

## *MENTAL HEALTH*

# RESOURCE LIST

<https://www.perinatalcollective.com>

Team of therapists and educators have advanced training and experience in perinatal mental health and challenges that arise throughout parenthood.



<https://www.postpartum.net>

Access to information, social support, and informed professional care to deal with mental health issues related to childbearing



<https://postpartum.org>

Postpartum Support International supports anyone who is experiencing isolation, distress, or a PMAD in the perinatal period or is supporting someone who is, as well as people who have experienced perinatal or infant loss.



*BC Crisis Line 310-6789  
(no area code required)*

Call for information on local services or if you need someone to talk to or are in crisis. all staff answering calls have received advanced training in mental health issues and services by members of the bc partners for mental health and substance use information



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### *Homewood Health*

Free one to one counselling, Available 24/7

1-866-585-0445

Text WELLNESS to 741741 to connect with a trained crisis responder for support

### *Where to find low cost/free support*

<https://www.heretohelp.bc.ca/q-and-a/where-can-i-find-free-or-low-cost-counselling>

### *Here to Help BC*

<https://www.heretohelp.bc.ca/contact-us>

1-800-661-2121

### *Motion Counselling*

<https://motioncounselling.com/affordable-counselling>  
(778) 484-5600

Reduced rate counselling services through their Intern Counselling program



# PMAD Risk Assessment (to be given during pregnancy)

This assessment is not diagnostic. Risk factors do not cause postpartum depression. Our intention is to help you become aware of the factors that can potentially make you vulnerable to depression, so you can mobilize your support network and make use of the resources available to you. The list below are factors that can increase your susceptibility to depression & anxiety.

- I was not happy to learn I was pregnant.
- My partner was not happy to learn I was pregnant.
- I have had a previous episode of postpartum depression and/or anxiety that was successfully treated with therapy and/or medication.
- I might have experienced symptoms of postpartum depression following previous births, but I never sought professional help.
- I have had one or more pregnancy losses.
- I have a history of depression/anxiety that was not related to childbirth.
- I have lost a child.
- I have been a victim of the following:
  - Childhood sexual abuse
  - Childhood physical abuse
  - Physical assault by someone you know
  - Physical assault by stranger
  - Physical assault during this pregnancy
  - Sexual assault by someone you know
  - Sexual assault by stranger
- There is a family history of depression/anxiety, treated or untreated.
- I have a history of emotional symptoms prior &/or during my period (PMS/PMDD).
- I have experienced suicidal thoughts or have considered doing something to hurt myself in my past.
- I do not have a strong support system to help me if I need it.
- I have a history of drug or alcohol abuse.
- People have told me I'm a perfectionist.
- During this pregnancy, I have experienced some emotions about which I am very concerned.
- I feel sad.
- My relationship with my partner is not as strong as I'd like it to be.
- My partner and I have been thinking about separating or divorcing.
- I am not likely to admit it when I need help.
- During the past year, I have experienced an unusual amount of stress (ex: Move, job loss, divorce, loss of loved one)
- I have little interest in things that I used to find pleasurable.
- I am having anxiety attacks.
- Sometimes I worry about things so much that I can't get the thoughts out of my head.
- I am bothered and frightened by thoughts that I can't get out of my mind, especially about my baby's well-being.
- I have thoughts of hurting myself.
- I have thoughts of hurting my baby.
- I am more irritable and/or angry than usual.
- I just don't feel like myself.
- Sometimes, I feel like I can't shake off these bad feelings no matter what I do.
- I'm afraid if I tell someone how I really feel, they will not understand or they will think something is really wrong with me.



## Edinburgh Perinatal/Postnatal Depression Scale (EPDS)

For use between **28–32 weeks** in **all** pregnancies and **6–8 weeks** postpartum

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Gestation in Weeks: \_\_\_\_\_

As you are having a baby, we would like to know how you are feeling. Please mark “X” in the box next to the answer which comes closest to how you have felt in the **past 7 days**—not just how you feel today.

### ***In the past 7 days:***

- |  |   |
|--|---|
| <p>1. I have been able to laugh and see the funny side of things</p> <p>0 <input type="checkbox"/> As much as I always could</p> <p>1 <input type="checkbox"/> Not quite so much now</p> <p>2 <input type="checkbox"/> Definitely not so much now</p> <p>3 <input type="checkbox"/> Not at all</p> | <p>6. Things have been getting on top of me</p> <p>3 <input type="checkbox"/> Yes, most of the time I haven't been able to cope</p> <p>2 <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual</p> <p>1 <input type="checkbox"/> No, most of the time I have coped quite well</p> <p>0 <input type="checkbox"/> No, I have been coping as well as ever</p> |
| <p>2. I have looked forward with enjoyment to things</p> <p>0 <input type="checkbox"/> As much as I ever did</p> <p>1 <input type="checkbox"/> Rather less than I used to</p> <p>2 <input type="checkbox"/> Definitely less than I used to</p> <p>3 <input type="checkbox"/> Hardly at all</p>     | <p>7. I have been so unhappy that I have had difficulty sleeping</p> <p>3 <input type="checkbox"/> Yes, most of the time</p> <p>2 <input type="checkbox"/> Yes, sometimes</p> <p>1 <input type="checkbox"/> Not very often</p> <p>0 <input type="checkbox"/> No, not at all</p>   |
| <p>3. I have blamed myself unnecessarily when things went wrong</p> <p>3 <input type="checkbox"/> Yes, most of the time</p> <p>2 <input type="checkbox"/> Yes, some of the time</p> <p>1 <input type="checkbox"/> Not very often</p> <p>0 <input type="checkbox"/> No, never</p>                   | <p>8. I have felt sad or miserable</p> <p>3 <input type="checkbox"/> Yes, most of the time</p> <p>2 <input type="checkbox"/> Yes, quite often</p> <p>1 <input type="checkbox"/> Not very often</p> <p>0 <input type="checkbox"/> No, not at all</p>   |
| <p>4. I have been anxious or worried for no good reason</p> <p>0 <input type="checkbox"/> No, not at all</p> <p>1 <input type="checkbox"/> Hardly ever</p> <p>2 <input type="checkbox"/> Yes, sometimes</p> <p>3 <input type="checkbox"/> Yes, very often</p>                                      | <p>9. I have been so unhappy that I have been crying</p> <p>3 <input type="checkbox"/> Yes, most of the time</p> <p>2 <input type="checkbox"/> Yes, quite often</p> <p>1 <input type="checkbox"/> Only occasionally</p> <p>0 <input type="checkbox"/> No, never</p>   |
| <p>5. I have felt scared or panicky for no very good reason</p> <p>3 <input type="checkbox"/> Yes, quite a lot</p> <p>2 <input type="checkbox"/> Yes, sometimes</p> <p>1 <input type="checkbox"/> No, not much</p> <p>0 <input type="checkbox"/> No, not at all</p>                                | <p>10. The thought of harming myself has occurred to me</p> <p>3 <input type="checkbox"/> Yes, quite often</p> <p>2 <input type="checkbox"/> Sometimes</p> <p>1 <input type="checkbox"/> Hardly ever</p> <p>0 <input type="checkbox"/> Never</p>  |

Total Score

*Talk about your answers to the above questions with your health care provider.*

*Translations for care-provider use available on PSBC website: [perinatalservicesbc.ca](http://perinatalservicesbc.ca).*