

Towards Flourishing Screening

Final

Provincial Population & Public Health SOP

Towards Flourishing, Population and Public Health

Date approved: March 5, 2025

Deadline for next review: March, 2028

Document history: New

If update, previous version date: Click or tap to enter a date.

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1. Abbreviations

EPDS	Edinburgh Postnatal Depression Scale
FFHV	Families First Home Visitor
K10	Kessler Psychological Distress Scale
MHC-SF	Mental Health Continuum - Short Form
PHN	Public Health Nurse
PHN CM	Public Health Nurse Case Manager
RHA	Regional Health Authority
TF	Towards Flourishing
TFF	Towards Flourishing Facilitator

2. Purpose

The Towards Flourishing (TF) screening package supports mental health and well-being using validated, self-administered parent questionnaires to identify levels of distress and positive mental health. This resource is ideally completed between 6-8 weeks postpartum but remains available up to one year postpartum. Each parenting partner may complete their own screen, and the package can be re-offered in consultation with the Public Health Nurse Case Manager (PHN CM) and Towards Flourishing Facilitator (TFF).

This standard operating procedure (SOP) aims to:

- Provide Families First Home Visitors (FFHV) and Public Health Nurse Case Managers (PHN CM) with guidance and timelines for offering, collecting, and submitting TF screening packages.
- Provide Towards Flourishing Facilitators (TFF) with guidance for the evaluation of the mental health screens and completion of the Mental Health Screen Summary form.

3. Scope

- This SOP applies to all FFHVs, PHN CMs, PHN Reflective Supervisors and TFFs.
- [Appendix A: Mental Health Screen Summary Form Scoring Instructions](#): is applicable **only to TFF**.

4. Definitions

Towards Flourishing Facilitators (TFF): Refers to Public Health or Mental Health practitioners who in their Regional Health Authority (RHA) have the position title of: Towards Flourishing Regional Coordinator; Mental Health Promotion Facilitator; Mental Health Promotion Coordinator; or Mental Health Promotion Specialist. They enhance mental health promotion through clinical consultation, screenings, early interventions, training, and community partnerships to improve mental health literacy and reduce stigma.

Kessler 10 Item Psychological Distress Scale (K10): Brief 10-item questionnaire that measures the level of distress a person is experiencing and assesses the severity of the symptoms reported.

Edinburgh Postnatal Depression Scale (EPDS): Screening questionnaire assessing for the presence of symptoms of depression or anxiety during the post-partum period. Has been validated for use with those that identify as either female or male, not validated for use with gender non-binary individuals.

Mental Health Continuum - Short Form (MHC-SF): 14-item questionnaire regarding emotional, psychological, and social well-being. The MHC-SF measures positive mental health and produces a score that indicates that a person is flourishing, moderately mentally healthy, or languishing. The MHC-SF is used with TF to determine areas of strength as well as areas of positive mental health that may be strengthened.

Families First Home Visitor (FFHV): Public Health team members certified in facilitating in-home visits with early years' families from pregnancy to age five. Using a strength-based approach, the FFHV facilitates evidence informed curricula and trained communication strategies to support families to reach their goals and needs. FFHVs work towards enhancing a secure parent child attachment relationship; promote safety and well-being for children and families; support parents in building their children's healthy growth and development; and enhance the family's support network. When families request additional support outside of the role of the FFHV, they encourage families to connect with their Case Manager.

PHN Case Manager (PHN CM): Public Health Nurses who provide a public health nursing continuum of care, including assessment, education, anticipatory guidance, and ongoing relationship building with clients and families experiencing disparities in health and/or social and structural disadvantage. PHN CMs collaborate with families for tailored nursing interventions that may include referrals to other practitioners, agencies or services that promote the social determinants of health.

PHN Reflective Supervisor: Public Health Nurses responsible for facilitating reflective supervision using a relationship-based approach to support FFHVs in their competency development. Reflective Supervisors promote quality home visiting practices that align with Families First goals. Within reflective supervision, the Reflective Supervisor uses a parallel process whereby the FFHV experiences the same respect and values they utilize with families.

Working Days: Refers to the business days that public health services are provided (e.g., Monday – Friday).

Encounters: Refers to either a home visit by a FFHV or a home/clinic visit by the PHN.

