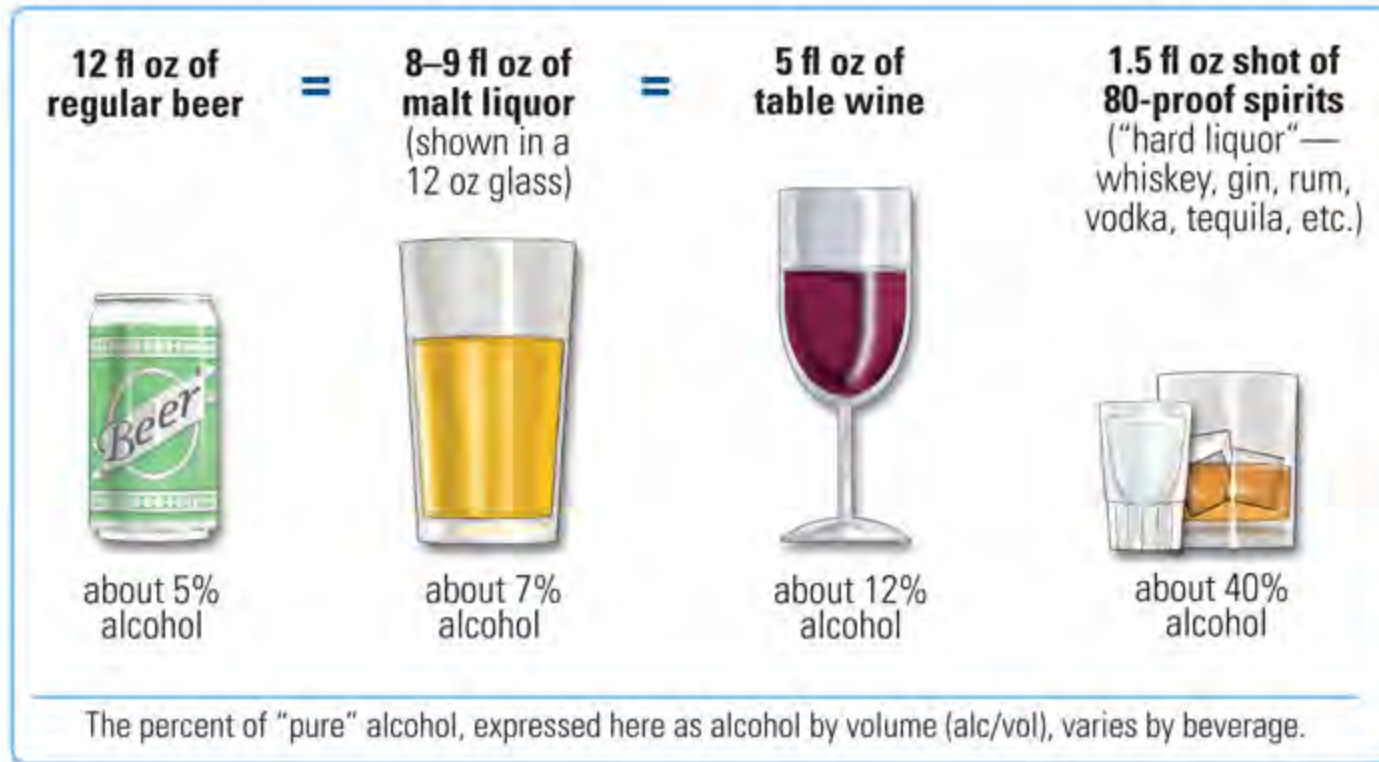


# When SBIRT screening is complete...

- The BHC briefly discusses with the client their results and gives brief psychoeducation as related to their mental and physical health.
- Brief intervention is considered 1-5 sessions
- Examples of a brief intervention...



