

# **‘Having a quiet word’: talking to Aboriginal women in the Pilbara about mental health and mental health screening during the perinatal period**

## **Why was this study done?**

Aboriginal women in the Pilbara are strong and resilient. However, if they experience depression or anxiety during pregnancy or when they have a small baby it can negatively affect them, their baby and the rest of their family. In this study we wanted to talk to Pilbara Aboriginal women about their experience of mental health, particularly depression and anxiety. We wanted to understand what they would like from their clinics when it came to their mental health during and after pregnancy. We also wanted to know if the Kimberley Mum’s Mood Scale was a good way for clinics to talk to Pilbara Aboriginal women about their mood during and after pregnancy.

## **How was this study done?**

We interviewed 15 Aboriginal women from three towns and two remote communities in the Pilbara. The women we spoke to were either pregnant, had a child under the age of three, or were both pregnant and had a child under the age of three. Women were aged between 18 and 42 years and had grown up in the Pilbara. Interviews lasted between 30 minutes and an hour. All women consented to talking with us before the interviews started.

## **What did we find out?**

Most women we talked to spoke about their own or close family’s experience of going through stressful or sad times during or after pregnancy. Women didn’t often use the terms depression or anxiety but talked about how these things had made them feel ‘no good’ or ‘stressed’.

Women told us that family and clinics both have a role in caring for women’s wellbeing during and after pregnancy. Some women told us that even in really strong families there is not much talking about mental health. These women told us that they rely on their midwife, Aboriginal Health Worker or other clinic staff to provide education and talk to them about their mood and their wellbeing.

The women we spoke to thought the Kimberley Mum’s Mood Scale looked like a good way for clinic staff to talk to women about their mental health and wellbeing during and after pregnancy. Women stated that the simple language in Part 1 of the tool and the opportunity to have yarn in Part 2 of the tool were important. However, women said that *who* delivered the Kimberley Mum’s Mood Scale and *how* they delivered it were very important. Women identified clinic staff who were kind, able to listen and were clear about confidentiality as crucial to Aboriginal women feeling safe enough to participate in the Kimberley Mum’s Mood Scale.

Women also identified a need for more information, awareness and Aboriginal focused resources around mood and wellbeing during and after pregnancy.

## **What does this mean?**

This study and talking to clinic staff at Mawarnkarra Health Service and Western Australian Health Country Service - Pilbara showed that Aboriginal women and health professionals were interested in trialing the Kimberley Mum’s Mood Scale in Pilbara clinics. We have worked with our partner services and we now have ethics to ‘validate’ or trial the Kimberley Mum’s Mood Scale in the Pilbara. We will keep services and community updated on the validation study as it moves forward.

**Thank you to the women who shared their stories for this study.**

## **Publication:**

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To receive a full copy of the paper or if you have any questions or comments please direct them to Emma Carlin by email [emma.carlin@rcswa.edu.au](mailto:emma.carlin@rcswa.edu.au) or phone (08) 9194 3234.

*Improving perinatal mental health screening – Manuscript #1 – plain language report for community: Having a quiet word*