DC PERINATAL MENTAL HEALTH IMPACT EVALUATION: 2015-2018

Report: Participant Focus Group

Mary’s Center Maternal Mental Health Program

Report written by Masters Public Health student December 2018 and reviewed by Mary’s Center staff Spring 2019

Executive Summary: D.C Perinatal Mental Health Impact Evaluation: 2015-2018

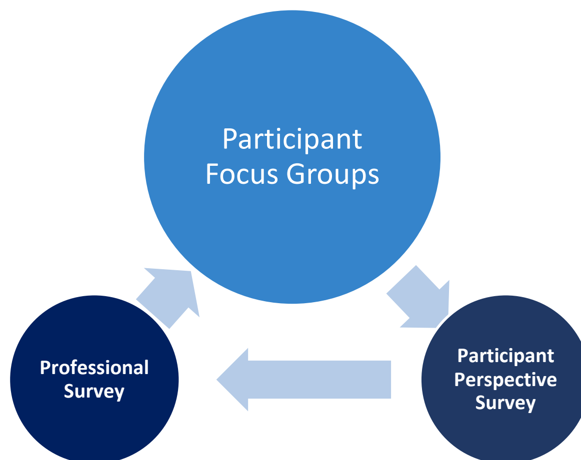
In 2015, a Perinatal Mental Healthcare Needs Assessment was conducted by partners from Mary's Center and the D.C. Collaborative for Mental Health in Pediatric Primary Care, to determine gaps in programming, training, organizational capacity, and advocacy pertaining to perinatal mental health (PMH) in Washington, District of Columbia (D.C.)

Over the past three years, the Mary's Center Maternal Mental Health (MMH) Program and partnering stakeholders have planned and implemented a wide range of activities to meet those needs identified in the 2015 Needs Assessment, including (but not limited to) community-wide perinatal mental health training for medical, mental health and allied professionals, a billing expansion project to expand perinatal mental health screening coverage in medical clinics, and the creation of an interdisciplinary "Perinatal Mental Health Champions" training and working group.

During the course of 2018-2019, an impact evaluation is being conducted by Mary's Center, through the support of the Howard & Geraldine Polinger Family Foundation, to evaluate how the various perinatal mental health-related activities from 2015-2018 have changed the landscape of screening, referral and treatment for perinatal mood and anxiety disorders in D.C., highlighting both successes and remaining gaps in meeting the mental health needs of perinatal women in the District.

Evaluation Design

A cross-sectional impact design is being used for this evaluation. Data collection consists of three separate evaluation activities to be completed by June 2019. **This report presents key findings from the participant[1] focus groups.**



Overall Participant Perspective Goals

1. *Assess whether participants have been impacted by the MMH related activities in DC since 2015; have these initiatives changed the systems, protocols, services, stigma, and access to care related to MMH*
2. *Gain participant perspective about screening tools used to assess perinatal emotional health*
3. *Gain insight into where Mary's Center/DC can go next; provide guidance for MMH care and advocacy*
4. *Determine existing gaps in care*

Focus Group Research Questions

1. Are women being asked by providers about their mental health in the perinatal period? If so, when and how are they being asked?

[1] Going forward in this report, the term "participant" will generally be used in reference to "patients" or "clients".

2. How do women feel talking to their providers about their perinatal mental health?
3. Are women with PMAD symptoms being referred for services?
4. What barriers prevent women from seeking support/treatment for PMADs?
5. How do women feel about the screening tools (mainly the EPDS & PHQ-9) providers use to assess their mental health in the perinatal period?
6. What programs, services, or ways of talking about emotional health would be most helpful to women who may seek emotional health support?

Methods

Sample

In the 2015 Perinatal Mental Healthcare Needs Assessment, a critical perspective that was missing and that was prioritized in the current impact evaluation was the participant perspective. To gather this perspective, semi-structured group interviews (focus groups) were held with postpartum participants at the Mary's Center Georgia Avenue location.

A total of three focus groups were held on November 7th, 2018 (session 1), December 5th, 2018 (session 2), and December 7th, 2018 (session 3) with the purpose of gathering cross sectional data on participant attitudes, barriers, and perceptions of clinical practices regarding perinatal mental health and to gain better insight into participant attitudes and beliefs about frequently used PMAD screening tools. A variety of methods were used to recruit a diverse group of women less than one year postpartum (PP) for the study. Details on recruitment methodology is outlined in the "Recruitment" section of this report.

Sample Implications

It is important to note some implications of the 2018 focus groups such as reach, sample size, and limitations. The three groups were recruited from and held at one Mary's Center location. The data collected provides valuable insight into the participant perspective of perinatal mental health activities since 2015, however, because the data collected in this study is from participants closely associated with Mary's Center, the present results provide only a snapshot of the perinatal mental health landscape at one location of one DC health center.

It is also important to consider the relatively small sample size of this study (n=13) and the limitations of holding focus groups that require translation. While the current study captures the perspective of English, Spanish, and Amharic speaking women, it is a relatively small sample size and therefore may not be fully generalizable to the perspectives or attitudes of all perinatal women in DC.

In addition, due to limited time and resources the study used Mary's Center bilingual staff (rather than professionally trained translators) to help facilitate focus groups that required translation, which may have impacted data quality and collection for groups held in languages other than English. While reading this report, it is important to consider these implications, as they limit both the applicability and extrapolation of the present data to other populations or communities.

Despite these implications, it is important to recognize that this study is the first attempt we are aware of to capture the minority participant perspective on PMH in DC, and therefore, it serves as a valuable foundation to inform further research on PMH activities and needs within these communities. In addition, this research creates a useful foundation that can inform PMH program development, activities, and initiatives at both Mary's Center and other community health settings in DC who serve minority communities and is a useful tool they can utilize to help them better serve all perinatal women, especially those in minority communities.

Semi-Structured Group Interview (Focus Group): Instrument Development, Protocol, and Recruitment

Instrument Development

Focus group interview questions were designed based off the original research questions formulated for the research project. The focus group script was designed in collaboration with Morgan Gross (Mary's Center, Manager-Maternal Mental Health program) and two graduate level Maternal Mental Health program interns

and based on the research questions formulated for the research project. Feedback was elicited and incorporated into the participant survey from a variety of internal Mary's Center sources including operations, programs, and medical team staff. Community partners outside of Mary's Center that contributed to survey question content and design include representatives from the following entities:

- The Child Health Advocacy Institute, Children's National Health System
- Early Childhood and Family Mental Health (ECFMH) Subcommittee members
- Georgetown University Hospital Women's Mental Health Program
- Early Childhood Innovation Network (ECIN) members

The finalized script (V1) was translated into Spanish through the help of a bilingual MSW student working with Maternal Mental Health program. This finalized script and its translated version were used for session 1 (Spanish language) to elicit participant feedback. Following this session, changes were made to the script to elicit more specific feedback on the screening tools from participants in the subsequent sessions. These changes included the use of additional tools/activities to help facilitate discussion with participants about the EPDS and PHQ screening tools. This second version of the script (V2) was not translated due to time constraints, limited access to translation services, and no immediate plan to hold an additional Spanish language focus group after session 1. The V2 script was used to elicit feedback on the research questions in sessions 2 (Amharic language) and 3 (English language). Certain sections of the script that had been added to this V2 version required the use of written documents created by the facilitator, designed to elicit feedback on the screening tools. These specific sections of the script were not used during session 2 because the additional documents used to facilitate the discussion were not translated into Amharic. The V2 script specifies which parts of the script were exempt for session 2. The V1 and V2 focus group guides are provided at the end of this document.

Focus Group Protocol

Each of the three focus groups were held in a different language (through co-facilitation by a translator) to ensure that feedback could be elicited in the limited time frame of the session (1.5-2 hours) and to minimize how much information was lost in translation between participants and facilitators. The facilitator of all three sessions was an MMH Intern at Mary's Center. Session 1 was with Spanish-speaking participants (n=4), session 2 was with Amharic-speaking participants (n=6) and session 3 was with English-speaking participants (n=3). A total of 13 women participated in the focus groups sessions.

Each focus group had a facilitator, notetaker, additional staff member for support, and a translator for the sessions that required it. Both focus group scripts contained an introduction section and a set of main questions. V1 contained 7 main questions and V2 contained 10 main questions. After the introduction, participants were given a consent form to sign and a small survey designed to collect basic demographic information. The researchers chose to start off session 1 with the screening tool questions followed by perinatal mental health landscape questions (despite the V1 script following a different format), in the interest of time. This change was reflected in the V2 script, such that all 3 sessions followed this general format.

Each session was audio-recorded. During the session a notetaker transcribed the conversation. Following each session, the audio-recording and transcribed notes were reviewed and edited to create a fully transcribed script of the session. Participants were provided with food and drinks during the session. Participants could bring their children to the session in order to reduce childcare as a barrier to participation. The session was also held in the middle of the day (11:45am-2pm) to reduce barriers around logistics with a baby's nap schedule and coordinating logistics of older children. Following the session, participants were given the option of receiving either diapers or a gift bag as a token of appreciation for their participation.

Focus Group Recruitment

Three methods of recruitment were utilized at the Mary's Center Georgia Avenue location: (1) WIC classes and Centering Groups, (2) interest forms attached to the participant survey (another component of this project), and (3) posted flyers with pull tabs containing contact information for women to call/email if they were interested in participating in the focus group.

Interested participants were called initially to determine if they qualified for the study (were under 1-year postpartum) and to confirm the date of the focus group and their participation. Those who qualified and indicated they could participate were then called 1 week and 2 days out from the focus group date.

An overview of the recruitment timeline, number of individuals recruited at each session, and challenges and barriers to recruitment is outlined in Table 1. Of the 34 women who showed interest, 10 did not qualify after either reviewing their interest form or speaking with them directly over the phone. Out of 24 potential qualified participants who were initially reached out to for the three focus groups, 13 total attended.

(1) Recruitment via Survey

The participant survey piece of this project, disseminated from 10/22/2018-12/7/2018, contained an interest form for women to fill out if they wanted to participate in the focus group. This survey was available in both English and Spanish, but not in Amharic. However, Ethiopian women were successfully recruited for the focus groups by other methods, primarily through WIC classes.

