

Case study: Depression and parenting [preceptor version]

PHN RESIDENCY FOR NEW GRADUATES

Objectives

1. List key assessments performed for a client with a new baby, a history of poor parenting, and minimal support resources.
2. Discuss challenges in providing care to clients with differing values and beliefs.
3. Discuss communication strategies to elicit trust and build relationships with clients.
4. List crisis resources and other resources for young parents in your community.
5. Describe the key elements of a safety plan.

Case study

A Public Health Nurse (PHN) receives a referral for a new baby visit. The referral includes the following information. Julie, a 22-year-old, has four children; her two oldest children live with their father and she is parenting the newborn and a two-year-old on her own. Julie is new to this community and is unemployed.

At the initial visit, she tells the PHN that she “can’t be a good mother” to her two oldest children. She is excited about the opportunity to be a better mom with her new son.

1. What assessments might the PHN complete for this mother/family?

Answer: Support resources (e.g., WIC, food stamps, food shelf), assessment for postpartum depression (see the additional resources section of this case study for more information), knowledge of parenting, family planning, children’s developmental needs. Explore the specifics of why her older children are not living with her and how she feels about this. Intimate partner violence assessment, home safety assessment, health habits and substance use, previous mental health care.

2. Reflect on your own values about “good” parenting and how they might be the same or different from Julie’s values. How could the PHN provide nonjudgmental care to Julie?

Answer: Understanding that you may have differences in values is the first step. What are the possible differences that might occur? Think about factors such as where you grew up, what your parents were like, what was important to your family, and how involved your parents were in your life. It is important to reflect on your values and ensure that any differences don’t impact the care you provide. Speak with others about the situation and ask them to provide feedback on your care.

After the PHN explores Julie’s strengths and needs, it is apparent that Julie could benefit from some parenting information and anticipatory guidance for the two-year-old and newborn. Julie and the PHN plan to meet regularly.

During subsequent visits, the PHN provides parenting support, safety materials, and information about children’s developmental milestones. The PHN also works with Julie to access community resources.

After visiting for a couple of months, the PHN starts to notice a change in Julie's behavior. Julie appears disheveled and her home is messier than usual. She says that she is not happy and is finding it difficult to get out of bed. Julie is beginning to miss appointments with the PHN. The PHN addresses their concerns with Julie.

3. What can the PHN say to Julie? How can the PHN start the conversation to minimize defensiveness and convey their concerns?

Answer: Ask Julie to say more about why she is unhappy and having difficulty getting out of bed. Find out if this has happened before and how she got through it previously. Ask about previous mental health care such as diagnosis, history of meds, and provider. Express concern to Julie about what she is saying and the PHN observations. Consider screening or rescreening using the same post-partum screening tool. Offer resources and support.

The next month, Julie comes into the office asking for the PHN; the PHN is immediately concerned. Julie's appearance has changed; she mentions she hasn't showered in a while and that she doesn't really feel like doing her hair and makeup even though it's something she says she used to really enjoy. She does not have her children with her. The PHN takes Julie into their office to explore her outward changes and the reason she is at the office. Julie breaks down in tears, saying she has no energy, is not sleeping, and hints she is cutting herself. Julie states she feels her depression medication is not working anymore and has stopped taking it.

4. What might you want to know about Julie's medications?

Answer: Mental health diagnosis for which the meds were prescribed (if not already known), any recent changes to medications she is taking, how long has she been taking the medications, when she stopped taking them, who prescribes them, her last visit to her mental health provider, is she self-medicating (substance use).

During the same visit, the PHN asks how Julie is caring for her children. Julie says that the children are currently with her mom, but her mom can only watch them for a few hours at a time. She has no one else to help her and does not think she can get through another week. The PHN asks Julie if she has considered suicide or has a plan to harm herself. She states she has contemplated suicide but does not have a plan at this time.

The PHN and Julie discuss possible interventions and then call the crisis team together. Julie and the mental health nurse initiate a safety plan. They also schedule an appointment with a mental health specialist within a few days. These actions seem to give Julie hope and energy.

5. List the crisis resources in your community.

Answer: Check with your preceptor or supervisor regarding these resources.

6. List the elements of a safety plan and complete a sample safety plan (this plan can be found in the additional resources).

Answer:

- **Warning signs (thoughts, images, mood, situation, behavior) that crisis may be developing**
- **Internal coping strategies**
- **People and social settings that provide distraction**
- **People to ask for help, with contact numbers**
- **Professionals or agencies to contact during a crisis**
- **Making the environment safe**
- **Who will watch the kids if it's urgently needed (e.g., mom needs to go to the ER)**

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Julie begins to receive mental health services and her symptoms begin to improve. The PHN knows the risk for suicide can increase during this time and continues to visit the family.

7. List additional resources the PHN would use to ensure Julie and her children's safety as Julie continues to address her depression.

Answer: Resources to consider:

- Crisis nursery
- Increase frequency of PHN visits
- Regular appointments with a mental health clinician/counselor
- Parenting support group
- Depression support group
- Discuss other resources available in your community with your preceptor/colleagues

Concepts covered

Caring for clients with mental health concerns, communication, nonjudgmental care, safety planning, referral resources

Additional resources

1. Mental Health of America. (2020). *Take a Mental Health Test*. Online: <https://screening.mhanational.org/screening-tools/>.
2. U.S. Department of Health and Human Services: MentalHealth.gov. (2020). *Let's Talk About It*. Online: <https://www.mentalhealth.gov/talk/friends-family-members/>.
3. Stanley, B., & Brown, K. (2008). *Patient Safety Plan Template*. Online: https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Brown_StanleySafetyPlanTemplate.pdf.
4. Inflexion, Inc. (2008). *Screener and Opioid Assessment for Patients with Pain (SOAPP)[®] Version 1.0-SF*. Online: <https://www.mcstap.com/docs/SOAPP-5.pdf>.
5. National Coalition for Mental Wellbeing. View several examples of mental health screening tools by entering keywords online: <https://www.thenationalcouncil.org/integrated-health-coe/resources/>.

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August 2021

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