

‘Risk and resilience: a mixed methods investigation of Aboriginal Australian women’s perinatal mental health screening assessments’.

Why was this study done?

Traditional perinatal depression screening tools do not ask women about her protective factors and strengths but exclusively focus on her risks. Our previous work with Aboriginal women in the Kimberley, Pilbara and Far North Queensland suggests that yarning about protective factors, as well as risk factors, during perinatal mental health screening assessments is important.

For this study we wanted to understand all the types of protective factors and risk factors that Aboriginal women had talked about during the validation study of the Kimberley Mum’s Mood Scale (KMMS). We then wanted to explore the role of these factors in the screening assessment and diagnostic outcomes for these women. We wanted to understand what role, if any, protective factors have on mental health outcomes.

How was this study done?

We analysed a cross sectional study dataset of 91 completed KMMS assessments. This included: sorting the clinical notes from the KMMS yarn into ‘risk’ and ‘protective’ factors and describing these categories; describing how many and what types of risk and protective factors were associated with the different KMMS risk assessment categories (no, low, medium, high); and exploring relationships between these risk and protective factors and diagnosis of perinatal depression and/or anxiety.

What did we find out?

We found that almost all of the women had protective factors and these appeared to contribute to them not having anxiety or depression even if they had significant risk factors. The most prominent/important protective factor was positive relationships with family members.

We found that for Aboriginal women, it is important that the health professional explores a woman’s whole context; that is, the way she experiences stress and risk and how her protective factors support her in order to best understand and support mental health. Assessing Aboriginal women’s perinatal mental health by only looking at risk is not enough.

What does this mean?

We recommend that screening tools which include exploration of protective factors are more broadly adopted in mental health screening for Aboriginal peoples. In the Kimberley region the Kimberley Aboriginal Health Planning Forum (KAHPF) perinatal depression and anxiety protocol endorses and promotes the use of the KMMS:

<https://static1.squarespace.com/static/5b5fbd5b9772ae6ed988525c/t/5d0070da7458550001c52d74/1560309979647/Perinatal+Depression+and+Anxiety.pdf>

If you have any questions or require further information about the KMMS please contact: Emma Carlin by email emma.carlin@rcswa.edu.au or phone (08) 9194 3234.

The full publication can be found at:

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