(2) Recruitment via WIC classes and Centering Groups at Mary's Center Georgia Avenue

Prior to recruitment, a MMH program intern met with WIC and Centering staff to discuss project details and focus group recruitment. Both staff were willing and open to participant recruitment at the different classes/groups for this project and agreed to help facilitate focus group recruitment activities in this regard. The MMH intern attended both WIC classes and Centering Groups. A form was created to inform women of the project and collect the contact information of those who might be interested in participating. With the help of WIC and Centering staff, the intern presented information on the project to women and disseminated and collected interest forms. Recruitment from WIC classes was challenging due to unpredictable/low attendance. Recruitment from Centering Groups was the lowest due to several class cancellations, low attendance, and staffing changes during the project recruitment period. The MMH intern attended 4 WIC classes and 2 Centering Groups total over the recruitment period.

(3) Recruitment via Flyers

Flyers were posted in English strategically throughout the Mary's Center Georgia Avenue location. The flier contained information on the project and pull tabs with contact information if an individual was interested in learning more/participating.

Table 1. Focus Group Recruitment Details (2018)

Method	Dates Implemented	# of sessions attended	Total women who filled out interest forms	Total women Spanish	Total women Amharic	Total women English	Challenges/Barriers
WIC CLASSES	**9/26/18-11/14/18**	5	12	5	3	4	Low attendance, reaches larger population of women than target population
CENTERING GROUPS	**9/28-10/26**	2	2	2	--	--	Group cancellations, low attendance, only offered in Spanish
PARTICIPANT SURVEY	**10/22-12/7**	X	20	12	1	7	Unable to offer in Amharic

PULL TAB FLYERS	10/30-11/7	X	0	0	0	0	No women followed up/only posted in English

Data Protection

During recruitment, all information that participants filled out containing identifying information was optional. During the focus group sessions, individuals were provided with detailed information about the project, were given the chance to ask questions, and signed a consent form prior to starting the session that indicated that they agreed to be audio-recorded and fully understood the purpose of the research study. Prior to data analysis, all identifying information was separated from the data to ensure confidentiality.

Focus Group Data Analysis

The focus group data was analyzed using an inductive approach common to qualitative content analysis. Two readers read the three initial transcripts several times to obtain a global understanding of the participants overarching ideas and feelings. Phrases that portrayed key thoughts or concepts were highlighted and then coded using labels that reflected the key thought or concept. A third reader read one of the transcripts and coded independently. After this process was completed all codes were discussed by the three readers and grouped into themes to facilitate reporting results.

Results

Participant Demographics

A total of 13 women participated in the focus group study. Out of all the participants, the majority were within 25-34 years of age (77%, n=10) and the minority were within 35-44 years of age (23%, n=3). Of the total number of participants 46% (n=6) identified as Black/African American, 30% (n=4) identified as Hispanic/Latino, and 23% (n=3) identified as White. The majority of participants (77%) identified that they lived in Ward 4 (zip code 20011, n=9; zip code 20012, n=1). Individuals also reported coming from Ward 5 (zip code 20002, n=1) and Ward 2 (zip code 20010, n=1). 1 participant did not report their zip code.

54% (n=7) of participants identified that this was their first pregnancy and 46% (n=6) identified that they had experienced more than one pregnancy. Regarding where women reported they received services surrounding their pregnancy, 46% (n=6) of participants reported receiving their prenatal, postpartum and pediatric care at Mary's Center, 15% (n=2) received 2 out of these 3 services at Mary's Center, and 15% (n=2) received 1 out of these 3 services at Mary's Center. 23% (n=3) of participants received none of these services at Mary's Center. Other facilities that women reported they received some of these services included: Howard University Hospital, Georgetown Hospital, Children's National Hospital, Unity Healthcare, Medstar Washington Hospital Center, Bloom Ob/Gyn, One Medical, and George Washington University Hospital.

Semi-Structured Group Interviews (Focus Groups): The results below address the various themes that emerged during the focus groups. Each theme is first presented as "overall" among all 3 groups, and then is broken down into each group. The "n" reported for each group is the number of respondents for each question. This varies, since some of the groups had participants arrive late or leave early, resulting in certain questions having a different number of individuals present to answer the question.

Screening Tool Questions: Major Themes

All focus groups were asked questions designed to elicit feedback regarding attitudes and feelings about the EPDS and the PHQ-9 as screening tools. This section summarizes the major themes from this portion of the focus group discussion. Major themes are themes that appeared amongst all groups.

Participants are most familiar with the EPDS and less familiar with the PHQ-9 prior to the focus group

Overall: 7 out of 13 women were familiar with the EPDS and only 1 participant was familiar with the PHQ-9. Women reported issues remembering if they had filled out the EPDS in the past or not which could potentially be a result of having to complete many forms at visits during and after pregnancy. For the EPDS, some participants reported that they had been asked some of the questions by their doctor but may not consistently have been given a form to fill out. For the PHQ-9, the majority of participants had not seen the form before, however 1 participant reported that they had verbally been asked questions by their doctor that were similar to the questions on the form. Of note, the EPDS is routinely given to mom's at Mary's Center during the 2 and 6 month Well Child Checkups (WCC). The PHQ-9 is not a routine form that is given to mothers during the perinatal period and therefore it was expected that fewer women would be familiar with this form when compared to the EPDS.

Broken down by group:

I. Session 1 (Spanish, n=4):
- EPDS: 2 participants reported they were familiar with the EPDS. One participant reported they did not quite remember completing this form in the past
- PHQ-9: 1 participant reported being familiar with the PHQ-9

II. Session 2 (Amharic, n=6):
- EPDS: 2 participants explicitly stated they were familiar with the EPDS and had seen it before, after the question was asked in a few different ways and was further clarified by the translator. 1 participant explicitly stated she had never seen the form before. The other 3 participants remembered answering similar questions at their doctor's appointments but did not explicitly state that they had seen this form before.
- PHQ-9: 0 participants were familiar with the PHQ-9, however one participant reported that at her previous doctors visit they had asked her about sleeping/resting/eating but notes that she was not given a form for these questions.

III. Session 3 (English, n=3)
- EPDS: 3 participants reported they were familiar with the EPDS
- PHQ-9: 0 participants reported they were familiar with the PHQ-9

EPDS Screening Tool Themes

Women generally report positive attitudes towards the EPDS as an assessment instrument for emotional health and believe it is a useful tool in facilitating conversations with their providers about emotional health.

Overall: 9 out of 13 participants reported that they found the EPDS useful and helpful in assessing their emotional state. The majority reported generally positive attitudes toward the EPDS as a means for helping them identify their emotional state. 5 participants indicated that they felt the EPDS was useful in helping facilitate conversations about emotional health with providers. No participants expressed dissatisfaction or dislike for the EPDS, and no participants reported negative attitudes, indicated that they think the tool should not be used, or thought it did not do a good job assessing emotional health.

Broken down by group:

Session 1 (Spanish, n=4): 3 participants agreed that the screener was able to identify how they were feeling emotionally and helped them identify their emotional state after having a baby. 2/3 of the women reported that the screening tool is useful for opening-up conversations with the doctor about their emotional health. No participants reported negative attitudes towards the screening tool.

- **Illustrative quote: "**all the questions are correct for identifying our emotional state after having the baby"
- **Illustrative quote:** "I think it helps, makes you think, how do I feel, do I really feel this way?"
- **Illustrative quote:** "we don't want to share about what we are feeling, a lot of women don't want others to know or share a lot of information about what they are feeling because they do not want others around to know what they think. Now with this tool, yes, the tools can open up a conversation with the doctor about emotional health/stage."

Session 2 (Amharic, n=6): 3 participants reported positive attitudes towards the screener. Participants reported a variety of responses including: (1) that they were satisfied with the questions on the screener, (2) that they believed the screener questions were good at identifying emotions after having a baby, (3) that the screener would have been helpful if they were experiencing emotional health issues or that (4) the screener facilitated discussions with providers about emotional health. No participants indicated that they disliked the tool or thought it was not useful in assessing one's emotional state. 1/5 of the women reported that the screening tool opened conversation with the providers about their emotional health that was helpful.

- **Illustrative quote:** "By just looking at the questions, it makes me ask more questions or helps me discuss things and discuss about it with the provider"
- **Illustrative quote:** "questions asks many ways, and I am not experiencing any of the emotions right now, or have not experienced those, but if I had that situation, it would have been very helpful"

Session 3 (English, n=3): all 3 participants agreed that the screener is a useful tool for generally assessing the emotional state of perinatal women. 2/3 participants agreed that the screening tool helped facilitate discussions about emotional health with providers.

- **Illustrative quote:** "I feel that it serves as a good filter. I did not necessarily feel like it was helpful to me to answer these questions, but, I like saw it as more of a 'ok let's make sure this patient doesn't have, like, need for further whatever'."
- **Illustrative quote:** "I do too. It makes me sort of formulate my thoughts before talking to the provider…it was nice to have it written and then someone ask directly."

Women report that the EPDS screener questions serve as a therapeutic intervention that they recognize and utilize. They reported that the screening tool is important because it engages them in self-reflection and self-analysis of their current emotional state.

Overall: 7 out of the 13 participants reported that the EPDS has therapeutic value as a tool for self-reflection and that asking the questions gets them to engage in introspection about their own emotions/feelings. Throughout all groups, women reported that just reading the questions helped them self-assess their current emotional state and prompted them to ask questions that they did not ask themselves regularly.

Broken down by group:

Session 1 (Spanish, n=4): 1 participant reported that the EPDS is helpful because the questions it asks serve as a prompt, probing them to self-reflect on their emotional state and ask themselves questions they may not normally think about or think to ask themselves

- **Illustrative quote:** "I think it helps, makes you think, how do I feel, do I really feel this way?"

Session 2 (Amharic, n=6): 3 participants reported that the EPDS is a helpful tool for self-reflection and results in themselves asking questions they may not normally think about or think to ask themselves.