Consultation: A collaborative meeting involving the PHN CM, TFF and FFHV to explore and support the health and well-being of families. The Reflective Supervisor may attend to provide guidance and support to the FFHV fostering fidelity to Families First home visiting. This multidisciplinary approach integrates physical health, mental health, and community support, ensuring that families receive comprehensive care tailored to their unique needs. All consultations are documented in the family's chart.

Covering Public Health Nurse: A PHN who ensures seamless client care during a PHN Case Manager's absence by temporarily assuming their responsibilities. Each RHA coordinates coverage plans and communicates with team members involved in the client's care.

5. Background

TF is an innovative mental health promotion approach designed to enhance the well-being of parents and children during the perinatal period and beyond. TF has been delivered through Families First, where FFHVs and PHNs collaborate to support perinatal families.

The TF project's initial screening process focused on Families First participants, ensuring data accuracy and integrity with minimal handling to support research. Following the completion of the project evaluation, the process is shifting to a client-centered approach that integrates mental health support into routine public health practice, fostering resilience and family well-being.

TF emphasizes the importance of mental health screening in the postpartum period, recognizing that mental well-being is crucial for healthy parent-child relationships and positive child development. By identifying and addressing mental health challenges early, TF helps families build protective factors that promote resilience, reducing the risk of long-term negative outcomes.

6. Standard Operating Procedure

The TF screening package is offered to all families in Families First home visiting to support mental health and well-being. Ideally completed between 6-8 weeks postpartum, the package remains available until one year postpartum. Each parenting partner may complete their own screen, and it can be re-offered at any time in consultation with the PHN CM and TFF.

The PHN CM, covering PHN, or FFHV is responsible for securely offering, collecting, and submitting screens in line with regional policies. While PHNs and FFHVs do not analyze screens, the PHN CM or covering PHN reviews EPDS question #10 for potential self-harm and ensures timely follow-up. The TFF evaluates screens and provides tailored recommendations via the Mental Health Screen Summary to support family well-being.

PHN CMs, PHN Reflective Supervisors, and FFHVs collaborate to integrate recommendations, TF topics, and strategies into home visits. If the PHN CM is unavailable, a covering PHN ensures continuity by following regional health information procedures to provide timely follow-up and support. For families with moderate to high risks, the TFF prioritizes timely evaluation and recommendations. Consultation requests can be initiated by the PHN, FFHV, or TFF to recognize family strengths and offer strategies for well-being. Regional coverage plans address TFF absences exceeding ten days to maintain continuity of care.

6.1. Offering, Collecting and Submitting Screens

6.1.1. Responsibility

The PHN CM, covering PHN, or FFHV is responsible for:

- Offering the TF screening package.
- Collecting completed screens.
- Submitting screens securely, in accordance with regional policies.

6.1.2. Screening Package Delivery

Follow regional processes to obtain a TF Screening package which contains:

- Mental Health Continuum - Short Form (MHC-SF)
- Kessler Psychological Distress Scale (K10)
- Edinburgh Postpartum Depression Scale (EPDS)
- Towards Flourishing Parent Handout

Provide the screening package during an encounter when the family is 6-8 weeks postpartum or anytime up to one year.

Review the TF Parent Handout with the family to:

- Orient them to the TF screening process.
- Explain expected timelines.
- Share mental health crisis response numbers.

Leave the TF Parent Handout and screens with the family, encouraging them to complete the screens within one week.

Families place completed screens in the package and seal it.

6.1.3. Screening Package Collection

Collect sealed packages at the next encounter or once completed.

- If the FFHV collects the package, they must provide it to the PHN CM (or covering PHN) within one working day.
- If the PHN CM (or covering PHN) collects the package, proceed to Step 6.2.

6.2. Review and Submission

6.2.1. EPDS #10 Review

The PHN CM (or covering PHN) previews the response to EPDS #10:

- If **“Yes, quite often,” “Sometimes,”** or **“Hardly ever”** is selected:
 - Take action within one working day, referencing Families First High-Risk Guidelines (*update pending*).
- If **“Never”** is selected, proceed to Step 6.2.2.

6.2.2. Notification and Submission

The PHN CM (or covering PHN) notifies the TFF of completed screens by submitting a copy of the screens and TF package communication to the TFF within two working days.

Alert the TFF if follow-up with the family has already occurred.

