

# Community Feedback on the Kimberley Mum's Mood Scale (KMMS) Study

## Why was this study done?

- When pregnant women or new mums feel no good it can affect how the mother and baby connect and get on. Being **really worried (anxiety) and feeling down (depression)** are two important reasons why mums can have problems. This affects your body, how you sleep, eat and think, and happens for 20% of Australian mums.
- Finding out about this early, and getting support and treatment can help both mother and baby to build a good connection and get on.
- A check-up (screening tool) called the Edinburgh Postnatal Depression Scale (EPDS) is used to try and find out if a woman is feeling no good so health services can help. Many Aboriginal women find it hard to understand and don't want to do it, so they miss out.
- A culturally safe screening tool was developed for Kimberley Aboriginal women: the Kimberley Mum's Mood Scale (KMMS). This tool was changed to have Kimberley Aboriginal English, drawings and pictures and to include yarning about issues that are important to mum.
- This study was done to see if the KMMS can find Kimberley Aboriginal women who may have **anxiety and depression (feeling no good in your mind and lyian)**.

## How was this study done?

- 97 Aboriginal women from 15 communities and towns across the Kimberley who were pregnant or had just had a baby took part in this study.
- Women did the KMMS with nurses to work out if the woman was at risk of having anxiety or depression, and how high this risk was (low, moderate, or high risk).
- Women then saw an experienced local doctor straight after. The doctor checked them for anxiety or depression, and how bad it was, without knowing their KMMS risk.
- We looked at the KMMS risk (and what the nurses said) and what the doctor said; what was the same and what was different.
- To see if the KMMS is OK to use as screening tool we asked everyone who took part in the study what they thought about using the KMMS; what was good and what was bad.

## What did we find?

**KMMS is a good way to ask Aboriginal women about how they feel and to see if they are at risk of having anxiety and depression (feeling no good in your mind and lyian)**

- 'Standard English' changed to 'Kimberley Aboriginal English' and use of local drawings and pictures helped make the KMMS a better screening tool.
- All of the women that the doctor said had proper bad anxiety or depression were picked up as moderate or high risk on the KMMS.
- The new yarning part of the KMMS check-up helped the women to tell their story better.



## The KMMS screening tool was liked and supported by the women and nurses

- Women said “it was good”, “helpful” and they “liked the questions”, which were clear and “easy” to answer and understand.
- They liked telling their life story: “I talked about my childhood, family, personal life”. Through their storytelling the women felt they helped the nurses to understand them, their lifestyle / ways, and what it is like to be them.
- The nurses thought the KMMS was good to use. They also said the new yarning part helped women talk more and share more of their feelings and experiences.
- Both the women and nurses felt it was hard to talk of some feelings and experiences, but after yarning they felt better, and got on better together when the women’s story was told and understood. Women talking about some of their long time sad, hurtful and not good experiences had a big effect on the nurses doing the KMMS.

## What does this mean?

- The KMMS is good, works well, and is useful for helping to work out if Kimberley Aboriginal women are being really worried and feeling down.
- Women who have a moderate or high KMMS risk need to see a doctor who will find out if they have anxiety or depression.
- The KMMS helped Aboriginal women to feel safe and comfortable, feel that the nurse can accept them as an Aboriginal person, respecting them in a cultural acceptable way / just the way they are. The questions led women to be able to talk about anything that they wanted to talk about.
- Women’s answers helped clinic staff to better understand their experiences and what could be causing them to have anxiety and depression. The KMMS ways of working lets both the woman and the nurse have same kind of respect and understanding of each other.
- The KMMS should be used / practised by clinic staff, as this will allow for more Kimberley Aboriginal women to have better health care sooner, especially if they have been found to have anxiety and depression.

## What happens now?

- Kimberley health services have worked on the KMMS training package and this is being used across the Kimberley region as part of training for clinic staff. This started in 2014.
- The KMMS screening tool is being used in the Kimberley.
- As only a small number of women took part in this study we need to use the KMMS more, to make doing it better, and to show that it is best way for finding Aboriginal women with anxiety and depression.
- We will study how to best help clinic staff to use the KMMS.

**Many thanks to patients, staff & Council of participating services. Without your help this research would not have been possible.**

This study was a joint project between the Kimberley Aboriginal Medical Services, WA Country Health Service, and Rural Clinical School of Western Australia.

If you have any questions or comments on the study please direct them to A/Professor Julia Marley ([Julia.Marley@rcswa.edu.au](mailto:Julia.Marley@rcswa.edu.au) or (08) 9194 3235); on using the KMMS please direct them to Melissa Williams ([Melissa.williams@health.wa.gov.au](mailto:Melissa.williams@health.wa.gov.au)) or Janet de San Miguel ([mchcoord@kamsc.org.au](mailto:mchcoord@kamsc.org.au)).