- **Illustrative quote:** "The questions kind of make me ask myself a question-like, did I get enough sleep, all those questions, kind of make me realize what am I doing, or getting enough sleep, those are the questions that made me thinking about what I'm doing. So it's helpful."
- **Illustrative quote:** "The questions make me realize, do you feel happy after baby's arrival. It goes more deep in saying that it just makes me realize what I'm doing, or if I'm doing enough for myself. The question that not a lot of people ask a lot of the time. So it just help me, that this is just temporary, it will get better"
- **Illustrative quote:** "It was very helpful. The questions ask a question I won't ask myself daily, or often. Like if I'm happy, I don't usually ask myself. So the question made me think about if I'm really happy or not."

Session 3 (English, n=3): 3 participants reported that the EPDS is a helpful tool for self-reflection.

- **Illustrative quote:** "It helps cuz I thought like, like other stuff that's happening to me, thought it wouldn't contribute to this, but it does…"
- **Illustrative quote:** "For me, I think it's something that maybe you wouldn't think about, like, blaming myself. I don't think of that as postpartum depression thing, um, so I am kind of reflecting back on my first [pregnancy]…asking internally, internally asking myself these questions-am I blaming myself? Am I anxious? Am I scared?"

Context plays a major role in how women answer the EPDS questions and some women feel it should be considered as a part of their responses to these questions.

Overall: This theme emerged in the English-speaking focus group in a direct manner, and in the Spanish-speaking and Amharic focus group in an indirect manner. Overall, the English-speaking group participants explicitly identified the importance of being able to add context to their responses to the EPDS. In both the Spanish and Amharic speaking focus groups this need was not explicitly stated, however context was identified as an important factor in how they interpreted and answered the questions, as identified through their responses.

Broken down by group:

Session 1 (Spanish, n=4): 2 participants indirectly brought up the context of their responses and how context would influence the way in which they answered the questions on the EPDS. Participants brought up their changing hormones, their ongoing medical conditions, and their personal circumstances (such as having a special-needs child) as context that influenced their responses to the EPDS questions.

- **Illustrative quote:** "…your hormones are up and down all the time, even one small thing make you feel like the worst person in the world-I feel this way today but I feel another way tomorrow and another way 3 days ago than I do now."
- **Illustrative quote: "**The EPDS Q4 and Q5 [about] did [you] feel panicky or couldn't breathe at times, [I] was under treatment for gastritis, felt that may have been the cause. Would take 4 pills a day for this as treatment."

Session 2 (Amharic, n=6): 1 participant mentioned context as influential to answering the EPDS questions.

- **Illustrative quote:** "yeah, life itself, coming to a new country is stressful, and adding a new baby, especially a child that is still ill, definitely answering those [EPDS] questions would be helpful"
- **Illustrative quote: "**This question was asked during pregnancy, but hasn't been given after birth obviously the answers were completely different, would have answered very differently given what I am going through right now (has baby in NICU, 7 months old)".

Session 3 (English, n=3): all 3 participants agreed that being able to add context to their responses to the EPDS was important and indicated that some of the responses needed space for them to explain or add information about why they answered the way they did.

- **Illustrative quote: "**But like a place for notes even would feel like it would help, so you say I've been sick the last week, or like, my pain has been really bad. Or, like I felt during one point during my pregnancy-I wish you would have asked me this last week, because it was terrible, and I'm feeling better now but I would have liked for a prompt to talk about that at this point. Just some additional spaces for nuance or context would be valuable."
- **Illustrative quote:** "Just one line, not like fifty lines, cuz then it would seem like I would have to say a lot, but notes/context. Or even just telling the person if you want to explain one of your answers."
- **Illustrative quote:** "If they put, like, how I feel, like questions of how I feel, and just write how I've been feeling and going on, I believe that would be helpful too."

Women report logistical challenges to filling out the EPDS that serve as barriers to filling it out honestly and completely.

Overall: This was brought up in both the Spanish and English focus groups but did not emerge in the Amharic focus group discussion. 3 women explicitly identified logistical challenges of filling out the EPDS.

Broken down by group:

Session 1 (Spanish, n=4): 1 participant mentioned the logistics of filling out the EPDS with their baby

- **Illustrative quote:** "EPDS you have to read all the answer [choices]…tough especially when come with baby and have to fill out this form and that form"

Session 3 (English, n=3): 2 participants commented on the logistics of filling out the EPDS. They reported that they had issues with filling out a personal form in a loud busy waiting room with their baby, noted difficulty in switching gears to assess their emotional state when focus has mainly been on their baby, and noted the general process of how the screening tool is distributed and collected.

- **Illustrative quote: "**It was a little awkward to fill out personal stuff in a loud busy waiting room with a baby with you. Honestly, the last time I did it, it was just me, so to gather my thoughts-this is about just me, this isn't about the baby. It was a little distracting."
- **Illustrative quote: "**I'm, to like literally do this (baby in hand and gesturing to paper on desk), like maintain and be like, how do I feel? It's not about me right now, except it is…."
- **Illustrative quote: "**it was often given by the person at the front desk and turned back into that person…my impressions was that [my provider] would have only spoken to me about it if there was a flag, but otherwise, it just wasn't a part of the check in routine."

Women directly and indirectly indicate a lack of psychoeducation surrounding PMH

Overall:

- This was directly brought up in all groups.

Broken down by group:

Session 1 (Spanish, n=4): All participants indicated that there was a need for additional information/education/resources regarding emotional health for new moms and all indicated the need for resources that involved their partners (also in recommendations/improvements section)

Session 2 (Amharic, n=6): 2 participants reported a lack of PMH knowledge. 1 participant reported they did not know that harming oneself could be a symptom of depression and another reported that she did not know she could experience emotional health challenges during her pregnancy.

- **Illustrative quote:** "for me the question was new to me…depression can cause someone to harm themselves, that could be the reason they are asking the question through emotional health or depressions."
- **"Illustrative quote:** "I did not know that all the stress and all that I was feeling came because I was pregnant, and it could happen to someone. I searched and find out, but I had no idea"

Session 3 (English, n=3): 2 individuals reported that they were unaware that certain emotions they felt could be attributed to experiencing depression.

- **Illustrative quote**: "Am I anxious? Am I scared? I just didn't know that those things contributed to depression. I thought it was just sadness, didn't know it was all these other things."
- **Illustrative quote**: "I have postpartum anxiety so maybe depressed people can't sleep, I don't even know so…"
- **Anecdote:** One participant notes she had a more positive experience with her most recent pregnancy compared to her past pregnancy, and she attributes to having a greater amount of experience and knowledge surrounding her emotional health which helped her be a better advocate for her emotional health needs.
- **From EPDS Comfort/Honesty category, but related to psychoeducation**: 3/3 participants reported they were comfortable answering questions on the EPDS and reported answering them honestly but indicated some form of doubt in their self-assessment of themselves and what was considered a normal baseline for what they were experiencing. All 3 participants reported issues with differentiating between what was considered a normal part of being a new mom and what was considered a deviation away from this, and their ability to asses this difference.

EPDS vs. PHQ-9 MAJOR THEMES

Women in all 3 focus groups were asked to compare the EPDS and the PHQ-9.

Screening Tool Preference

Overall: Women in all groups did not appear to prefer one screening tool over the other, and some women indicated that they would like to be asked questions from both the EPDS and the PHQ-9 as part of an assessment of their emotional health.

Women indicated that they preferred one screening tool's way of wording certain questions over the other when the questions were broken down by theme and women had to select their preference, however this activity was limited to just the English-speaking focus group and was not completed with the other groups.

Broken down by group:

Session 1 (Spanish, n=4): 1 participant preferred the EPDS, 1 participant preferred the PHQ-9.

Session 2 (Amharic, n=6): 3 participants indicated that they would combine both the EPDS and the PHQ-9. Women indicated that some the questions on the PHQ-9 were important to ask perinatal women and should be added to the EPDS or at least asked in some form.

Session 3 (English, n=3): Participants were not directly asked about which screener they preferred. They were asked indirectly through an activity. The activity divided up all questions from the EPDS and the PHQ-9 into themes and asked women to select the question option they preferred for each theme. Women had had exposure to both the EPDS and the PHQ-9 in the focus group discussion prior to this activity, but the activity

did not identify which screener each question option was from. This activity and the responses are summarized in the table below. Participants generally showed an equal preference for the EPDS and PHQ-9 questions based on their responses to this activity. Regarding each theme, individuals showed a preference towards the way the EPDS asks about suicidal thoughts/self-harm but preferred the way the PHQ-9 asks about their "View of Self" and "Sleep." Participants had mixed responses regarding the wording/questions they preferred for asking about their mood, anxiety, and energy.

Theme	**Screener Preference (based on most selected response)**	**Most Selected Response (n)**	**Second Most Selected Response (n)**	**Illustrative Quotes**
Mood	PHQ-9	Feeling down, depressed, or hopeless (2) PHQ-9	I have looked forward with enjoyment to things (1) EPDS	"Because [PHQ-9] gave me 3 options to talk about to classify how I was feeling." "the other options were really like one or the other, or it's like only one version of that experience-I've been so unhappy I've been crying-like what about, I've been so unhappy I just sit around and stare at the wall. So feeling down, depressed, or hopeless captures more of that."
Suicidal thoughts/Self-harm	EPDS	The thought of harming myself has occurred to me (3) EPDS		"I like [the wording] harm instead of dead' "Because I feel like saying I would be better off dead is a lot different than saying it is a thought that's crossed my mind...I think people would identify that more than they would say I'd be better off dead [referring to choice option from EPDS "Thoughts that you would be better off dead or of hurting yourself in some way"]."
Anxiety	EPDS (no PHQ-9 equivalents)	I have felt scared or panicky for no very good reason (2) EPDS	I have been anxious or worried for no good reason (1) EPDS	"the no very good reason-I don't like that. I have reasons." "I didn't like the for no very good reason…people felt panicky for a reason. I felt scared about something and it was for a reason, but it wasn't necessarily a good reason, and that feels like a little judgy"
View of Self	PHQ-9	Feeling bad about yourself-or that you are a failure or		"I chose feeling bad about myself. Because I couldn't figure out what's unnecessary or not

		have let yourself/your family down (3)		[referring to other choice option from EPDS "I have blamed myself unnecessarily when things went wrong"]." "not only just like I feel bad about myself, which I feel like a lot of people feel that way…but like letting yourself or your family down, mostly letting your family down, like how I feel about myself relative to people around. I think a lot of women tend to exist in this state of self-doubt and self-deprecation, to the point where like, so feeling bad about yourself isn't necessarily noteworthy" "I didn't like the second one [I have blamed myself unnecessarily when things went wrong] because of the unnecessarily when things went wrong."
Sleep	PHQ-9	Trouble falling or staying asleep, or sleeping too much (3) PHQ-9		"I like the 3 different options, and that it's not linked to being unhappy"
Energy	EPDS	Things have been getting on top of me (2) EPDS	Feeling tired or having little energy (1) PHQ-9	"because I feel like things are on top of me. Like, I feel like I just exist in a perpetual state of always being behind." "I feel like energy is tied to eating and sleeping and all that…there's a lot of external factors that affect my energy. Tired and little energy? Isn't that all new moms? Does that really show mental health?"

