

Why validation is not enough: setting the scene for the implementation of the Kimberley Mum's Mood Scale

Why was this study done?

The Kimberley Mum's Mood Scale (KMMS) is a screening tool (a check-up tool) which is used in clinics when a woman is pregnant or has a baby. The KMMS helps women talk about their feelings so clinics can understand if they need any help with things like depression or anxiety (feeling no good or really worried). The KMMS was designed by Kimberley women and clinics back in 2016. We did this study to find out if clinics were using the KMMS and what we can do to support them to use it better.

What we did?

We talked to 18 midwives or child health nurses to find out if and how they used the KMMS.

What did we find?

Midwives and nurses that used the KMMS said they understood the woman more and that their relationships became better. Some of the staff that were not using the KMMS thought the KMMS might be too long, the woman might not want to yarn, or the women might open up about lots of things and the clinic staff would not be able to help them with all their worries. Many of the midwives and nurses who were not using it were worried that the KMMS was only right for women who have trouble with reading and writing.

What we did next

We talked to 10 Kimberley Aboriginal women who had office jobs and are good at reading and writing. We showed them KMMS and asked them to share their thoughts and provide feedback. We wanted to see if the KMMS was the right check-up tool for them. We asked if the KMMS was too long, if it asked too many questions, and if it should only be used for women with reading and writing troubles.

What did we find?

The women support the use of the KMMS with **all** Aboriginal women. They said the KMMS asks the right questions in the right way and gets their midwife or nurse to see them as a whole person. The women liked yarning about the positive things in their life, not just the hard things. The women said it might be hard for some to yarn because they might be shy or feel shame. They said clinics need to offer the KMMS to all Aboriginal women, and make sure that the nurse or midwife is trained up properly first and they know how to ask Aboriginal women questions and listen properly.

What does this mean?

We used this study to make the training better, fix up the manual and to talk to clinics about why the KMMS is the right check-up tool for Kimberley Aboriginal women.

Thank you to the women who shared their stories for this study and to the health providers who shared their experiences.

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