

Slide 24

Screening: Every person. Every time.

- Culture shift that normalizes mental health discussions
- Allotted time during appointments
- Dedicated staff
- Selecting validated tools
- Awareness of available resources
- Referrals

- [Alicia] Thank you, Todd. We're going to get back into it and start diving into the screening process here. It's important for us to help patients understand that mental health issues are medical issues. And so, having a standard screening process where you screen every patient every time can be helpful with folks to help understand the intersection there with medical and mental health. And to understand why we're asking questions about mental health at medical appointments, preconception appointments, family planning appointments. And here's some ways we can start to do that. Your relationship with your patients matters. And so, how can we start to shift to a culture that normalizes these discussions of mental health? Make sure we have allotted time during the appointments to screen each patient each time they are arriving for an appointment. And who is your staff person that's going to do these screenings? Is it administrative staff? Is it medical assistant? Is it nurses? So having a dedicated staff person or process there can be helpful. Selecting validated tools and I'll get into some recommendations we have for some of those tools. And of course, we want to also have resources and referrals available. We don't want to ask these questions and find out about these concerns, and then not be able to support the patients through that. So having list, having resource lists available and regular referrals that can be made is such an important part of this process. And so, each clinic can develop and implement protocols that works for your patients and works for your process.

Slide 25

Screen for mental health during the family planning visit

Get the conversation started. Consider starter phrases such as:

- "Your health and well-being matter to us. We ask all our clients to consider answering questions about their emotional health and well-being."
- "Your answers will help us take good care of you. We will keep them private unless there is imminent danger."
- "If you are worried that you might harm yourself or others, we will work with you to get help right away."

So, let's touch on some aspects of assessment or screening patients during those family planning visits. So here, we have some tips for getting the conversation started. So when you have a screening instrument, you would simply just ask the questions, but how do we get into that? It can be a little awkward and it can be uncomfortable. So, it's helpful to build trust and

build rapport with the patients during the screening process. So, they are provided with a safe place to share. So, some language we could use for this. "Your health and well-being matters to us. We ask all our clients to consider answering questions about their emotional health and well-being." "Your answers will help us to take good care of you. We will keep them private unless there is any imminent danger or safety concerns." "If you're worried that you might harm yourself or others, we will work with you to get help right away." So really showing folks that you care and thinking about the tone and the pace of your conversation with your patients can also be supportive of building that trust and that rapport. As I mentioned, these discussions can be uncomfortable. So, having this standard language available can be helpful. And we also want to make sure that we're mindful of the barriers to these conversations that reside with us. So, that might be fear and discomfort. It might be bias or something else. So really thinking through that and even with your staff on site. Having those conversations with each other about those barriers so you all can start to break those down. But definitely, use an open-ended questions and techniques such as motivational interviewing can also be helpful strategies. And I really encourage all medical staff to explore additional training in motivational interviewing if you're looking to build skills in this area.

Slide 26

Tools for screening clients

- For adolescents
 - [Patient Health Questionnaire-9](#) (PHQ-9)
- For adults
 - [Patient Health Questionnaire-9](#) (PHQ-9)
 - [Generalized Anxiety Disorder 2](#) and [GAD-7](#)
- For postpartum clients
 - [Edinburgh Postpartum Depression Screening](#) tool

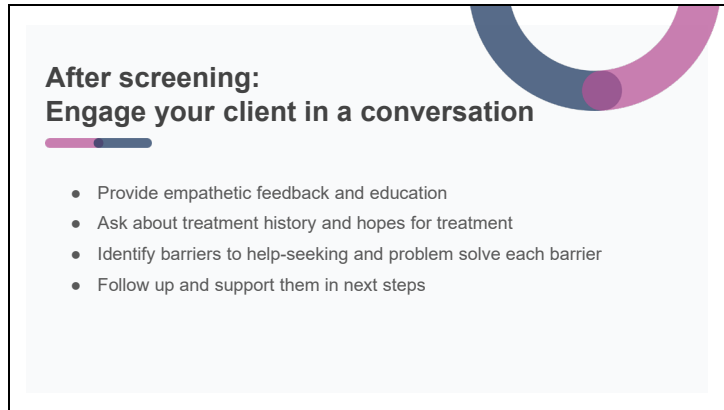
So, let's talk about some tools for screening your clients. So, here's a couple recommendations we have. The PHQ-9 and the GAD-7, so the Patient Health Questionnaire-9 and the Generalized Anxiety Disorder-7 are both, they pair well together. So, the PHQ-9 is a nine question instrument that screens for depressive symptoms. And then, the GAD-7 is a seven question instrument that screens for anxiety. You can also use the GAD-2, which chooses two of those questions from the GAD-7. And then, if you get high indicators on that two, you might choose to move into that GAD-7 to get a little more information. And then, we also have provided the Edinburgh Postpartum Depression Screening tool. And so, it's a 10 question instrument. We like that these instruments are brief, but they get directly at those top indicators that we were seeing earlier with anxiety and depression. And they also are standardized tools and they provide rubrics for next steps. So, that's super important. It is really critical that we are using these appropriately and it's given, the instructions and the rubrics, for moving forward with next steps with your patient based on the responses. It's all provided for you as a part of these screening instruments, which makes them very user friendly.

