

‘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?

Given the high levels of trauma of experienced within the Aboriginal population it is assumed that Aboriginal women are at increased risk of perinatal depression and or anxiety. Concerns with current screening practices have led the Kimberley to develop and validate an alternative perinatal mental health screening tool: the Kimberley Mum’s Mood Scale. In this study we wanted to talk to Pilbara Aboriginal women and ask them if the Kimberley Mum’s Mood Scale was appropriate to use in Pilbara health services with Pilbara Aboriginal women.

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 families characterised by high levels of support there was little family discussion around mental health. These women told us that they rely on their health care professionals to ‘safely’ engage with them about their mood and their wellbeing.

The KMMS was valued by the women in this study for the simplicity of language in Part 1 and the yarn (Part 2). Women identified that while the KMMS was a good tool, the approach and qualities of the administering health care professional are contingent on a woman engaging in the KMMS. Women identified that bossy, judgmental and distracted health care professionals will be deemed by their patients as unsafe and to this effect women will not share information and be at risk of not receiving the support or care they need.

What does this mean?

The results of this study and detailed conversations with Mawarnkarra Health Service Aboriginal Corporation and Western Australian Health Country Service – Pilbara (WACHS–P) showed that Aboriginal women and health professionals are interested in trialling the Kimberley Mum’s Mood Scale in Pilbara clinics.

We are now conducting a clinical trial with Mawarnkarra and WACHS–P. 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.

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