Following this activity participants were asked to identify whether they preferred the EPDS-3 or the PHQ-4 as an abbreviated screening tool. All 3 participants indicated a preference for the EPDS-3 and no participants preferred the PHQ-4.

Screening Tool Question and Answer Option Limitations

Overall: Women indicated that they felt the questions and the answer options on the PHQ-9 were more inclusive and less limiting compared to the EPDS. Women noted that the PHQ-9 questions had more options/language they could identify with and were more objective/required less contextualizing to answer appropriately.

Session 1 (Spanish, n=4): 1 participant felt that the questions in the PHQ-9 were less limiting than the question on the EPDS because each question included a wider scope of choices for answering the question.

- **Illustrative quote:** "More options with the PHQ-9, is more generic, whereas EPDS is more specific, so you have more options on the PHQ-9"

Session 2 (Amharic, n=6): 1 participant noted that compared to the EPDS, the questions on the PHQ-9 were more concrete and asked more specific questions about their experience.

- **Illustrative quote:** "Felt ok answering them (EPDS questions) but when I look at PHQ-9 questions I feel more deep-if I have appetite, sleeps, not getting enough rest"

Session 3 (English, n=3): 3 participants identified that certain answer options on the EPDS were limiting and wanted a more expansive and inclusive set of options to pick from that were more congruent with their experiences. Participants also indicated that questions on the EPDS create false equivalencies connecting behaviors and emotional states that they felt they could not fully identify with or did not fully capture their emotional experience. In general women felt that question on the EPDS were too extreme and had intense language and indicated that they appreciated the spectrum of options that the PHQ-9 had to offer because the questions had more options they could identify with and that were more congruent with their experiences.

- **Illustrative quote:** "I guess I am wondering what you are getting at with #7 [on the EPDS], "I've been so unhappy that I have had difficulty sleeping?" Like what if you are so unhappy that you stopped eating? Is that the same thing? Cuz I never have trouble sleeping, but maybe I'm unhappy."
- **Illustrative quote:** "I remember feeling, and like still to a degree, especially in the early assessment, that unhappy felt like the wrong word [referencing #7 on the EPDS], because I was like, I have this baby, I really wanted this baby, I am happy I have this baby, so I don't feel like I can accurately say I am unhappy…"
- **Illustrative quote:** "I don't think any mother is getting enough sleep [referencing #7 on EPDS], but like, I'm not getting enough sleep and that is making me unhappy- differentiating."
- **Illustrative quote:** "[referencing #9 on EPDS] I have felt so unhappy that I have been crying…this is just really intense language. I feel like there's a way to soften it or there's a middle ground that I want to identify with, but that I don't know, if it's not this bad, then it's not that relevant…if it's not as bad as this is asking for then it doesn't matter or it's not like, bad enough, to be sort of, addressed."
- **Illustrative quote: "**[referencing PHQ-9] I like these questions more…I feel like they are getting to the root of the feelings more directly…straight to the point…and there are options there. There were times when I didn't feel hopeless but I definitely felt down, so I would feel okay identifying with that.
- **Illustrative quote: "**[referencing PHQ-9] It feels a little bit more objective, so I don't feel like I have to consider context quite as much."

Screening Tool Format: Likert scale (PHQ-9) vs. multiple choice (EPDS)

Overall: 4 participants mentioned that they preferred the Likert scale of the PHQ-9 over the multiple-choice format of the EPDS because it either made the screener feel shorter/reduced the reading burden or because it provided them with what felt like less limiting answer choices. Women appreciated the PHQ-9 because it provided a question at the end that enabled them to add a level of context to their answers that the EPDS did not have- *"If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?"*

Session 1 (Spanish, n=4): 1 participant indicated they preferred the PHQ-9 because they perceived it to be shorter and attributed this to the Likert scale used to answer the questions which reduced the screener's reading burden.

- **Illustrative quote:** “PHQ-9 is better, because it is shorter, even though it’s pretty much the same number of questions, the EPDS you have to read all the answers, vs PHQ-9 you only have to say scale of 0-7.”

Session 2 (Amharic, n=6): the screening tool format was not addressed in the Amharic-speaking group.

Session 3 (English, n=3): 3 participants indicated that they felt that multiple choice was limiting on the EPDS and indicated that they would prefer a place to add context to their answers. Women appreciated the end of the PHQ-9 where they were able to add context by indicating how much the difficulties they are experiencing interfere with their daily life. Participants identified that they liked the PHQ-9 because the Likert scale made it easier to read and made it easier to understand and answer because there were less semantics to consider.

- **Illustrative quote:** “I often feel boxed in with limited multiple choice.”
- **Illustrative quote:** “yea, especially because at the end [of the PHQ-9] it says if you have said yes to any of these, how difficult have they/how much have they interfered with your life. For me, that was an important distinction to think about, like, at different times when I’ve felt more anxious or felt more depressed. This is a feeling, I have it intensely for a little while, but I can still cook dinner, or like, I can still manage to get to work. There have been times where it was like, no I couldn’t for whatever reason, so it was nice to know there’s like the scales of I’, feeling this, I’m feeling this and it’s interfering in this dramatic way. That felt like an important distinction to offer.”
- **Illustrative quote:** “like I know what 0 to 3 means [on the Likert scale of the PHQ-9], it’s not…like the semantics of those other [EPDS questions], it’s just a little bit easier…”

<u>**Screening Tool Timeframe**</u>

This was only mentioned in the English-speaking group. All 3 participants mentioned that they preferred the 2-week timeframe on the PHQ-9 compared to the 7-day timeframe on the EPDS because they felt that a 2-week time was a more realistic time-period to adequately assess their emotional health

- **Illustrative quote: “**I like that it is two weeks. That feels like a more realistic chunk of time in sort of trying to assess whether things are okay…like yea I had a really bad week, I’m not having, not dealing with postpartum depression, but okay, two weeks, and I felt this way the entire time, well that’s something, pay attention to that, you know.”
- **Illustrative quote: “**I had enough sort of run ins with mental health stuff prior to being pregnant that I knew that 7 days wasn’t really like an accurate, or it felt to me like it wasn’t a reflective time-period. So, it’s like, I know this week has been bad, so it probably doesn’t make that its postpartum depression, whereas it feels like with 2 weeks, they are capturing something more nuanced”

<u>Perinatal Mental Health Landscape</u>

Women were asked to identify when, by whom, and how they were asked about their emotional health during their most recent pregnancy.

During participants most recent pregnancy, the majority of participants (n=8) report being asked about their emotional health by a pediatrician, and most women report being asked at a variety of different appointments either directly through conversation with providers, indirectly through completion of screening tools, or both.

Overall: Most participants reported being asked about their emotional health at pediatric appointments (n=8) followed by prenatal appointments (n=4). All participants were asked at least once during the perinatal period, but there was little consistency as to which appointment/provider types they were asked at. Overall, individuals report being asked about their emotional health at a variety of different appointments (pediatric, prenatal,

postpartum, physical therapy, and genetic appointments were all mentioned). Women report being asked both indirectly using screening tools, directly by the provider, or both.

Broken down by group:

Session 1 (Spanish, n=4)[2]: All participants reported being asked about their emotional health at at least one appointment during their most recent pregnancy. All participants were asked by a pediatrician. 2 participants reported being asked at least 3 times by different medical professionals. One participant explicitly identified that she was given the EPDS at her baby's most recent well child check-up. All other participants did not specify how they were asked (indirectly through the screening tool, directly by the physician, or both).

Session 2 (Amharic, n=6)[3]: All participants reported being asked about their emotional health at a minimum of one appointment during their most recent pregnancy. 2 participants explicitly reported being asked about their emotional health by a pediatrician indirectly through completing the EPDS. 3 participants explicitly reported being asked about their emotional health at their prenatal appointments and 2 of these participants reported being directly asked by the physician (without the use of a screener) and 1 reported being asked indirectly by filling out the EPDS screener. 1 participant reported that they were asked questions similar to the EPDS in the postpartum period but did not identify what type of appointment after having the baby.

Session 3 (English, n=3)[4]: All participants reported being asked about their emotional health at at least one appointment. 2 participants explicitly reported being asked by their pediatrician, 1 participant explicitly reported being asked at her prenatal appointment, and one participant explicitly reported being asked by her physical therapist. Two participants reported they were asked exclusively through screening tools, and one participant reported they were asked through both screening tools and direct questions from their doctor.

Women who had experienced more than one pregnancy were asked to compare their most recent and past pregnancies regarding being asked about their emotional health.