# Standard Drinks & Standard Drinking Limits



- **For men:**  
No more than 4 drinks on any single day AND no more than 14 drinks per week
- **For women:**  
No more than 3 drinks on any single day AND no more than 7 drinks per week



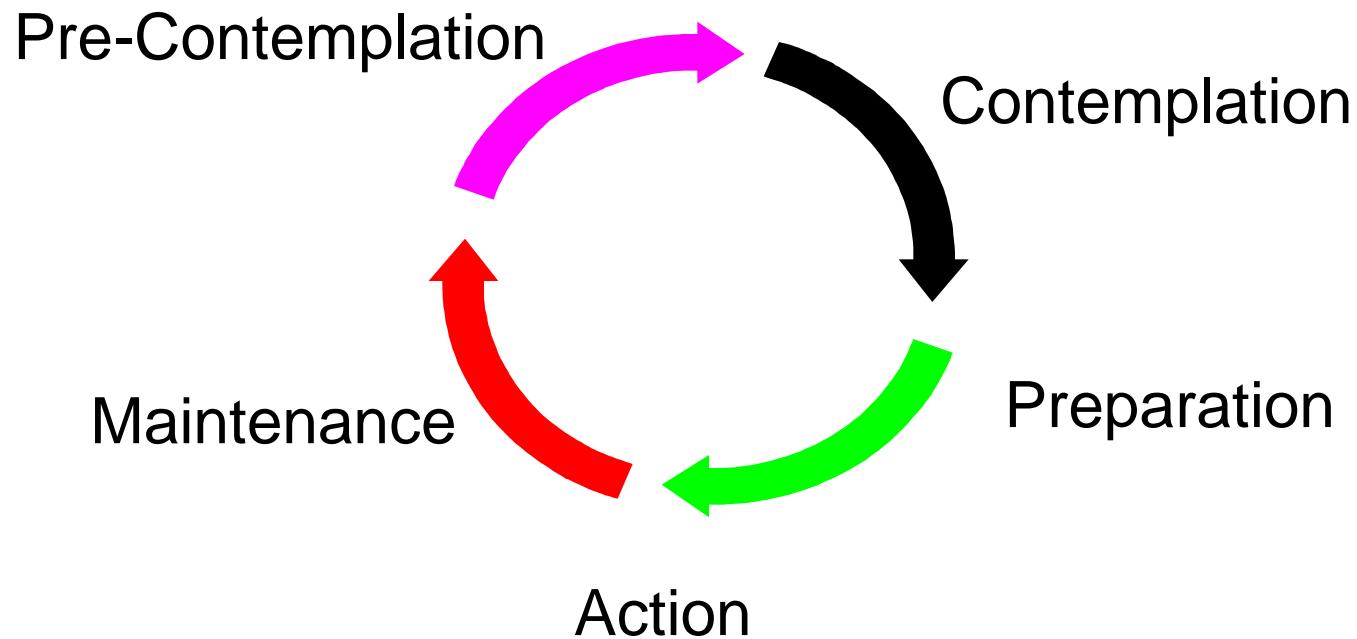
# Goals of Brief Intervention

- Harm Reduction



# Stages of Change Model

- Assess readiness to change



Prochaska & DiClemente, 1986

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# Motivational Interviewing

- Respect for autonomy of patients and their choices
- Readiness to change must be taken into account
- Ambivalence is common
- Targets selected by the patient, not the expert
- Expert is the provider of the information
- Patient is the active decision-maker



Rollnick, 1994

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# Can Do



- The person must believe they be successful in behavior change
- Help strengthen “can do” attitude
- It is always the customer’s choice whether & how to change



# When Brief Intervention Isn't Enough

## Utilize other parts of the SCF medical home

- Health Education
- Nutaqsiivik
- Family Health Resources
- Behavioral Health (Behavioral Urgent Response, Access to Recovery, Dena a Coy, Alaska Women's Recovery Project, Naltrexone, Suboxone, etc)



# Beyond SBIRT...

## Other Screening



# The CRAFFT Screening Questions

Please answer all questions honestly; your answers will be kept confidential.