6.3. TFF Screen Evaluation and Recommendations

6.3.1. Screen Evaluation

The TFF evaluates screens and completes the Mental Health Screen Summary Form **within ten working days**, following [Appendix A: Mental Health Screen Summary Form Scoring Instructions](#).

Submit the Mental Health Summary to the PHN CM and a copy of the summary to the FFHV if region is using paper charting.

6.3.2. Consultation Meeting

The TFF offers or schedules a consultation meeting with the PHN CM, FFHV, and PHN Reflective Supervisor, as needed, to review the results of the Mental Health Summary. These meetings may occur either before or after the PHN CM reviews results with the family.

The team may also collaborate, either individually or as a group at any time to:

- Review the Mental Health Screen Summary.
- Strategize and plan TF topics or curriculum to align with the family's goals.
- Discuss referrals to additional resources or supports that enhance family well-being.

6.4. PHN CM Follow-up

Follow up as soon as possible to review Mental Health Summary results and recommendations with the family. **This must be completed within four weeks of collecting the TF screens.**

6.5. Ongoing Collaboration

The FFHV is supported by the PHN Reflective Supervisor in reviewing the Mental Health Screen Summary form and in partnership with the PHN CM to:

- Plan subsequent FFHV home visits.
- Collaborate with the family to establish goals aimed at enhancing or maintaining mental health and well-being.

6.6. Filing

File the original completed mental health screens and summary form in the family's primary legal record, following regional health information management policies.

7. Validation and References

Chartier MJ, Attawar D, Volk JS, Cooper M, Quddus F, McCarthy JA. Postpartum Mental Health Promotion: Perspectives from Mothers and Home Visitors. Public Health Nurs. 2015;32(6):671-679.

Kessler RC, Andrews G, Colpe LJ, et al. Short screening scales to monitor population prevalences and trends in non-specific psychological distress. Psychol Med. 2002;32(6):959-976.

Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. Br J Psychiatry. 1987;150:782-786.

Keyes CL. The mental health continuum: from languishing to flourishing in life. J Health Soc Behav. 2002;43(2):207-222.

8. Related Materials

1. Towards Flourishing Screening Package:
 - Mental Health Continuum - Short Form
 - Kessler Psychological Distress Scale
 - EPDS – Edinburgh Postnatal Depression Scale
 - Towards Flourishing Parent Handout
2. Towards Flourishing Mental Health Screen Summary form
3. Towards Flourishing Parent Handout
4. Towards Flourishing Screens Cover Sheet

9. Appendices

9.1. Appendix A: Mental Health Screen Summary Form Scoring Instructions:

Date Screening Package Received:

- Enter the date the mental health screening package **was received** by the TFF.

Date Screening Package Completed:

- Enter the date the family completed the mental health screening package.

9.1.1. Summary

Complete Summary section after Scoring is complete.

- General Level of Psychological Distress - Enter Low, Moderate, or High as per the score on K10.
- Possibility of Postpartum Depression - Enter Low, Moderate, or High as per score on EPDS.
- Level of Mental Health - Select Flourishing, Moderate, or Languishing as per score on MHC-SF.
- Note: Edinburgh Item #10 - Thought of self-harm has occurred - Enter response directly from EPDS question #10.

9.1.2. Scoring

- Initiate scoring results onto the Mental Health Screen Summary form by following *Appendix A: Mental Health Screens Scoring Guidance* and enter the results.
- If “other” is documented onto the EDPS, the TFF documents “not validated for use” section.

Kessler Psychological Distress Scale (K10):

- Q1 – Add the total scores from the K10 from a – j. Enter:
10 -15 Low Distress; 16 - 30 Moderate Distress; 31 - 50 High Distress.
- Q2 - Q6 – Transcribe answers directly onto the summary.

Edinburgh Postnatal Depression Scale (EPDS):

- Add and enter the score for items 1 – 10 as located beside the answer on the scale.
 - Self-identified female: 0-9 low risk of postpartum depression; 10-12 moderate risk of postpartum depression; 13-30 high risk for postpartum depression.
 - Self-identified male: 0-7 low risk of postpartum depression; 8-10 moderate risk for postpartum depression, 11-30 high risk of postpartum depression.
 - Non-binary gender: No range of score available for parents who identify as ‘other.’ Consider above scores for evaluation summary and include non-binary parents in Section 3: Recommendations.