Sources:

- For adolescents
 - [Patient Health Questionnaire-9](#) (PHQ-9)
- For adults

- [Patient Health Questionnaire-9 \(PHQ-9\)](#)
- [Generalized Anxiety Disorder 2](#) and [GAD-7](#)
- For postpartum clients
 - [Edinburgh Postpartum Depression Screening](#) tool

Slide 27

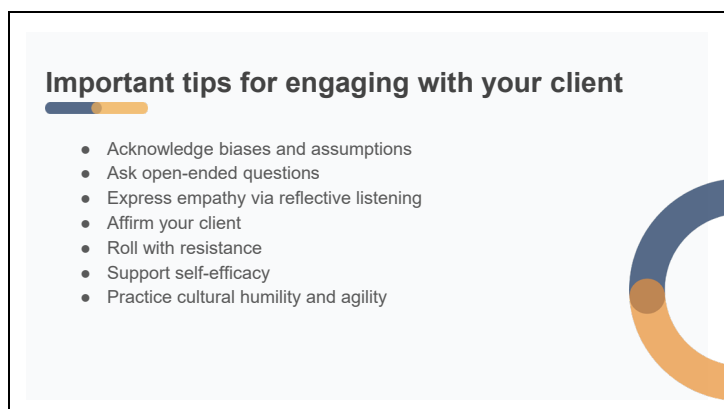


**After screening:
Engage your client in a conversation**

- Provide empathetic feedback and education
- Ask about treatment history and hopes for treatment
- Identify barriers to help-seeking and problem solve each barrier
- Follow up and support them in next steps

So now that you've screened your patient, you know where they've landed on some of these instruments, what's next? We've got to continue that conversation. We want to provide empathetic feedback and education. So, providing information about next steps and even asking about their treatment history or their hopes for treatment and recovery, including those potential barriers, can help us support those next steps for the patients. When we think about barriers, we also want to think about our own bias. Because if we have folks of color who have mistrust of medical providers or they have community members who just don't really see mental health as a real thing, how can we support them through that? You know, not force them to make any choices, even though we might think something is best for them. We want to look at them as the expert on their own lives. And that is really at the core of that motivational interviewing technique. It's we have information we can provide, but they have their life experience and they are the ones who will have to figure out how to apply that information and education to their lives. So we want to provide, continue to provide that follow up and next steps and not, we never want to minimize the power of planting that seed. Because even if someone is not ready just yet, that information could make a difference in the future after they've had time to think about the education you've provided. And when you follow up, they may have a different or a change of mind. Planting that seed is also an important part of this process.

Slide 28

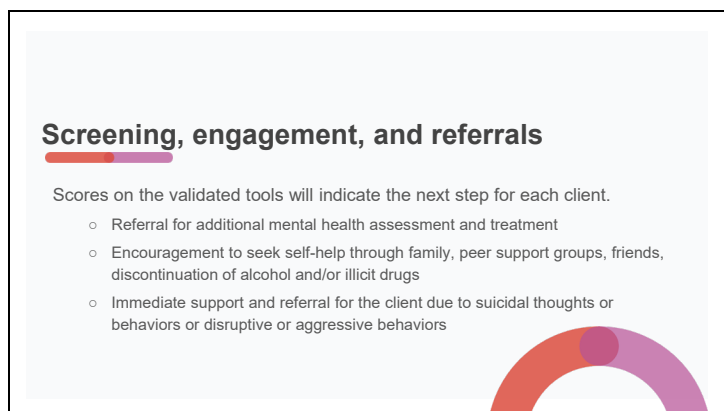


Important tips for engaging with your client

- Acknowledge biases and assumptions
- Ask open-ended questions
- Express empathy via reflective listening
- Affirm your client
- Roll with resistance
- Support self-efficacy
- Practice cultural humility and agility

