

Maternal Depression Triage Chart for Evaluation and Referral

Cape & Islands Maternal
Depression Task Force
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For more information, please contact Task Force Coordinator
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**FIRST:
FAMILY SAFETY**

UNSAFE

**Contact: 911
or PAT Team
or DSS**

SECOND: LEVEL OF ISOLATION
i.e. Any Support System(s) in Place?
What Kind and How Effective?

**Woman Seems
Somewhat Isolated**

**Woman Seems
Isolated
or Very Isolated**

Refer to: 1. MFNs 2. CCH, VNA Baby Groups 3. If applicable, Breastfeeding Support Groups 4. Mom's Clubs
Send: Family Packet

Refer to: 1. FH Postpartum Support Group
2. Counselors & Prescribers on Resource List
3. Mom-to-Mom Support on Resource List
Send: Family Packet
Recommend: Consider contacting Early Intervention (EI) or asking pediatrician about EI.

**THIRD: HAS THERE
BEEN A DIAGNOSIS?**
e.g. PPD, Depression,
Anxiety, OCD, or a Related
Mental Health Disorder

NO

YES

**FOURTH:
STRESSORS and/or BARRIERS TO CARE**

**No or Little
Regular, Quality
Child Care**

**Financial
Hardship**

**Uninsured or
Underinsured**

Refer to: Child Care Network of the Cape & Islands

Refer to: 1. Cape Cod Neighborhood Support Coalition for information about obtaining financial assistance.
2. Voluntary Services Unit of the Dept. of Social Services

Refer to: Community Action Committee of Cape Cod & the Islands, the HOPE Project, for enrollment in Commonwealth Care and/or information about other health insurance options.