

# CREATING A SUPPORTIVE SETTING FOR MENTAL HEALTH CONVERSATIONS & CARE

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Women can be reluctant to discuss mental health symptoms and conditions for many reasons, including fear and stigma. Here are some tips to have conversations with patients about mental and behavioral health and create an environment at your practice that is mental health friendly.

## Office Culture

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As clinical support office staff are often the first to interact with patients during screenings for mental health, it is important that there is an **inclusive, strengths-based approach** that emphasizes:

- » Mental health conditions are common.
- » They are medical conditions, like diabetes, which need to be treated.
- » They are treatable.
- » Your practice screens **every woman** during pregnancy and the postpartum period.
- » The practice cares for the whole woman.

## How to Talk to Patients About Their Mental Health

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Ask open-ended questions.

- » *“How are you feeling, mood-wise?”*
- » *“How is it managing the challenges of a new baby in the house?”*
- » *“What is sleep like these days?”*
- » If attending therapy or a support group/program already,  
*“How are you managing to free yourself up to attend appointments?”*

Use reflective listening.

- » *“It’s been harder than you expected to adjust to this new normal.”*
- » *“You’re really not sure if [your new therapist, the medication, the support group, or program] can be helpful.”*

Reinforce action, changes, and strengths.

- » *“With all the obstacles you’ve described, it’s impressive what you are still doing to take care of yourself and your baby. This really speaks to your commitment to yourself and to being the best mom you can be.”*
- » *“It was difficult, and you still were able to make it to your visit today. That didn’t just magically happen; you had to take specific, concrete actions to get to where you are right now.”*

Normalize concerns.

- » *“It’s common to feel concerned about how getting help for depression will affect your life.”*
- » *“Based on everything you’re going through, it would be atypical for you not to feel overwhelmed.”*

**Summarize the conversation.**

- » *“So, based on what you’ve described, it sounds like you’re concerned about your depression because it affects your relationship with your baby and your partner. You also said that you must put in a lot of effort to attend therapy appointments, and it costs money to get there, which makes you doubt the process. Do I have that right?”*

**Ask permission before providing advice/feedback and follow-up.**

- » *“Would it be ok if we talk about your depression?”*
- » *“I have some thoughts about strategies to address this. Would you be interested in hearing them?”*
- » *“What’s it like for you to hear this feedback?”*
- » *“What questions do you have for me?”*

**Avoid saying, “I understand.”**

- » Say instead, *“I can’t imagine what you’re going through,”* or *“That must be very difficult,”* or *“This is a really big transition.”* Sometimes, patients are looking for simple validation rather than a solution.

**Avoid using the word “but” because it negates what came before it.**

- » Avoid saying something like, *“You’re working really hard, but you still feel overwhelmed.”* Instead, use the word *“and”* to acknowledge both truths: *“You’re working really hard, and it’s important to keep focusing on your mental health and self-care. You’ve already made progress by being here.”*

**Avoid talking about yourself and your personal challenges or situations.**

- » No matter how well-intentioned or seemingly appropriate, patients often perceive this as you not hearing them.

Texas PeriPAN is here to help.

If you have questions or want to enhance your clinical capacity for perinatal mental health care, contact Texas PeriPAN for free, real-time consults with reproductive psychiatrists and vetted referrals and resources.

Call us at **888-901-2726** or visit [TXPeriPAN.org](https://TXPeriPAN.org)