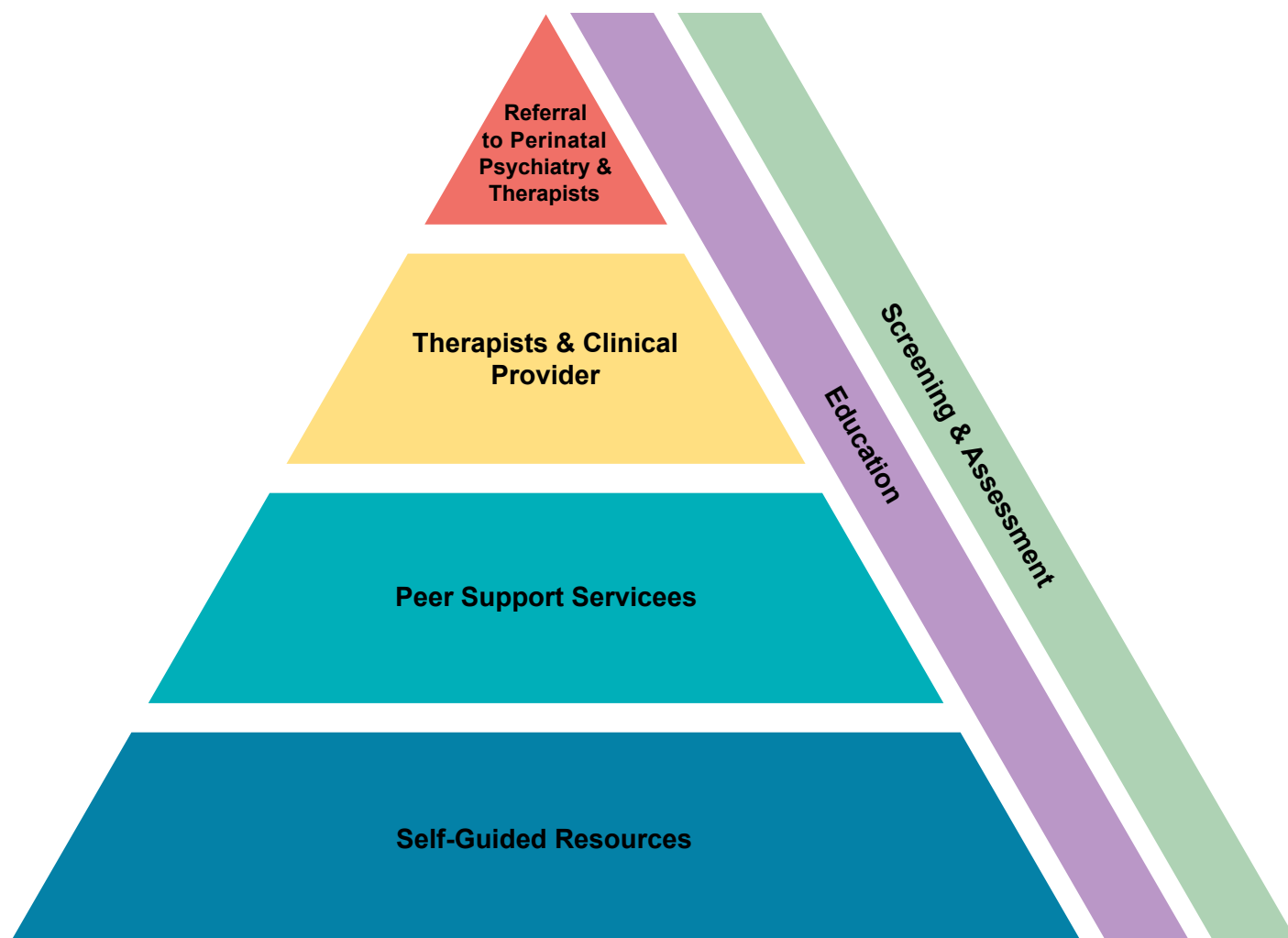


The Stepped Care Model (SCM) is a framework that provides care based on mental health needs through tiered levels of intervention. Patients move up the model to receive more specialized care based on severity, duration, and impact. As a result, women should be connected to appropriate levels of needed care and resources allowing more severe mental health challenges to be promptly addressed by a specialized care provider.