## Part A

During the PAST 12 MONTHS, did you:

1. Drink any alcohol (more than a few sips)?

No

Yes

2. Smoke any marijuana or hashish?

3. Use anything else to get high?

"anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff"

If you answered NO to ALL (A1, A2, A3) answer only B1 below, then STOP.

If you answered YES to ANY (A1 to A3), answer B1 to B6 below.

## Part B

No

Yes

1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?

4. Do you ever FORGET things you did while using alcohol or drugs?

5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

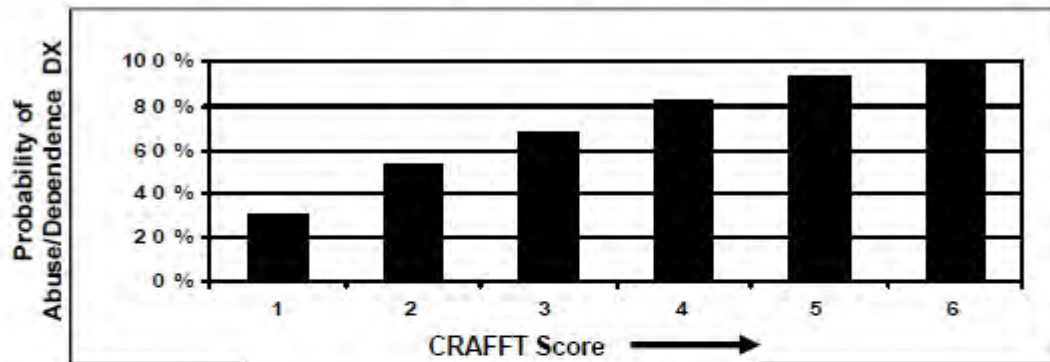
6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?



## SCORING INSTRUCTIONS: FOR CLINIC STAFF USE ONLY

CRAFFT Scoring: Each "yes" response in Part B scores 1 point.  
A total score of 2 or higher is a positive screen, indicating a need for additional assessment.

### Probability of Substance Abuse/Dependence Diagnosis Based on CRAFFT Score<sup>1,2</sup>



### DSM-IV Diagnostic Criteria<sup>3</sup> (Abbreviated)

#### Substance Abuse (1 or more of the following):

- Use causes failure to fulfill obligations at work, school, or home
- Recurrent use in hazardous situations (e.g. driving)
- Recurrent legal problems
- Continued use despite recurrent problems

#### Substance Dependence (3 or more of the following):

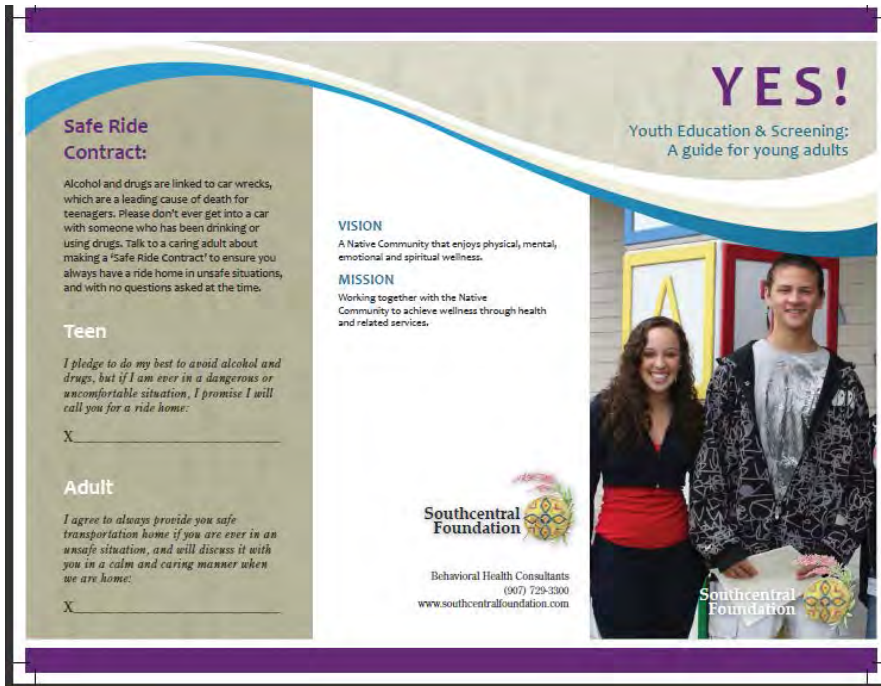
- Tolerance
- Withdrawal
- Substance taken in larger amount or over longer period of time than planned
- Unsuccessful efforts to cut down or quit
- Great deal of time spent to obtain substance or recover from effect
- Important activities given up because of substance
- Continued use despite harmful consequences

