

## Mental Health Referral Quick Guide

Use this reference to identify examples of when to refer for Infant Mental Health (IMH) or other mental health services. This tool aligns with the Maternal Infant Health Program (MIHP) Cycle 10 Operation Guide.

WHEN TO REFER	WHAT IT MAY LOOK LIKE
<b>DURING PREGNANCY</b>	
1. Caregiver expresses overwhelming stress or emotional distress.	Crying spells, withdrawn behavior, frequent worry.
2. History of trauma, abuse, or untreated mental illness.	Avoidance of prenatal care, fear about parenting.
3. Caregiver shows lack of emotional connection to pregnancy.	Refers to baby as burden, no excitement.
<b>AFTER BIRTH OF INFANT</b>	
4. Bonding concerns between caregiver and infant.	No eye contact, avoids holding infant, flat affect.
5. Ongoing grief, depression, or anxiety.	Emotionally numb, persistent sadness, overwhelmed.
6. Infant shows developmental or emotional concerns.	Frequent inconsolable crying, feeding/sleep difficulties.
7. Exposure to domestic violence or unsafe home.	Disclosed threats, frequent yelling, visible fear.
8. Provider has a clinical concern.	“Something feels off” — trust your instinct.
<b>GENERAL MENTAL HEALTH REFERRALS</b>	
9. Beneficiary or caregiver is CURRENTLY in mental health treatment ( <b>Intervention #11</b> ).	Consistently reports sadness, irritability, or hopelessness.
10. Stress/Depression scores MODERATE/HIGH ( <b>Intervention #12</b> ).	Verbalizes they are seeing a therapist, taking medication, or attending group therapy.
11. Not following mental health treatment recommendations.	Refuses prescribed medication or consistently misses counseling appointments.
12. Suicidal ideation or statements of harm.	Verbalizes or alludes to harming self or others; visible risk.
13. Expressed history of mental health concerns or 'baby blues'.	Verbal acknowledgment of past postpartum depression, anxiety, or trauma.
14. Verbalized stress without structured coping or support.	Verbalizes they feel overwhelmed, lost, or unsupported.

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*\*Sources for this Quick Guide have been adapted from materials provided by Postpartum Support International (www.postpartum.net).*

**\*If a beneficiary is already enrolled in Community Mental Health (CMH) for case management services, then a referral to Infant Mental Health, in collaboration with the CMH case manager, should be initiated.**

## Required Referrals & Documentation

### *Stress/Depression Plan of Care*

- Intervention #11 – If beneficiary/caregiver is CURRENTLY receiving mental health services.
- Intervention #12 – If Stress/Depression score is MODERATE or HIGH, refer for mental health services.
- Intervention #13 – If Stress/Depression score is HIGH, a Safety Plan is REQUIRED.

**Even if a beneficiary or caregiver declines a required referral or intervention, this MUST be clearly documented on the Progress Note (PVPN) using the correct intervention number.**

*\*We strongly encourage the use of motivational interviewing techniques to assess the stages of change with a beneficiary throughout care. As the home visitor and beneficiary strengthens their partnership, declination of interventions can be revisited*

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## Resources

- Suicide & Crisis Lifeline – **Free and Confidential 24/7**
  - Dial or Text 988
- National Maternal Mental Health Hotline – **Free and Confidential 24/7**
  - 833-TLC-MAMA or 833-852-6262 (Text or Call)
  - 60 Languages
- Postpartum Support International (PSI): **Non-emergency**
  - Helpline 800-944-4773
  - HELP to 800-944-4773 (English) or 971-203-7773 (Spanish)
- [Perinatal Mental Health](#): Signs, Symptoms and Treatment
- [Chat with an Expert](#) – For Moms and Dads (Every Wednesday)
- [Free Online Support Groups](#) – Postpartum Support International (PSI)
- Infant Mental Health Options: **Accepts both Medicaid and Private Insurance**
  - [The Guidance Center](#), [Starfish Family Services](#), [MiSide](#)

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