Women report a vast array of different experiences that influence the way in which they feel emotional health was addressed across their pregnancies, making a comparison of past and present PMH landscapes difficult to assess

Overall: 6 participants reported experiencing more than one pregnancy and could compare their most recent pregnancy to past pregnancies. Participants reported mixed responses about how emotional health was

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[2] Participant 1: was asked 3 times→ hospital, after delivery, by pediatrician

Participant 2: was asked 3-4 times → her doctor, when she had baby, 9 mo WCC pediatrician

Participant 3: Friends, pediatrician

Participant 4: Genetic appointments, pediatrician

[3] P1: EPDS at pediatric appointment

P2: Pediatrician, prenatal appt with midwife

P3: Prenatal appointment, postpartum appointment

P4: Prenatal

[4] Pediatrician

Prenatal

Physical therapist

2 exclusively with screening tools

1 screening tools and direct questions from the doctor

addressed in prior pregnancies compared to their most recent pregnancy. 2 participants indicated that they felt less comfortable or were not asked about emotional health during their most recent pregnancy, 1 participant felt that there was no change surrounding how they were asked about their emotional health, and 1 participant indicated that they felt that the way their emotional health was addressed had improved since their past pregnancy. This varying mix of responses can be attributed to the plethora of factors that influence this comparison such as (1) different providers for each pregnancy, (2) different experiences surrounding each pregnancy, and (3) an increase in knowledge and experience following ones first pregnancy that helps inform following pregnancies.

Broken down by group:

Session 1 (Spanish, n=4): 3 participants reported experiencing more than one pregnancy. 2 of these women reported that their past pregnancies were in another country. 1 of these women had experienced both pregnancies in the US and reported that she felt that her experiences in being asked about her emotional health was similar across both her pregnancies.

- **Illustrative quote:** "They asked about the same, maybe different forms or questions but basically collecting the same information with both pregnancies."

Session 2 (Amharic, n=6): 2 participants reported experiencing more than one pregnancy. Each of these women reported very different experiences regarding their first and second pregnancies. Both reported that during their most recent pregnancy they were either not asked about their emotional health or were less comfortable talking about their emotional with their provider. Each participant reported extrinsic factors such as different providers for each pregnancy and different physical experiences with each pregnancy that attributed to these very different experiences.

- **Illustrative quote:** "I felt the first doctor was listening to me and answering my questions. The second one wasn't open or making me comfortable. Both were at Mary's Center. With the first, things I needed were being provided. With the second, didn't feel the doctor was listening to me."
- **Illustrative quote:** "with prior pregnancies, this form [EPDS] was provided and I was asked questions if I have any problems with any issue. But with my most recent pregnancy and baby, I was not given this form, and that is when I was feeling more problems. I was with the same doctor with both pregnancies, but material was not provided at most recent."
- **Illustrative quote:** "this recent pregnancy was different than before, because I was more sick and have not had any appetite. So it was completely different than previous pregnancies.

Session 3 (English, n=3): 1 participant reported experiencing more than one pregnancy. This one participant reports that for both her pregnancies she was asked through screening tools at her child's pediatric appointments. This participant notes she had a more positive experience with her most recent pregnancy compared to her past pregnancy, and she attributes to having a greater amount of experience and knowledge surrounding her emotional health which helped her be a better advocate for her emotional health needs. This participant also reports that she notices that people are talking about mental health unprompted a lot more during her recent pregnancy compared to her past pregnancies

- **Illustrative quote: "**I had a really bad birth [first pregnancy], so I changed my hospital and my provider. I ended up having the same birth, and much the same bad things happened, but the providers were much better at taking care of me. Because I had been up front about my anxieties and knew what to look for, it was a much better experience…the second time [pregnancy] I knew what was bad and what was good and I was more demanding….I ended up getting a doula for by 2nd one [pregnancy] cuz I knew I needed the emotional support in case things went south, and they did. So I don't think the providers really did anything special."

- **Illustrative quote:** “People are talking about mental health a lot more than they were with my first one, like, unprompted, not knowing who I am.”

Women were asked about how comfortable they were answering questions about their emotional health (either through a screening tool or through discussions with a provider) and whether they answered these questions honestly.

Women had mixed responses when asked about whether they were comfortable answering questions about their emotional health and regarding whether they answered these questions honestly

Overall: Women report mixed feelings about their general comfort with discussing emotional health either indirectly through screening tools or directly through discussions with providers. Women also reported mixed responses about their honesty in answering questions about their emotional health with either method, and some noted challenges with conducting a self-assessment through a screening tool.

Within the Spanish-speaking group, individuals noted their discomfort in discussing their emotional health in both clinical and hospital settings but reported comfort with Mary’s Center providers. Individuals reported (1) concern that they may not want to take the recommendations that the provider is offering if they answer honestly and (2) judgement/shame as main barriers to answering honestly or feeling uncomfortable talking about emotional health with providers.

Within the Amharic-speaking group individuals reported general comfort in answering the EPDS questions. Women in this focus group also reported that they did not always honestly answer questions about their emotional health but at the same time indicated comfort in discussing emotional health with providers. Participants noted that feeling that they would not be given solutions to their issue was a major barrier to answering questions about their emotional health honestly.

Within the English-speaking group women reported being comfortable answering EPDS questions and reported answering them honestly. The majority of women in this focus group noted they were most comfortable answering questions from their providers about their emotional health with the facilitation of the screening tool, and also reported doubts in their own self-assessment of their emotional state, making answering questions about emotional health honestly more subjective and difficult for participants.

Broken down by group:

Session 1 (Spanish, n=4):

- *EPDS Comfort/Honesty:* 1 participant mentioned explicitly that they may not answer the EPDS questions honestly and noted she would consider answering it how the provider would want her to. Two participants did not provide any explicit feedback on the EPDS in terms of comfort and answering honestly, and one was not present for questions about the EPDS.
    - **Illustrative quote:** “Sometimes not sure if you want someone to pick on you and say, “are you really feeling this way?” Do I really want to answer this? Do I really want to answer this or just fill it out how they want me to answer it?”
    - **Illustrative quote: “**I think the questions are great, the way providers ask you is great, I think it’s us, but we don’t want to share, we are very smart, we know what that is for, sometimes we don’t want to take extra step but it’s very personal, it’s not your forms. I consider myself a strong person, but sometimes I feel like I want to cry...we want to show the doctor we can handle it, it’s not the form, it’s what we decide to do.”
- *Provider Comfort/Honesty:* 3 participants mentioned discomfort discussing their emotional health with providers in different settings. 2 participants reported discomfort in hospital settings, and 1 reported discomfort in a clinic setting. 2 participants reported feeling comfortable discussing emotional health with their providers.

- **Illustrative quote:** “I understand in the hospital they really want to cut through it, they are looking for your fast answer. They are so straight and intense…here at Mary’s Center they say, how are you feeling, are you tired, are you eating? Here more psychology. Think here is better They give you confidence and friendship to open up. If they say, “do you want to kill yourself,” you’ll feel shocked, not want to answer or talk anymore because scared.”
- **Illustrative quote:** “In hospital, feels they just want to ask the questions and get rid of you. Feel more comfortable here [Mary’s Center] in terms of how they asked questions, was asked if [I} need further support.”
- **Illustrative quote:** “whenever asked, felt ok, didn’t feel as if too straightforward. Even sometimes in the clinic, didn’t want to share too much because they would then advise or say they will be visiting at home, so didn’t feel comfortable sharing too much.”
- **Illustrative quote:** “Yes, when feel bad, you can speak with the doctor, they are able to help.”

Session 2 (Amharic, n=5):

- *EPDS Comfort/Honesty:* 3 participants reported comfort in answering questions on the EPDS. 1 participant reported discomfort with the EPDS questions, reporting that some of the questions are frightening.
  - **Illustrative quote:** “I feel like the questions are just there for the law or because they have to be there. I don’t feel like when I answer them yes that I get a solution. So I actually stopped answering them ‘Yes’ just for that.”
  - **Illustrative quote:** “After I filled out the questions, I felt good, because I answered what I felt at that time, knowing that some of the answers that I answered, and getting feedback from them was helpful.”
  - **Illustrative quote: “**I feel some of the questions were frightening, not comfortable with, like the question about hurting [myself], thought about it, why are they asking me the questions, am I going through this much, kind of got me asking ‘why is this question presented’, I feel this is a very strong question.”
- *Provider Comfort/Honesty:* 2 participants reported that they do not answer questions from their providers about emotional health honestly anymore because they feel they do not get solutions to their issues. 2 participants reported they were comfortable discussing emotional health with their provider.
  - **Illustrative quote:** “I used to tell the doctor about my emotional health, but I have not been contacted or give referral to other places, so feel like the doctors aren’t doing anything for me. So I am not answering them correctly or being open to that anymore.”
  - **Illustrative quote:** “some of the questions I doesn’t ask the doctor, because I doesn’t feel doctor will give me any solution, so some of the questions I just hold on to…I don’t think doctor will have solution for it, could be issue with husband, or having difficulties with that, domestic violence, or something like that…some of the questions I don’t feel like sharing with anyone but family members.”
  - **Illustrative quote: “**I feel like I don’t want to discuss some of my emotional health, because kind of the questions, or the paperwork, the forms, so replying those questions, is like the doctor is talking to me kind of things, so I don’t feel like giving all that information or speaking to him about all the questions I have.”
  - **Illustrative quote:** “I have no problem, comfortable with asking questions with provider, actually takes notes in case I forget some of the questions and take notes with me in case I forget, feel very comfortable…doctor always asks if I have more questions before he leaves.”
  - **Illustrative quote:** “My provider is very helpful, I answer the questions they ask me, but I think if they ask other questions, feels like the doctor will provide some of the answers.”