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# YES! Brochure

- Brief Interventions and referrals are based upon clinical judgment.



**Safe Ride Contract:**

Alcohol and drugs are linked to car wrecks, which are a leading cause of death for teenagers. Please don't ever get into a car with someone who has been drinking or using drugs. Talk to a caring adult about making a 'Safe Ride Contract' to ensure you always have a ride home in unsafe situations, and with no questions asked at the time.

**Teen**

*I pledge to do my best to avoid alcohol and drugs, but if I am ever in a dangerous or uncomfortable situation, I promise I will call you for a ride home:*

X \_\_\_\_\_

**Adult**

*I agree to always provide you safe transportation home if you are ever in an unsafe situation, and will discuss it with you in a calm and caring manner when we are home.*

X \_\_\_\_\_

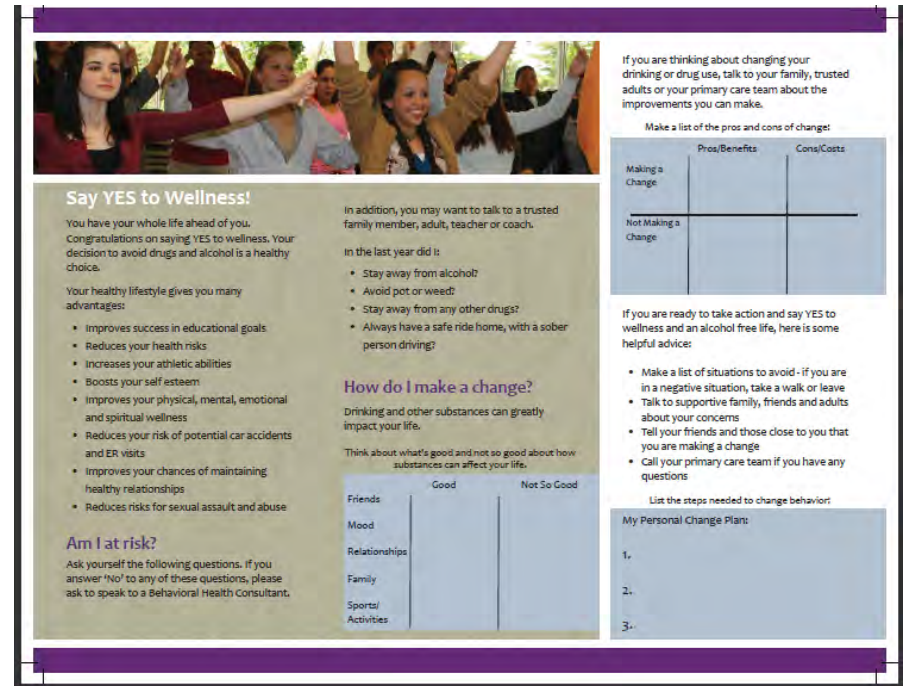
**VISION**  
A Native Community that enjoys physical, mental, emotional and spiritual wellness.