Yes, so let's think about some more tips for engaging with those patients, clients, not sure which term you all prefer. We have a wide variety of folks here. But acknowledging your biases and those assumptions, we can accept what people share whether we agree or not. Folks may have different beliefs. They may make different decisions. They may have different behaviors from us. But we can accept that they are choosing what is best for them. And if it's not best, that they will figure that out quickly and adjust, right? As long as you know, we don't have to necessarily agree with the choices they're making. We can always get more information and show that curiosity and build rapport with those open-ended questions. We really want to continue to express empathy throughout, like think about putting yourself in their shoes. And engage in that reflective listening to make sure we're understanding, like so what I heard was and am I right in. And then rephrasing kind of what we've heard from those folks. We really want to validate their concerns when it comes to mental health and when they're sharing emotion, 'cause that can be really challenging. And roll with that resistance. That's also another one of those core components of motivational interviewing. Anytime there's a change, there's automatically going to be resistance. So, whether it is, whether it's, what word am I trying to use? I'm trying to say whether it's intentional or not, that resistance is likely going to be there. And so, how we roll with that can sometimes be just information and let me know if your mind changes and moving on there. So, supporting that self-efficacy and always practicing that cultural humility and agility there with that curiosity, and really understanding those different cultural backgrounds.

Slide 29



Screening, engagement, and referrals

Scores on the validated tools will indicate the next step for each client.

- Referral for additional mental health assessment and treatment
- Encouragement to seek self-help through family, peer support groups, friends, discontinuation of alcohol and/or illicit drugs
- Immediate support and referral for the client due to suicidal thoughts or behaviors or disruptive or aggressive behaviors

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And so, as I mentioned earlier, validated tools tend to provide us rubrics for next steps based on the score received. And this really makes it simpler for providers or whoever is providing that screening to identify the level of care needed and make those appropriate referrals. So, it's also important to consider how we can help, and encourage, and facilitate, that behavior change with our patients, even if resistance is present. And so, this may be an encouraging, empathetic, nonjudgmental conversation or it may require an immediate referral depending on the level of need and where the patient is in terms of that stage of change that they're ready for. The clinics will need to have follow up protocols. So, if we're making the referrals, want to make sure that that's going smoothly and that on the other end, folks are receiving the care that they are looking for, that they had hope for in their recovery. And it's important with that we ensure these holistic approaches to healthcare and that patients are receiving services beyond preconception health and family planning as that is needed.

Slide 30

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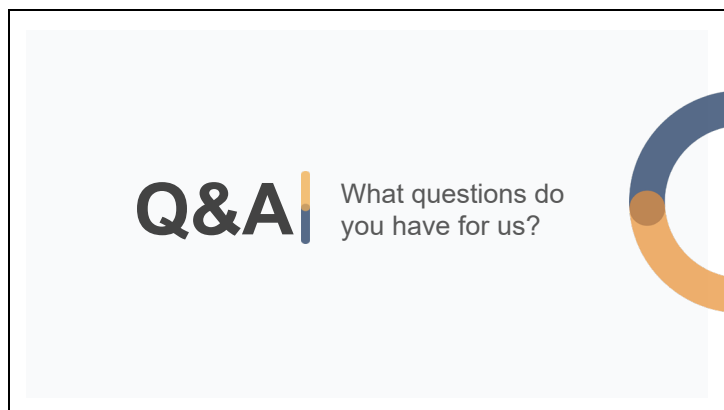
Why screening, engagement, and referrals matter

"By understanding patients' individual and culturally-embedded needs and perspectives, and by communicating this understanding to them, a clinician can increase the likelihood that patients will accept the information and treatment recommendations they are offered—especially if the clinician is able to align potential treatment benefits with priorities expressed by or elicited from the patient."

Source: Zuckoff et al., 2004

So we thought this quote, we know we've had a short time here and that time with your patients can be short. And sometimes, as staff, we're burn out especially with everything that's going on lately, over extended staff from being short staffed. However, relationships matter and communications matters. And that patient centered care is really critical to supporting our patients. So here we have what Zuckoff states, "By understanding patients' individual and culturally-embedded needs and perspectives, and by communicating this understanding to them, a clinician can increase the likelihood that the patient will accept the information and treatment recommendations they offer, especially if the clinician is able to align potential treatment benefits with priorities expressed by or elicited from the patient." So, we feel like that really summed up our point here is how we can support our patients going forward. And I'm going to pass it back off to Todd.

Slide 31

The slide features a Q&A section header and a question. On the right side, there is a decorative graphic consisting of overlapping semi-circular shapes in blue, orange, and purple.

Q&A | What questions do you have for us?