Session 3 (English, n=3):

- *EPDS Comfort/Honesty*: 3/3 participants reported they were comfortable answering questions on the EPDS and reported answering them honestly but indicated some form of doubt in their self-assessment of themselves and what was considered a normal baseline for what they were experiencing. All 3 participants reported issues with differentiating between what was considered a normal part of being a new mom and what was considered a deviation away from this, and their ability to asses this difference. They reported that honesty was subjective and very much based on their own personal assessment of themselves and what they perceive the normal baseline is.
    - **Illustrative quote: "**I remember feeling like I didn't know if my assessment of myself was like a good way of measuring if I was ok. Cuz like, there were times especially during pregnancy when I was like I am struggling, but I don't think it's abnormal to be struggling right now, I think it's like kind of the norm, so I should probably not, like, lean to the more intense side, the dramatic side…I feel like honesty felt so subjective, that I didn't quite know, that I don't know if I would say I felt I was being honest because I definitely was changing my answer based on what I thought was a baseline that may or may not be accurate."
- *Provider Comfort/Honesty:* 2 participants reported that they were comfortable talking with their provider when screening tools were used to facilitate the discussion. 1 participant reported discomfort in talking with their provider about their emotional health.
    - **Illustrative quote:** "I didn't [feel comfortable talking to my provider] honestly…it felt so routine that I didn't feel like this is the space to be like I'm actually having these concerns. It's more like, "you're all good," and I'm like, well am I? I don't know. And now I don't feel like I can ask. But yeah, I didn't feel particularly comfortable discussing with them."
    - **Illustrative quote: "**I [feel comfortable with the screening tool]. It makes me sort of formulate my thoughts before talking to the provider."

Women were asked to provide feedback on what could be improved regarding the questions asked on the screening tools and how providers ask them about emotional health during pregnancy. They were also asked to give recommendation for programs, services or ways of talking about emotional health that would be most helpful to them and make them feel most comfortable.

Women generally identified two areas of need that if improved would be most helpful to them and make them feel more comfortable discussing their emotional health; (1) the need for more information surrounding emotional health during pregnancy/postpartum and available support services and (2) the need for improvements in the patient-provider interaction regarding emotional health. Women also reported on the value of support groups as a way to help women cope with emotional challenges during the postpartum period and also identified pediatricians as playing an essential role in identifying their emotional health needs and connecting them to support services.

Broken down by group:

Session 1 (Spanish, n=4): All participants indicated that there was a need for additional information/education/resources regarding emotional health for new moms and all indicated the need for resources that involved their partners. All participants indicated they thought that a support group that included their partners and other couples would help them cope with the new lifestyle and challenges they may face with their partners.

- **Illustrative quote:** "Partner is a lot of the percentage of feelings of a new mom, we may need some guidance. Especially when first time being a parent."
- **Illustrative quote: "**sometimes husband feels left out, you give too much time to baby. Having a group with partners can help, how to handle the new lifestyle and relationships."

- **Illustrative quote: "**Sometimes the men feel it's the women's responsibility to handle the kids and work at home. It may be a good idea to invite the fathers because it is good to hear it from other couples, not just you."

Session 2 (Amharic, n=5): Individuals had a variety of feedback in response to this question. 1 participant mentioned that being able to rate the doctors would be helpful, 1 indicated that improving wait times was important to her, 1 participant mentioned that education on emotional challenges during pregnancy was important, and 1 participant identified that being asked question about one's social life was important to them in assessing emotional health. Another participant mentioned that asking questions that help direct women to social services to facilitate them getting back to their 'normal life' was important to her and another indicated that being given a solution booklet addressing women's responses to the EPDS would be helpful to her. 1 participant mentioned that doctors should not ask women about their emotional health if they are not able to provide solutions.

- **Illustrative quote:** "maybe there would be some questions that we didn't think about, that can be helpful, that I can't think about or don't know, but that be helpful, about putting a solution to those questions, maybe a small book with those solutions on it….there could be an example about one of the questions in there, it could be not getting enough rest or not balancing life and putting a solution, answering some questions that can be used…providing material."

Session 3 (English, n=3): Participants had a variety of feedback in response to this question.

Patient-Provider Interaction-Areas of Improvement: Most of the responses to this question were regarding the patient-provider interaction during a doctor's visit. Participants noted the need for improvement in provider's skills surrounding asking about emotional health. In particular, women saw a need for improvement in the provider's openness and preparedness to discuss emotional health concerns with them and mentioned (1) the importance of asking women about their emotional health in a direct manner during pediatric visits and (2) focusing attention on the mom when asking about emotional health rather than the computer screen. Women also noted the need for providers to ask them about what their emotional health was like prior to their pregnancy and to address with participants how these concerns may have changed or been aggravated during their pregnancy. Women also mentioned the importance of having a provider they could relate to and who had been through similar experiences as they had (providers with young children or providers who experienced emotional health challenges were brought up as examples). In addition, women also reported that gender was a more important factor than the person's title (physician, social worker, etc) in determining whether they were comfortable talking about emotional health with that individual. Participants noted that they preferred discussing their emotional health needs with female physicians rather than male physicians.

Support Resources-The Role of the Physician in Access & Awareness: Women mentioned support groups as an important resource for helping new moms deal with emotional problems. Participants emphasized the important responsibility providers have in making women aware of emotional health services and emphasized the need for providers to facilitate directly connecting them to emotional support services. This involves provider's making women aware of support services (such as counseling) and offering to schedule the first appointment, since lack of awareness about available support services and difficulties scheduling the initial appointment were both identified as barriers to accessing these support services. One participant mentioned the possibility of home visiting for counseling for new moms to get women the emotional support they may need. Women also greatly emphasized the important role of pediatricians in identifying and helping new moms access support services. Women noted that pediatricians were generally the only provider they saw regularly in the postpartum period and identified pediatricians as the gatekeepers to much needed support services to new moms, making their role in assessing and identifying emotional health needs critical and essential. The quote below illustrates this point.

- **Illustrative quote:** "They [pediatricians] probably know this already, but, like, reminders, at whatever frequency, that they are on the front lines of it, that like there's the emotional mental health stuff that

isn't normal to talk about regularly even if sometimes it can feel like it, and it's not normalized, and that they are capturing people who could be struggling with it…they are on the front lines."

Appendix

Focus Group Interview Guide (V1)

Consent script: read by facilitator

"*Hello and thank you for being here today! We appreciate your willingness to participate in our study on maternal emotional health. The purpose of this study is to assess how the emotional and behavioral health challenges that can come with motherhood are being assessed for and treated by providers. Using the stories that you share today, we hope to improve how providers ask moms about emotional health so that moms feel adequately supported during their pregnancy and postpartum periods.*

In this group, you will be asked to share your experiences about motherhood, your emotional health, and your interactions with care providers. We are asking for your participation in this survey. Additionally, we also ask that all group members be respectful of each other's privacy and confidentiality during and outside of the focus group. Please do not identify others outside of the group or repeat what is shared during this session. The conversation we have will be recorded and a note taker will take notes throughout the conversation so that we can accurately capture the valuable information you provide. All information will be kept confidential, and no identifying information will be shared. We may quote your comments in the study report or future presentations, but your name will not be used in order to protect your identity. This conversation will last approximately an hour and a half.

Participation in this study is voluntary. You do not have to answer any questions you do not want to. If at any time and for any reason you decide you do not want to participate, please feel free to let us know and you may leave the group. If you decide to withdraw from the study, the group facilitator will ask you if the information already collected from you can be used.

If questions arise at any point during the focus group please do not hesitate to ask them, we want to make sure you are as comfortable as possible during the discussion. If you have questions later after the group, we will provide the contact information for the group facilitator at the end of this session. Does anyone have questions now before we move on?

-Pause for questions-

We will now pass out a brief survey to ask some demographic information and to get written consent for your participation in the study. Then we will begin the group.

Intro script (read by facilitator)

"It is very common for women to experience changes in their emotional health during and after pregnancy. Nearly 1 in every 5 women will experience changes to their mood including feelings of sadness, mood swings, lack of joy, guilt, anxiety, excessive worry and sometimes suicidal thoughts. Feelings like these are very common. These thoughts and feelings are treatable and with help, these feelings will go away.

Today, we want to better understand how health care professionals can support women's emotional health after having a baby. It's okay if you've never had feelings like these- we still want to learn more about your experiences and thoughts on this topic. We encourage you to share your views and experiences and to interact with each other during the discussion. Let's get started!"

Engagement/intro questions

1. What do you like best about being a mother?

2. Please raise your hand if you experienced any feelings that were unexpected or different than what you expected when you became a mother.
    a. Can you tell me about these unexpected feelings?

b. What was it like to have these feelings?

Main Questions

Main Question 1:

Think about your most recent pregnancy and the months after the baby was born

Please raise your hand if, at any point during these times, you were asked about your emotional health.

*(*Note taker, record how many hands are raised*)*

1. (*Directed at the women who raised their hands*)
   a. Who asked you about your emotional health?
   b. When did they ask you about it?
   c. How did they ask you about it?
   d. Did you feel comfortable talking about your emotional health with this person?
   e. What would have made you feel more comfortable?
   f. What happened after you talked about your emotional health? (i.e. did you feel better, did the provider give you resources to get support, etc.)

Main Question 2:

Now, **please raise your hand if you have birthed more than one child.**

1. (*Directed at the women who raised their hands*)
   a. Think back to your other pregnancies. **Please raise your hand if you remember being asked about your emotional health with any of your previous pregnancies and the months after the baby was born.**

*(*Note taker, record how many hands are raised*)*

   b. Who asked you about your emotional health?
   c. When did they ask you about it?
   d. How did they ask about it?
   e. Did you feel comfortable talking about your emotional health with this person?
   f. What would have made you feel more comfortable?
   g. Have you noticed any similarities or differences between your pregnancies in how you were asked about your emotional health?

Main Question 3:

Earlier today or in the past few months you likely completed a form with 10 questions asking about your emotional health (*circulate copy of EPDS*).

Please raise your hand if you've completed this form before *(*Note taker, record how many hands are raised*).*

What was it like to complete this form?

Probing questions:

- How comfortable were you answering the questions?
- Did you answer them honestly? If not, what kept you from answering honestly?
- As you look at these questions, do you understand the meaning of them?
  - Are there any questions that are hard to understand? If so, which ones and why?

Main Question 4:

Now I'd like to ask you about another form some clinics use to ask women about their emotional health. (*circulate copy of PHQ-9 and read some of the questions*) **Please raise your hand if you think you've completed this form before** (*Note taker, record how many hands are raised*).

- Even if you've never seen this form before, how comfortable would you be answering these questions?
- As you look at these questions, do you understand the meaning of them? Are there any questions that are hard to understand? If so, which ones and why?