**MISSION**  
Working together with the Native Community to achieve wellness through health and related services.

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**YES!**  
Youth Education & Screening:  
A guide for young adults



**Say YES to Wellness!**

You have your whole life ahead of you. Congratulations on saying YES to wellness. Your decision to avoid drugs and alcohol is a healthy choice.

Your healthy lifestyle gives you many advantages:

- Improves success in educational goals
- Reduces your health risks
- Increases your athletic abilities
- Boosts your self esteem
- Improves your physical, mental, emotional and spiritual wellness
- Reduces your risk of potential car accidents and ER visits
- Improves your chances of maintaining healthy relationships
- Reduces risks for sexual assault and abuse

In addition, you may want to talk to a trusted family member, adult, teacher or coach.

In the last year did is:

- Stay away from alcohol?
- Avoid pot or weed?
- Stay away from any other drugs?
- Always have a safe ride home, with a sober person driving?

**How do I make a change?**

Drinking and other substances can greatly impact your life.

Think about what's good and not so good about how substances can affect your life.

	Good	Not So Good
Friends		
Mood		
Relationships		
Family		
Sports/Activities		

**Am I at risk?**

Ask yourself the following questions. If you answer 'no' to any of these questions, please ask to speak to a Behavioral Health consultant.

**Make a list of the pros and cons of change:**

	Pros/Benefits	Cons/Costs
Making a Change		
Not Making a Change		

If you are ready to take action and say YES to wellness and an alcohol free life, here is some helpful advice:

- Make a list of situations to avoid - if you are in a negative situation, take a walk or leave
- Talk to supportive family, friends and adults about your concerns
- Tell your friends and those close to you that you are making a change
- Call your primary care team if you have any questions

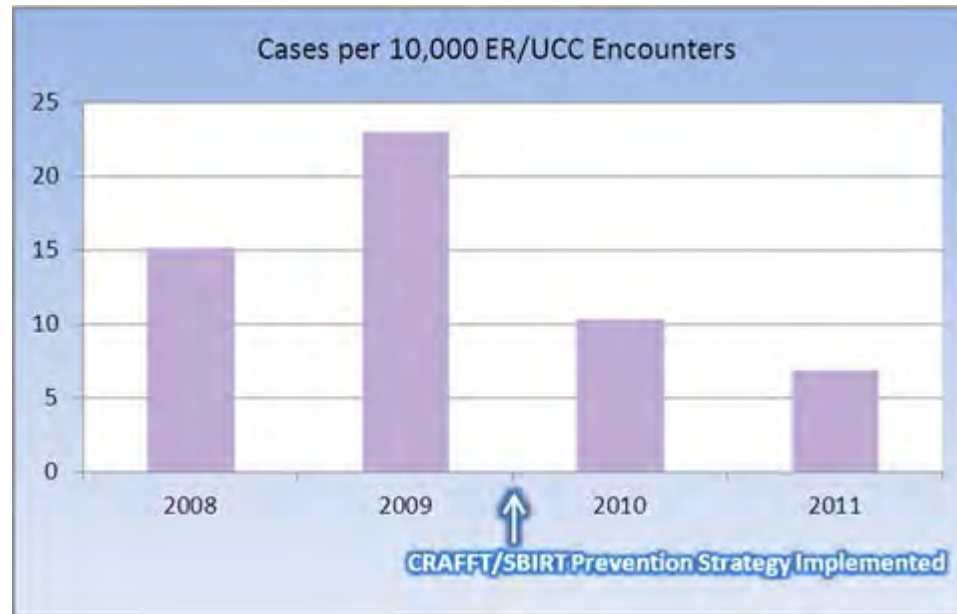
List the steps needed to change behavior:

**My Personal Change Plan:**

- 1.
- 2.
- 3.

# Impact from Screening Youth

- Emergency Department services at the Alaska Native Medical Center (ANMC) for alcohol related conditions or injuries in youth (ages 11-21) were reduced by more than 53%.