Mental Health Continuum – Short Form (MHC-SF):

Groups of Items:	Place a check mark in column A, B, or C for each group of items:		
	A	B	C*
Items 1 – 3	<input type="checkbox"/> One or more item marked “every day” or “almost every day”	<input type="checkbox"/> One or more item marked “never” or “once or twice” or “about once a week”	<input type="checkbox"/> This parent’s score does not fit in a single column. This parent is neither Flourishing nor Languishing
Items 4 - 14	<input type="checkbox"/> Six or more items marked “every day” or “almost every day”	<input type="checkbox"/> Six or more items marked “never” or “once or twice” or “about once a week”	
TOTAL for each column:	<input type="checkbox"/> Two checks in column A. This Parent is Flourishing	<input type="checkbox"/> Two checks in column B. This Parent is Languishing	<input type="checkbox"/> This Parent is Moderately Mentally Healthy

*Check column **C** when the mental health screen does **not** correlate to column A or B exclusively. This includes scores with too few items to check off A or B, or where items were scored “about 2 or 3 times a week” which does not fit in A or B.

Area of Well-being	Relative Strength	Relative Struggle	Average
Positive Emotions <i>Items 1-3</i>	<input type="checkbox"/> Check this box if <i>one</i> or more of the items (1-3) are marked “every day” or “almost every day”	<input type="checkbox"/> Check this box if <i>one</i> or more of the items (1-3) are marked “never” or “once or twice” or “about once a week”	<input type="checkbox"/> Check this box if items (1-3) <i>do not meet criteria</i> for “relative strength” or “relative struggle” exclusively
Social Functioning <i>Items 4-8</i>	<input type="checkbox"/> Check this box if <i>two</i> or more of the items (4-8) are marked “every day” or “almost every day”	<input type="checkbox"/> Check this box if <i>two</i> or more of the items (4-8) are marked “never” or “once or twice” or “about once a week”	<input type="checkbox"/> Check this box if items (4-8) do not meet criteria for “relative strength” or “relative struggle” exclusively
Positive view of Self <i>Items 9-14</i>	<input type="checkbox"/> Check this box if <i>three</i> or more of the items (9-14) are marked “every day” or “almost every day”	<input type="checkbox"/> Check this box if <i>three</i> or more of the items (9-14) are marked “never” or “once or twice” or “about once a week”	<input type="checkbox"/> Check this box if items (9-14) do not meet criteria for “relative strength” or “relative struggle” exclusively

9.1.3. Recommendations for Additional Mental Health Assessment and Support

Additional mental health support required:

Document “Yes” when:

- A parent self-reports any thoughts of self-harm on EPDS item #10.
- A parent scores in the HIGH range on one or both of:
 - K10
 - EPDS
- A parent scores in the MODERATE range on at least two of the following three measures:
 - K10
 - EPDS
 - MHC-SF
- A parent is in the LANGUISHING range on the MHC-SF.
- Parents whose MHC-SF scores suggest areas of struggle in **one or more** of the mental health domains can be offered additional supports ranging from specific strategies in the TF materials to connection to other supports and resources in the community that may specifically enhance their emotional, social, or psychological well-being.

Relevant details from screens:

The TFF notes any important patterns in responses and any sections of the mental health screens that were incomplete. The TFF describes why additional mental health support is required, as per guidelines.

When there are inconsistencies (e.g., Multiple responses, 100% positive) the TFF recommends consultation to review responses with the PHN, and/or recommend further follow up with parent.

When non-binary is entered, the TFF consults with the PHN Case Manager to review any follow-up plans individualized to the family situation.

Plan/Recommendations for Follow-up:

Recommendations for follow up are documented here.

Recommended Towards Flourishing Curriculum:

This section highlights priority topics and Everyday Strategies to use initially, based on parent responses and scores from the mental health screens. However, there is an expectation that all topics and strategies will be offered within the first year to support and enhance parental mental health and well-being.

Summary Provided:

- Enter the date the Mental Health Screening Summary was shared with the PHN Case Manager and Families First Home Visitor.
- Enter the family's PHN Case Manager and Families First Home Visitor.
- Enter the TFF name, signature, and date that the Mental Health Screen Summary form was completed.