Main Question 5:

Now, think about both of these forms. Which one would you rather fill out in a healthcare setting and why?

Main Question 6:

In general, can you explain why you may or may not like being asked about your emotional wellbeing at health care appointments, before/after and during pregnancy?

- Do you think providers should talk to you about your answers to these questions, even if you seem to be feeling okay?
- Can you explain what would make you more comfortable talking to your health care providers about your emotional health?
- Is there someone else you would feel more comfortable talking to about your emotional health other than the doctor? For example a nurse, social worker, technician, etc?

Closing Questions

Before leaving today I have one last question for you. What is one thing you want health care providers to know when talking to women about their emotional health during pregnancy and in the months after having a baby?

Focus Group Interview Guide (V2)

Hello and thank you for being here today! We appreciate your willingness to participate in our study on maternal emotional health. The purpose of this study is to assess how the emotional and behavioral health challenges that can come with motherhood are being assessed for and treated by providers. Using the stories that you share today, we hope to improve how providers ask moms about emotional health so that moms feel adequately supported during their pregnancy and postpartum periods.

In this group, you will be asked to share your experiences about motherhood, your emotional health, and your interactions with care providers. We ask that all group members be respectful of each other's privacy and confidentiality during and outside of the focus group. Please do not identify others outside of the group or repeat what is shared during this session. The conversation we have will be recorded and a note taker will take notes throughout the conversation so that we can accurately capture the valuable information you provide. All information will be kept confidential, and no identifying information will be shared. We may quote your comments in the study report or future presentations, but your name will not be used in order to protect your identity. This conversation will last approximately an hour and a half.

Participation in this study is voluntary. You do not have to answer any questions you do not want to. If at any time and for any reason you decide you do not want to participate, please feel free to let us know and you may leave the group. If you decide to withdraw from the study, the group facilitator will ask you if the information already collected from you can be used.

If questions arise at any point during the focus group please do not hesitate to ask them, we want to make sure you are as comfortable as possible during the discussion. If you have questions later after the group, we will provide the contact information for the group facilitator at the end of this session. Does anyone have questions now before we move on?"

-Pause for questions-

We will now pass out a brief survey to ask some demographic information and to get written consent for your participation in the study. Then we will begin the group.

Facilitator Question Guide

The first part of this group is going to involve me asking you questions about screening tools we use to assess emotional wellbeing during pregnancy and after the baby is born. We have some exercises/tools to help facilitate this discussion. After we finish the activities surrounding these screening tools we are going to transition into talking about emotional health in pregnancy and postpartum and how/if care providers are asking you about your emotional health. Following this we will ask you whether there are any difference between how you were asked about your emotional health in your most recent pregnancy compared to your previous pregnancies, if you have had previous pregnancies.

SCREENING TOOL QUESTIONS: EPDS

We will first begin with a screening tool we give to new moms during and after pregnancy. We will ask you for some general and specific feedback about this screener.

**hand out EPDS*

MAIN QUESTION 1:

1a. Raise your hand if you have completed the EPDS in the past

Number of hands raised: ______

1b. Gut reactions to screener

- **No response/neutral, relieved, overwhelmed**

1c. Screener format/visual characteristics:

- **Scale choice**
- **Is format easy to follow/understand**
- **Ways in which format/visual elements could be improved**
- **Length of screener**

1d. If you have completed this form before, what was it like to complete this form? If you have not completed this form before what do you think it might be like to complete a form like this?

1e. In your opinion, does the screener do a good job of asking about your emotional health?

- **Why/why not?**

1f. How comfortable were you answering these questions?

- **Did you answer them honestly?**
    a. **Number of Yes: ________ Number of No: _________**
- **If not, what kept you from answering honestly?**
- **Is there anything that could be done differently in the screening tool to increase your comfort with answering as honestly as possible?**

1g. Is there anything on this screener you wished they asked you but did not?

Now, please take a moment to look over the questions and review what they are asking.

1h. Screener language/word usage

- **As you read over the questions, do you understand the meaning of all of them?**
    - **Number of Yes: ________ Number of No: _________**
- **Are there any parts which are confusing, or confusing phrases, words, or questions?**

SCREENING TOOL QUESTIONS: PHQ-9

Now we are going to transition into looking at a second tool that we use to assess emotional wellbeing.

**Hand out PHQ-9*

MAIN QUESTION 2:

2a. Please Raise your hand if you completed the PHQ-9 in the past

Number of hands raised: ______

2b. Gut reactions to screener

- **No response/neutral, relieved, overwhelmed**

2c. Screener format/visual characteristics:

- **Scale choice**
- **Is format easy to follow/understand**
- **Ways in which format/visual elements could be improved**
- **Length of screener**

2d. If you have completed this form before, what was it like to complete this form? If you have not completed this form before what do you think it might be like to complete a form like this?

1e. In your opinion, does the screener do a good job of asking about your emotional health?

- **Why/why not?**

2f. How comfortable were you answering these questions?

- **Did you answer them honestly?**
    b. **Number of Yes: ________ Number of No: _________**
- **If not, what kept you from answering honestly?**
- **Is there anything that could be done differently in the screening tool to increase your comfort with answering as honestly as possible?**

2g. Is there anything on this screener you wished they asked you but did not?

Now, please take a moment to look over the questions and review what they are asking.

2h. Screener language/word usage (to be completed by Amharic group only)

- **As you read over the questions, do you understand the meaning of all of them?**
  - **Number of Yes: ________ Number of No: _________**
- **Are there any parts which are confusing, or confusing phrases, words, or questions?**

SCREENING TOOL QUESTIONS: PHQ-9 Vs. EPDS

MAIN QUESTION 3: **(TO BE COMPLETED BY AMHARIC GROUP ONLY)**
Thinking about both of these screening tools:
3a. is there a tool you would rather fill out? Why?
3b. Is there a tool you are more comfortable using? Why?
3c. Is there a tool that is easier to understand? Why?

SCREENING TOOL QUESTIONS: THEMED QUESTION SELECTION *(to be completed by the English-speaking group only)*

We are now going to hand out a third document with some questions. These questions are different ways of asking about your emotional health. They are divided into categories of emotional health symptoms, listed below. Please circle one question in each category which you feel does the best job and is the easiest to answer about your emotional health.

**handout out themes document*
(give them a couple minutes to read through and consider options)
Please flip the paper over when you are done so we know you have finished.
Now we would like to walk through each of the categories and have you tell us more about why you selected the questions that you did, and not the other ones.
(open ended, facilitated conversation)

SCREENING TOOL QUESTIONS: EPDS-3 and PHQ-4 SHORT SCREENER COMPARISON *(to be completed by the English-speaking group only)*
We will now go ahead and hand you one last sheet of paper. This contains two shorter versions of each of the screeners we looked at during the beginning of the conversation today. Please circle which set of questions (A or B) you feel most comfortable answering and you feel does the best job of asking you about your emotional health

MAIN QUESTION 4:
Short screener comparison probing questions
4a. Does one do it better than the other? Why?

SCREENING TOOL QUESTIONS: CONCLUSION QUESTIONS
MAIN QUESTION 5:
Thinking about everything we just discussed and the screeners you have looked at today:
5a. Are there other questions we should be asking pregnant/new moms in our screening tools?
5b. Is there anything that could be done differently in the screening tool to increase your comfort with answering as honestly as possible?
5c. Should we use a screening tool, whether it's one of these, or something else? Why, why not?

Thank you all so much for your valuable input about these forms and tools we use. We would now like to transition into a discussion about your experiences talking about emotional health with your healthcare provider. We will first ask you about experiences during your most recent pregnancy, then your past pregnancies, and then a comparison of the most recent and past pregnancies. We will then discuss your general thoughts about talking about your emotional health during and after pregnancy.

PERINATAL MENTAL HEALTH LANDSCAPE: MOST RECENT PREGNANCY

MAIN QUESTION 6:

6a. Thinking about your most recent pregnancy and the months after the baby was born, raise your hand if, at any point during these times, you were asked about your emotional health.

- **Number of hands raised: ______**

Thinking about this most recent pregnancy and months after the baby was born:

6b. Who asked you about your emotional health? Think about who might of asked during your pregnancy or after the baby was born-was it at an appointment for you or the baby?
6c. When did they ask you about it? (which appointments? During your pregnancy or postpartum?)
6d. How did they ask you about it? (directly, with a screening tool, etc)
6e. Did you feel comfortable talking about your emotional health with this person?
6f. Did this person seem comfortable talking with you about your emotional health?
6g. What would have made you feel more comfortable?
6h. What happened after you talked about your emotional health (i.e. Did you feel better? Did the provider give you resources to get support, etc.?)

PERINATAL MENTAL HEALTH LANDSCAPE: PAST PREGNANCIES

MAIN QUESTION 7:

Raise your hand if you have birthed more than one child. If so, now think about if you were asked about your emotional health during any of your previous pregnancies and the months after the baby was born. For these next few questions I would like you to only consider your past pregnancy.
7a. Number of hands raised for birthing more than one child:_______
7b. Number of hands raised for being asked about emotional health during previous pregnancies (make note of whether these pregnancies were in the US or somewhere else) : _________

Thinking back to your past pregnancies only and the months after the baby was born:

7b. Who asked you about your emotional health? Think about who might of asked during your pregnancy or after the baby was born-was it at an appointment for you or the baby?
7c. When did they ask you about it? (which appointments? During your pregnancy or postpartum?)
7d. How did they ask you about it? (directly, with a screening tool, etc)
7e. Did you feel comfortable talking about your emotional health with this person?
7f. Did this person seem comfortable talking with you about your emotional health?
7g. What would have made you feel more comfortable?
7h. What happened after you talked about your emotional health (i.e. Did you feel better? Did the provider give you resources to get support, etc.?)

PERINATAL MENTAL HEALTH LANDSCAPE: COMPARISON OF MOST RECENT AND PAST PREGNANCIES

MAIN QUESTION 8.

I would like you to now think about both your most recent pregnancy and your past pregnancy. We are going to ask you to compare your most current pregnancy and postpartum experience with your past pregnancy and postpartum experiences.