**FOR THE PAST 14 DAYS**

Less than 2 days	3 to 6 days	7 to 11 days	Greater than 12 days
Not at all	Several Days	More than ½ the days	Almost Every Day
0	1	2	3

**Questions:**

**Over the last 2 weeks, how often have you had any of the following?**

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How often have you felt down, have a depressed mood, or feel hopeless?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 0                        | 1                        | 2                        | 3                        |
| 2. How often do you have difficulty enjoying activities that you used to find pleasurable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 0                        | 1                        | 2                        | 3                        |

if 2 or greater on 1 and/or 2 continue below

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. Do you have trouble sleeping? Do you find yourself having trouble falling asleep, or staying asleep? Are you sleeping too much, or not enough?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 0                        | 1                        | 2                        | 3                        |
| 4. Do you feel your energy has decreased, that you are tired more than you used to be?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 0                        | 1                        | 2                        | 3                        |
| 5. Have you had a decrease - or an increase in your appetite? Have you lost or gained weight recently?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 0                        | 1                        | 2                        | 3                        |
| 6. Do you feel like a failure? Do you feel guilty about things?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 0                        | 1                        | 2                        | 3                        |
| 7. Do you have trouble concentrating on things? Do you find yourself jumping from one thing to another? Can't stay focused on reading or a TV show?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 0                        | 1                        | 2                        | 3                        |
| 8. Do you feel you have slowed down, that you don't get as much done in a day? Or are you just the opposite. Do you feel nervous, restless, just can't seem to sit still? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 0                        | 1                        | 2                        | 3                        |
| 9. Have you ever thought of hurting yourself – or that you would be better off dead?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 0                        | 1                        | 2                        | 3                        |

**TOTAL SCORE** \_\_\_\_\_

Can you tell me, using the scale, how difficult have these problems been for you? (at work, getting along with other people, family, and children)?

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all               | Somewhat                 | Very                     | Extremely                |





# Strengths and Difficulties Questionnaire

Male/Female (circle)	Not True	Somewhat True	Certainly True
Considerate of other people's feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved. Usually does what adults request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often offers to help others (parents, teachers, other children).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span. Sees work through to the end.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other comments or concerns?			



# Screening in the Perinatal Period: Preconception, Pregnancy, Postpartum/Parenting



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# Preconception Screening/Planning

- Opportunities at:
  - ~STD checks
  - ~+SBIRT in women
  - ~Plan B
  - ~negative pregnancy tests
  - ~SDQ



# Positive Pregnancy Process

- Reason it began?
  - No structured intervention/assessment first trimester
- Missing important time to make changes-
  - Alcohol/drugs
  - Relationships
  - Making decisions about pregnancy
  - Start preparing for parenting
- No prenatal care in OBGYN until 10 weeks



# BHC Interview



- Focus on feelings about pregnancy, pregnancy/birth history, DV, mental health
- Opportunities:
  - To identify hx of mood disorder, trauma history
  - To use Motivational Interviewing for behavior change (especially nicotine, marijuana, even caffeine)
  - To set goals for self/relationship/or parenting
  - To bring up breastfeeding



# Postpartum/Parenting

- All mom's universally screened at six-week postpartum visit



# Opportunities to expand/enhance screening and assessment

- When should be screening during pregnancy?
- In what settings?
- At 2 wk well baby visits?



# Rethinking Maternal Mental Health Screening

**Why** screening during pregnancy / post partum is especially important.

- At least two – and possibly three - generations are impacted.
- Parental mental health has much larger impact on life-long health and mental health of child than we have realized.

**What** to screen?

- Evidence suggests current screening practices are too narrowly focused.
- Need screen that better captures range of common maternal mental health problems.

**How** - a screen that is both brief *and* adequately comprehensive.

- Ultra-brief screens now exist for most common mental health disorders.
- Combining ultra-brief screens into a brief and more comprehensive MMH screen worth considering.