Mental health screenings should be occurring at all touchpoints with patients to continually reassess their current mental health status to receive the appropriate levels of support. For the use of the SCM, mental health screening scores are based on the Edinburgh Postnatal Depression Scale (EDPS). This model is to serve as a guide to help allied health professionals better engage in discussions with clinical staff regarding patient's care plan, resources to be received, and follow-up care.

Note: this is not a tool to diagnose mental health conditions. Mental health diagnosis should be determined by a clinical provider.



A list of suggested educational resources is provided below and can be offered at any level of the SCM to support informed decision making and promote overall wellbeing. These materials can be shared proactively with women who:

- Complete their annual OB visit wanting information on family planning
- Are pregnant and attending their prenatal appointments
- Are postpartum and in office for follow up care

Having information readily available to share can help women feel equipped to navigate their options, understand available services, and engage in decisions that best support their health and the health of their families.

Suggested Education Materials & Resources	
Mental Health Resources	• ACOG: Mental Health & Pregnancy Video • Maternal Mental Health Now Self-Help Tool • PSI: Perinatal Mental Health – Signs, Symptoms, & Treatment • About Perinatal Mental Health Postpartum Support International (PSI) • PSI: Perinatal Mental Health Discussion Tool • Additional Discussion Tools • The Pregnancy Workbook a book by Dr Katayune Kaeni - Bookshop.org US
Family Planning & Birth Control	• Birth Spacing Information • March of Dimes: Birth Spacing Action Planning PDF • CDC: Contraception & Birth Control Options
Suggested Reads	• Recommended Reads Postpartum Support International (PSI)

Level 1

Self-Guided Resources



Self-Guided resources may be appropriate for women who are LOW RISK. This may include individuals who:

- Score 10 or lower on EPDS postpartum and no suicidal ideation/risk identified.
- Showing onset signs of mood/anxiety symptoms, during the perinatal period, without history of severe mental illness or suicide attempt.
- Generally, no or minimal concerns/risks related to pregnancy
- Has a documented history of mood disorders from prior pregnancy(s)

Recommended Resources

- [ACOG: Mental Health & Pregnancy Video](#)
- [Maternal Mental Health Now Self-Help Tool](#)
- [PSI: Perinatal Mental Health Resources \(Signs, Symptoms, Treatment\)](#)
- [Postpartum Progress - Mom Checklist \(also in 7 other languages\)](#)
- CBT-I app/Mood tracking/mindfulness apps
 - [Maternal Mental Health Now Self-Help Tool](#)
- Self-help Books and Practices
 - [Taking Care of You - 4th Trimester Project](#)
 - [Meditation and Mindfulness Practices - 4th Trimester Project](#)
 - [New Parent/Mom Archives - 4th Trimester Project](#)
 - [Recommended Reads | Postpartum Support International \(PSI\)](#)

Local Resources

Recommended Follow Up Timeline

Determine an agreed upon check-in date with patient within 30 days, and (if needed) second check-in within 60 days.

If help is still needed, consider moving to level 2.**

Level 2

Peer Support Resources



Peer Support resources may be appropriate for women who are:

- Pregnant and experiencing non-severe symptoms of depression/anxiety which have not been effectively treated at level 1.
- Pregnancy loss and fertility challenges.
- Planned/unplanned conception after loss.
- History of trauma and planning or currently pregnant.

Recommended Resources

- [PSI: Support Group List \(Prenatal and Postpartum\)](#)
- [NAMI Indiana](#)
 - Neighboring States NAMI Chapters: [IL](#), [MI](#), [OH](#), [KY](#)
- [Survivor Mom Companion Program](#)

Local Resources

Recommended Follow Up Timeline

Follow up after 2 weeks and support acquisition of resources, check in 2 weeks later.