8a. Have you noticed any similarities or differences between your pregnancies in how you were asked about your emotional health?

PERINATAL MENTAL HEALTH LANDSCAPE: GENERAL DISCUSSION ON EMOTIONAL HEALTH

MAIN QUESTION 9:

9a. In general, can you share your thoughts about being asked about your emotional well-being at healthcare appointments, before/after and during pregnancy?

9b. What do you think helps you talk about your emotional health with a provider?

9c. What do you think makes it harder to talk about your emotional health with a provider?

9d. Do you think providers should talk to you about your answers to these questions on the screening tool or ask about how you are feeling, even if you seem to be feeling okay?

- **Number of YES_______ Why?**
- **Number of NO________ Why?**

9e. Can you explain what would make you more comfortable talking to your healthcare provider about your emotional health?

  - **What can the healthcare provider do?**

9f. Is there someone else you would feel more comfortable talking to about your emotional health other than the doctor? For example, a nurse, social worker, technician, etc?

  - **IF YES, WHOM? List here:**

MAIN QUESTION 10:

10a. Before leaving today I have one last question for you. What is one thing you want health care providers to know when talking to women about their emotional health during pregnancy and in the months after having a baby?

10b. What programs, services, or ways of talking about your emotional health would be most helpful to you and make you feel most comfortable talking about your emotions if you are seeking or considering seeking emotional health support.

Facilitator and Participant Documents (V1 and V2)

CONSENT FORM AND INTRO SURVEY (ENGLISH) USED FOR BOTH V1 AND V2

CONSENT

The research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I know who to reach out to, and I have been given the contact information for the group facilitator. I have been made aware that the conversation we have may be recorded for data collection purposes. I agree to being recorded and to participate in the research study.

Signature*:* ________________________________ **Date: ________________________**

INTRO SURVEY

1. **What is your age?**
    a. Under 18
    b. 18-24
    c. 25-34
    d. 35-44
    e. 45-54
    f. 55 or older

2. **Which of these best describes your ethnicity?** (Select all that apply)
    a. Asian
    b. Native Hawaiian
    c. Other Pacific Islander
    d. Black/African American
    e. American Indian/Alaska Native
    f. Hispanic/Latino
    g. White

3. **How many total children have you given birth to?**
    a. 1
    b. 2
    c. 3
    d. 4
    e. 5+

4. **How old is your *youngest* child?**
    a. 0-3 months
    b. 4-6 months
    c. 7-11 months
    d. 12 months or older

5. **How old is your *oldest* child?**
    a. Only have one child (see above)
    b. Under 1
    c. 1

d. 2
e. 3
f. 4
g. 5
h. 6+

6. **What is your preferred language?** (please select one)
   a. English
   b. Spanish
   c. Amharic
   d. Other (please specify): ________________________________

7. **What is your zip code:** ______________

8. **Where did you receive prenatal care with your most recent pregnancy (i.e., Mary's Center, etc.)? Please specify below.**

   ____

9. **Where do you receive postpartum care/primary medical care for your most recent pregnancy (i.e., Mary's Center, etc.)? Please specify below.**

   ____

10. **Where does your youngest child receive their primary pediatric medical care (i.e., Mary's Center, etc.)? Please specify below.**

   ____

CONSENT FORM AND INTRO SURVEY (SPANISH) USED FOR BOTH V1 AND V2

Formulario de consentimiento / Encuesta de introducción

CONSENTIMIENTO
El estudio de investigación me ha sido explicado. Se me ha dado la oportunidad de hacer preguntas y mis preguntas han sido respondidas. Si tengo preguntas adicionales, sé a quién contactar y me han dado la información de contacto del facilitador del grupo. Me han informado que la conversación que tenemos puede ser grabada para fines de recopilación de datos. Estoy de acuerdo en ser registrado y participar en el estudio de investigación.

Firma: ___________________________Fecha:_____________________________

Encuesta de Introducción:
1. **¿Cuál es su edad?**
   a. Menores de 18 años.
   b. 18-24
   c. 25-34
   d. 35-44
   e. 45-54

f. 55 o mayor

2. **¿Cuál de estos rasgos describe mejor su etnicidad? (Seleccione todas las que correspondan)**
   a. asiático
   b. Nativo hawaiano
   c. Otro isleño del pacific
   d. Negro / afroamericano
   e. Indio americano / nativo de Alaska
   f. Hispano / latino
   g. Blanco

3. **¿Cuántos hijos en total ha dado a luz?**
   a. 1
   b. 2
   c. 3
   d. 4
   e. 5+

4. **¿Qué edad tiene su hijo *menor*?**
   a. 0-3 meses
   b. 4-6 meses
   c. 7-11 meses
   d. 12 meses o más

5. **¿Cuántos años tiene su hijo *mayor?***
   a. Sólo tiene un hijo (ver arriba)
   b. Bajo 1
   c. 1
   d. 2
   e. 3
   f. 4
   g. 5
   h. 6+

6. **¿Cuál es su idioma preferido? (Por favor, seleccione uno)**
   a. Inglés
   b. Español
   c. Amhárico
   d. Otros (especificar): ________________________________

7. **¿Cuál es su código postal: ______________**

8. **¿Dónde recibió atención prenatal con su embarazo más reciente (es decir, el Centro Mary's, etc.)? Por favor especifique a continuación. _______________________________________**

9. **¿Dónde recibio atención post-parto / atención médica primaria para su embarazo más reciente (es decir, el Centro Mary's, etc.)? Por favor especifique a continuación. ______________________________________**

10. **¿Dónde recibe su hijo menor su atención médica pediátrica primaria (es decir, el Centro Mary's, etc.)? Por favor especifique a continuación. _________________________**

11.

Facilitator Master Copy-Overlapping Themes on PHQ9 and EPDS (V2)

These questions are different ways of asking about your emotional health. They are divided into categories of emotional health symptoms, listed below. Please circle one question in each category which you feel does the best job and is the easiest to answer about your emotional health.

Mood

EPDS	PHQ9
I have been able to laugh and see the funny side of things (Q1, E)	Little interest or pleasure in doing things (Q1, P)
I have looked forward with enjoyment to things (Q2, E)	Feeling down, depressed, or hopeless (Q2, P)
I have felt sad or miserable (Q8, E)	
I have been so unhappy that I have been crying (Q9, E)	

Suicidal thoughts/self-harm

EPDS	PHQ9
The thought of harming myself has occurred to m e (Q10, E)	Thoughts that you would be better off dead or of hurting yourself in s ome way (Q9, P)

Anxiety- worry/panic/fear

EPDS	PHQ9
I have been anxious or worried for no good reason (Q4, E)	*None on PHQ9*
I have felt scared or panicky for no very good reason (Q5, E)	

View of Self- Self blame

EPDS	PHQ9
I have blamed myself unnecessarily when things went wrong (Q3, E)	Feeling bad about yourself- or that you are a failure or have let yourself/your fa mily down (Q6, P)

Sleep

EPDS	PHQ9
Trouble falling or staying asleep, or sleeping too much (Q3, P)	I have been so unhappy that I have had difficulty sleeping (Q7, E)

Energy

EPDS	PHQ9
Things have been getting on top of me (Q6, E)	Feeling tired or having little energy (Q4, P)

Appetite

EPDS	PHQ9
None on EPDS	Poor appetite or overeating (Q5, P)

Concentration

EPDS	PHQ9
None on EPDS	Trouble concentrating on things, such as reading the newspaper or watching television (Q7, P)

Movement

EPDS	PHQ9
None on EPDS	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual (Q8, P)

FINAL QUESTION

Circle which set of questions (A or B) you feel most comfortable answering and you feel does the best job of asking about your emotional health?

A (PHQ4)
• I have blamed myself unnecessarily when things went wrong (EPDS, Q3) • I have been anxious or worried for no good (EPDS, Q4) • I have felt scared or panicky for no very good reason (EPDS, Q5)

OR

B (EPDS3)
• Feeling nervous, anxious or on edge (GAD7, Q1) • Not being able to stop or control worrying (GAD7, Q2) • Feeling down, depressed, or hopeless (PHQ9 Q2) • Little interest or pleasure in doing things (PHQ9 Q1)

Key
E= EPDS
P= PHQ-9
Example-
(Q8, P) is in reference to Question8 on the PHQ9
(Q8, E) is in reference to Question8 on the EPDS

Participant Copy Overlapping Themes on PHQ9 and EPDS (V2)

Screening Questions

These questions are different ways of asking about your emotional health. They are divided into categories of emotional health symptoms, listed below. Please circle one question in each category which you feel does the best job and is the easiest to answer about your emotional health.

Mood

- Little interest or pleasure in doing things
- Feeling down, depressed, or hopeless
- I have been able to laugh and see the funny side of things
- I have looked forward with enjoyment to things
- I have felt sad or miserable
- I have been so unhappy that I have been crying

Suicidal thoughts/self-harm

- The thought of harming myself has occurred to me
- Thoughts that you would be better off dead or of hurting yourself in some way

Anxiety

- I have been anxious or worried for no good reason
- I have felt scared or panicky for no very good reason

View of Self

- Feeling bad about yourself- or that you are a failure or have let yourself/your family down
- I have blamed myself unnecessarily when things went wrong

Sleep

- Trouble falling or staying asleep, or sleeping too much
- I have been so unhappy that I have had difficulty sleeping

Energy

- Feeling tired or having little energy
- Things have been getting on top of me

FINAL QUESTION

Circle which set of questions (A or B) you feel most comfortable answering and you feel does the best job of asking about your emotional health?

Option A
• I have blamed myself unnecessarily when things went wrong (EPDS, Q3) • I have been anxious or worried for no good (EPDS, Q4) • I have felt scared or panicky for no very good reason (EPDS, Q5)

OR

Option B
• Feeling nervous, anxious or on edge (GAD7, Q1) • Not being able to stop or control worrying (GAD7, Q2) • Feeling down, depressed, or hopeless (PHQ9 Q2) • Little interest or pleasure in doing things (PHQ9 Q1)

Questions/Contact: mmh@maryscenter.org