# Why mental health screening during pregnancy / post partum is *especially* important.

An intergenerational window of opportunity:

For the child parental mental illness is associated with:

- 70% increased risk of smoking by age 14.
- 230% increased risk of attempted suicide.
- 100% increased risk of alcohol use problems
- 130% increased risk of illicit drug use by age 14.
- 150% increased risk of depression
- 40% increased risk of heart disease decades later in life.
- And many other risks (See CDC-Adverse Childhood Experiences study results)
- Possible epigenetic programming risks (three generation impact)

M Dong et al (2004) Circulation 1761-66  
RF Anda et al. (1999). JAMA 282:1652-58.  
SH Dube et al. (2001) JAMA 286:3089-96.  
RF Anda et al. (2002) Psych Serv 53:1001-09.  
S R Dube et al. (2003) Pediatrics 111: 564-72.

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# What to screen?

## Depression:

- Impacts 10-20% of new mothers.
- 40-50% of mothers in high risk pregnancies.

LE Ross et al. (2006) J Clin Psychiatry 67:1285-98.

S Meltzer-Brody (2011) Review in - Dialogues in Clin Neurosci 13:89-100.

CA Loveland Cook (2004) Obstet and Gyn 103:710-17.

EP Silva et al. (2011) Rev. Saude Publica 45:1-9 available at [www.scielo.br/rsp](http://www.scielo.br/rsp)

H Woolhouse et al. (2011) BJOG doi: 10.1111/j.1471-0528.2011.03219.x

RF Anda et al. (1999) JAMA 282:1652-58.



# What to screen?

## Maternal Depression linked to:

- Elevated risk of suicide (20% of post partum deaths are due to suicide)
- Increased risk of preterm delivery
- Low birth weight baby
- Decreased maternal sensitivity
- Impaired parenting (lower rates of use of car seats, childproofing)
- Decreased reading and game playing with child.
- \*\*Higher cortisol levels in infant (potential link to lifelong health problems)

S Meltzer-Brody (2011). Review in - Dialogues in Clin Neurosci 13:89-100.

K Kendall-Tackett (2007) Intern. Breastfeeding J. doi: 10.1186/1746-4358-2-6



# What to screen?

## Post Traumatic Stress Disorder (PTSD)

- \*\*PTSD is more prevalent in *perinatal* women than among women overall in the general population (6-8% vs 4-5%).
- Among American Indian (AI) population the lifetime rates of PTSD have been estimated at 15% with the rate for women at 19%. This is more than double that of Caucasians. It is also higher than risk for depression among AI population
- No formal data exists on life time prevalence of PTSD among Alaska Native mothers but clinical experience suggest it is high.

J Beals et al. (2005). Arch. Gen. Psych. 62:99-108.

D Buchwald et al. (2005) Pain Medicine 6:72-79.

CN Sawchuck et al. (2005) Psychological Medicine 35:1785-94.

JS Seng et al. (2010) J Psychosom Obstet Gyn 31:176-87.



# What to screen?

## PTSD associated with:

### Maternal PTSD is a risk factor for:

- Substance use during pregnancy
- Generalized anxiety disorder – 3x greater risk
- Major depression – 5x greater risk
- Panic disorder.
- Ectopic pregnancy, hyperemesis, excessive fetal growth, spontaneous abortion

### PTSD amplifies the effects of maternal depression.

- Mothers with PTSD and depression have more severe depression
- Experience greater social isolation and lower overall functioning and greater parenting deficits

R T Ammerman et al. (2011). Psych Trauma: Theory, Research, Practice and Policy DOI: 10.1037/a0023062

S S Rogal et al. (2007) J Affect Dis 102:137-43.

CA Loveland Cook (2004) Obst & Gyn 103:710-17.

JS Seng et al. (2001) Obst & Gyn 97:17-22.