If client has not accessed care, concerns/symptoms have worsened, and/or a major event has caused need for different resources consider transition to level 3.**

IN THE EVENT OF AN EMERGENCY

- Crisis Text Line 741-741 or 988
- The National Maternal Mental Health Hotline: 1-833-943-5746
- [988 Indiana](#)
- Postpartum Support International 1-800-944-4773

Level 3

Therapists and Clinical Providers (OB, Midwives, PCP)



Connecting with a therapist or clinical provider may be appropriate for women who:

- Experience moderate to severe symptoms experienced in the perinatal period.
- Have a history of mental illness and/or suicide risk and currently pregnant.
- Take psychotropic medication and considering/already pregnant.
- Have a history of pregnancy or newborn loss.
- Are pregnant following loss/issues with fertility.
- Have a history of PMDD or PMS and/or other risk factors for hormonal mood disruption.
- Have any safety risks identified.
- Face multiple SDOH challenges

Recommended Resources

- [Psychology Today](#)
- Insurance directory for therapists / EAP services of patient
- [Community Mental Health](#) (FQHC)

Local Resources

Recommended Follow Up Timeline

1 week follow up to ensure care is connected and client is following up.

If needed, follow up one week later.

If client is connected to care, follow up in 90 days.**

IN THE EVENT OF AN EMERGENCY

- Crisis Text Line 741-741 or 988
- The National Maternal Mental Health Hotline: 1-833-943-5746
- [988 Indiana](#)
- Postpartum Support International 1-800-944-4773

Level 4

Specialized Perinatal Psychiatry and Therapists



Connecting with a specialized perinatal psychiatrist or therapist may be appropriate for women who are:

- Edinburgh Score: 15+,
- EPDS Q10 is not 0 (suicidal ideation)
- EPDS and/or symptom report not improving in spite of engagement with lower levels of care
- Discontinuing psychiatric medication during pregnancy (risk factor for recurrence)
- Medical Complexity: significant psych medication history, Symptoms/diagnoses besides Depression/Anxiety (e.g. Bipolar, OCD, ADHD), family hx of Bipolar Disorder

Recommended Resources

- [PSI Provider Directory](#)
- [PSI Psychiatric Consultation Line](#)
- Perinatal IOP ([Brentwood Springs](#) – virtual option)
 - Neighboring States
 - [Ascension Illinois Perinatal IOP at Saint Alexius Women & Children's Hospital](#)
 - [Pine Rest Mother and Baby Program PHP](#)
 - [University Hospitals Perinatal Behavioral Health Services](#)
- In-patient hospital facilities

Local Resources

Recommended Follow Up Timeline

Follow-up 2-3 times weekly until confirmation mom is engaged in ongoing care.

Follow up at 30 days after care is established to ensure client's continued engagement and no major barriers.**

IN THE EVENT OF AN EMERGENCY

- Crisis Text Line 741-741 or 988
- The National Maternal Mental Health Hotline: 1-833-943-5746
- [988 Indiana](#)
- Postpartum Support International: 1-800-944-4773
- Indiana CHAMP Consultation: 317-274-2400 *provider-to-provider resource; provider consultation calls for assistance with referrals to getting patient quickly into evidence-based treatment facility within local community*

****If patients are cautious or resistant to receiving support:**

- Validate where the patient is and respect how they feel. Remember to always ask for permission. Encourage exploring to learn more about patient's feelings.

Sample Questions:

- It sounds like you feel hesitant and do not see any benefit to _____. Will you talk with me about that so I can better understand how you are feeling?
 - I can understand how this change is scary/uncomfortable to you. Have you always felt this way?
 - Are there other times when you _____? What did you do? Was it hard at first?
 - If you _____, how would your life be different?
 - If you were to decide one day to _____, how do you think you might do it?
- Identify the areas of resistance, potential barriers, motivators and supports – explore the Pros & Cons
 - What do you think is preventing you from taking steps towards _____?
 - What are you most concerned about with _____?
 - How would you think you would feel if you took/accepted _____?
 - Consider partnering with other staff to further discuss concerns with patient, answer questions, and provide additional information around services.
 - If patient continues to refuse support, scale back to previous level, and reassess.

Follow up with the patient to ensure connection to resource has been made and what additional supports may be necessary