- [Todd] Thanks so much, Alicia. We're cognizant of the time and we definitely want to be respectful of everyone's time. And so, we did want to hop briefly into a Q&A session here and we have seen some questions coming into the chat. And there's one here that I think would be really helpful to lift up. And here's this question, "What if someone screens high in suicidality and the clinic doesn't have a mental health expert on staff?" And so, I'll let Sarah and or Alicia share their thoughts on that one.

- [Betsy] So, I can lead off and then pass to Alicia for any additional thoughts. One of the things that we we talk about frequently is safety planning. And safety planning involves asking about intent, asking about what the individual would need to, what would keep them from harming themselves. But I think first and foremost, we want to make sure that we are focused on safety

and keeping people safe. What we know is that people who have attempted suicide or self-harm during depression and anxiety and have not died by suicide are always report that they are glad they did not. And one thing we know is that if there is imminent evidence of harm, or intent, or plan that they say they will put into action and can't guarantee safety, that it's always better to err on the side of a commitment in order to keep that individual safe. There are also resources that we'll share that may be helpful in making some of those decisions. Alicia, what would you like to add?

- [Alicia] I think you covered it. Your spot on. I was going to say the same thing related to planning questions and intent there, and really just making sure you make that an immediate connection to the appropriate resources there.

- [Todd] Great. Thank you both. We have maybe time for this, with this one additional question before we provide a brief overview on some available resources. So one attendee asked the following, "Can you talk more about workflows for conducting the screening during a family planning visit? Adding on another screen to the visit will be a challenge, fitting all that into a 15 to 20 minute visit with everything else that needs to be done." Any thoughts on that front, Betsy and Alicia?


- [Betsy] Yeah, so one thing I would say is that it is critical to screen. And I understand that you work in very short time periods and are often very overworked and have so many questions to fit in. There is a two question version that we may look into, but I think oftentimes, what we can really gather information from is just learning to recognize the signs and symptoms. Knowing that if we ask someone, "What brings you in today?" Even if it's question as simple as, "How are you doing, otherwise? How is your stress level? Have you had any feelings of anxiety or depression?" That can be a good way to get at things. Many of the clinics where I have partnered or done some co-located behavioral healthcare include this in a pre-screening that they may have the patients fill out beforehand. But what we know is that oftentimes, it's your connection with the client that may actually help you to or help them really to feel comfortable sharing these things with you. Alicia, what would you add?

- [Alicia] Yeah, I would think about some things. I totally agree. This is a major challenge. But is it possible to extend the appointments, standard time from, for about five to 10 additional minutes? Is it possible to combine or find a questionnaire or screening that combines some of the screenings that you're using or use the shorter versions, like the GAD-2 instead of the GAD-7. And definitely, what Betsy stated, it is just paying attention during your total visit and that conversation, we can get a lot from that body language and the verbal and nonverbal language we're getting from in those visits, even beyond the standardized screening.

Slide 32

Resources: mental health

- [National Institute of Mental Health – Mental Health Information – Anxiety Disorders](#)
- [National Institute of Mental Health – Mental Health Information – Depression](#)
- [National Library of Medicine – How to Improve Mental Health](#)
- [National Library of Medicine – Post-Traumatic Stress Disorders](#)



- [Todd] Excellent. Thanks so much. We just want to briefly highlight a few resources. These will be made available following the event. There's some here that are worth looking at and digging into. Some here from the National Institute of Mental Health. We have some resources that might be especially useful for teens and young adults, as well as for the kind of Title X workforce context specifically. And then, a couple resources here with respect to mental health first aid.


Sources:

- [National Institute of Mental Health – Mental Health Information – Anxiety Disorders](#)
- [National Institute of Mental Health – Mental Health Information – Depression](#)
- [National Library of Medicine – How to Improve Mental Health](#)
- [National Library of Medicine – Post-Traumatic Stress Disorders](#)
- [The Impact of the Covid-19 Pandemic: Rising Stress and Burnout in Public Health - Results of a National Survey of the Public Health Workforce, 2021](#)

Slide 33

Resources: adolescents

- [The Jed Foundation has resources for teens and young adults](#)
- [Seize the Awkward](#) offers resources for young adults and for lay people on starting conversations about mental health




Sources:

- [The Jed Foundation has resources for teens and young adults](#)
- [Seize the Awkward](#)

Slide 34

Resources: workplace and self-care

- [Workplace Health Promotion](#) has good resources from the Centers for Disease Control and Prevention
- [Mental Health First Aid: self-care tips for health care workers](#)
- [Insight Timer](#): free meditation app
- [Liberate](#): free meditation app designed by and for Black people




Sources:

- [Workplace Health Promotion](#)
- [Mental Health First Aid: self-care tips for health care workers](#)
- [Insight Timer](#)
- [Liberate](#)

Slide 35

Mental health first aid



Identify. Understand. Respond.