# What to screen?

## Generalized anxiety disorder (GAD):

- The prevalence of GAD during pregnancy is ~8.5%
- With comorbid PTSD – generalized anxiety is 3x more likely.

R T Ammerman et al. (2011). Psych Trauma: Theory, Research, Practice and Policy DOI: 10.1037/a0023062

S S Rogal et al. (2007) J Affect Dis 102:137-43.

CA Loveland Cook (2004) Obst & Gyn 103:710-17.

LE Ross & LM McLean (2006) J Clin Psych 67:1285-98.



# What to screen?

## Panic Disorder:

- High co-morbidity of Panic Disorder with PTSD, depression and sexual abuse.
- Panic disorder associated with considerable impairment of function
- Often easily treated.



# What to screen?

## PTSD during pregnancy – impact of comorbid trauma:

- Exposure only to non-abuse trauma 4%
- Abuse in adulthood only 11%
- Abuse in childhood only 16%
- Abuse in childhood and adulthood 39%

J S Seng et al. (2008) J Midwifery and Women's Health doi:10.1016/j.jmwh.2008.04.013





# What to screen?

## Depression during pregnancy – impact of comorbid trauma:

- No abuse history 9%
- Abuse in adulthood only 14%
- Abuse in childhood only 17%
- Abuse in both childhood and adulthood 32%

J S Seng et al. (2008) J Midwifery and Women's Health doi:10.1016/j.jmwh.2008.04.013



# What to screen?

## Alcohol use during pregnancy – impact of comorbid trauma:

- No abuse history 13 %
- Abuse in adulthood only 24%
- Abuse in childhood only 21%
- Abuse as both an adult and child 29%

J S Seng et al. (2008) J Midwifery and Women's Health  
doi:10.1016/j.jmwh.2008.04.013



# What to screen?

Tobacco use during pregnancy – impact of comorbid trauma:

- No abuse 12 %
- Abuse in adulthood only 29%
- Abuse in childhood only 28%
- Abuse as both an adult and child 35%

J S Seng et al. (2008) J Midwifery and Women's Health doi:10.1016/j.jmwh.2008.04.013



# What to screen?

Illicit drug use during pregnancy – impact of comorbid trauma:

- No abuse 7 %
- Abuse in adulthood only 16%
- Abuse in childhood only 22%
- Abuse as both an adult and child 27%

J S Seng et al. (2008) J Midwifery and Women's Health  
doi:10.1016/j.jmwh.2008.04.013

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# What to screen?

## Good reasons to screen for:

- Depression
- PTSD
- Generalized Anxiety Disorder
- Panic disorder
- Alcohol, drug and tobacco use
- Trauma – both current and past
  - Domestic violence
  - Consider adverse childhood experiences screen.



# Designing a MMH screen that is brief, highly sensitive and adequately comprehensive – possible?

## Design:

- Combine evidence-based ultra-brief screens (1-4 questions) for depression, anxiety disorders, substance use disorders and DV into single screening tool.
- It is possible to create a 15 question evidence-based screen that assesses with high sensitivity (1) Depression (2) PTSD (3) GAD (4) Panic disorder (5) alcohol (6) drug and (7) tobacco use and (8) DV.
- Positive screen followed by interview with mental health professional.
- Consider, carefully, adding questions on adverse childhood experiences.
- Untested design but reviewed with K. Kroenke, MD, who thought reasonable.

K Kroenke et al. 2004 Medical Care 41:1284-92./ K Kroenke et al. 2007 Annals Int Med 146:317-25./ A Prins et al. 2003 Primary Care Psych 9:9-14/ MB Stein et al 1999 Psychosomatic Med 61:359-64./ PC Smith et al. 2009 J Gen Int Med 24:783-88./ PC Smith et al. 2010 Arch Int Med 170:1155-60./ National Inst Drug Abuse quick screen for tobacco use/ KM Shermin et al. 1998 Family Med 30:508-12.



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