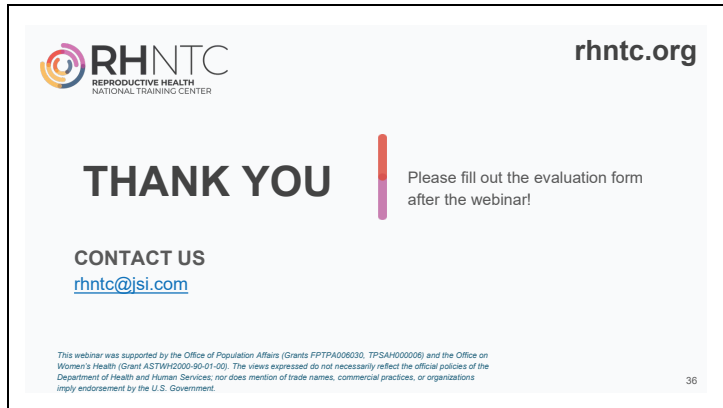
Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues.

<https://www.mentalhealthfirstaid.org/>

Source:

- [Let's Get Real](#)

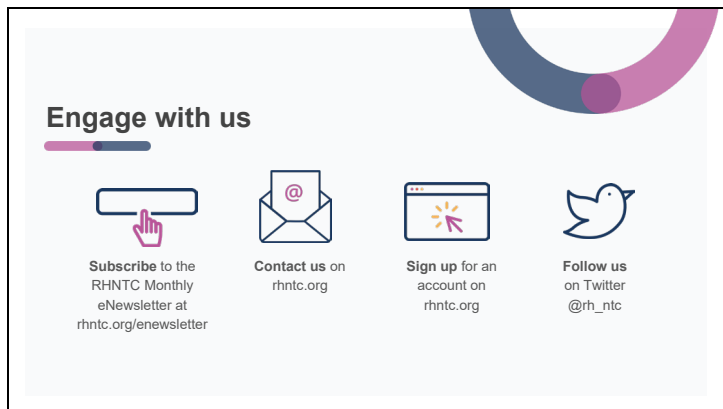
Slide 36



The slide features the RHNTC logo (Reproductive Health National Training Center) and the website rhntc.org in the top left. The main text reads "THANK YOU" in large, bold letters. To the right, a vertical bar transitions from orange to purple, with the text "Please fill out the evaluation form after the webinar!". Below this, it says "CONTACT US" and provides the email address rhntc@jsi.com. At the bottom, there is a small disclaimer: "This webinar was supported by the Office of Population Affairs (Grants F7TPA006030, TPSAH000006) and the Office on Women's Health (Grant ASTWH2000-90-01-00). The views expressed 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." The number 36 is in the bottom right corner.

- [Naima] Thank you for joining us today. Please do take a minute to complete the workshop evaluation. Your input matters to us. And a final thank you to Alicia, Betsy and Todd. I hope you'll join me in thanking our speaker(s). As a reminder, we will have the materials from today's session available within the next few days. If you have additional questions for the RHNTC on this topic, please don't hesitate to email us at rhntc@jsi.com. Our final ask is that you please complete the evaluation today. The link to the evaluation is in the chat and will appear when you leave the webinar. The evaluation link will also be emailed to you after the webinar. We really love getting your feedback and we use it to inform future sessions. In order to obtain a certificate of completion for attending this webinar, you must be logged into rhntc.org when you complete the evaluation.

Slide 37



The slide is titled "Engage with us" and features four icons with corresponding text: a hand pointing to a text box for "Subscribe to the RHNTC Monthly eNewsletter at rhntc.org/enewsletter"; an envelope icon for "Contact us on rhntc.org"; a computer monitor icon for "Sign up for an account on rhntc.org"; and a Twitter bird icon for "Follow us on Twitter @[@rh_ntc](https://twitter.com/rh_ntc)". The slide has a decorative curved bar at the top right in shades of blue and purple.

And then finally, please do stay in touch with the RHNTC. You have many options. Subscribe to our monthly e-Newsletter by visiting rhntc.org/newsletter. You can contact us through our website. Reminders, sign up for an RHNTC account on the website. And feel free to stay connected on social media. You can follow us on Twitter and find us @[@rh_ntc](https://twitter.com/rh_ntc). And then finally, please subscribe to our podcast. That's available at podcast.rhndtc.org or in your favorite podcast app. So, thank you so much for joining us today. This concludes today's webinar. But stay tuned to more from UNC around mental health, preconception health, and family planning.