

*‘Risk and resilience: it is important to talk to Aboriginal women good things as well as the hard things when talking about feelings and mood ’*

**Why was this study done?**

In Australia all clinics ask women about their feelings and their mood when they are pregnant and have a small baby. This is so clinics can see if a woman has depression (feeling really no good) or anxiety (feeling really worried or stressed out). Finding these things out means clinics can help a woman to get well and feel good in herself. The questions that clinics ask women are mostly about the hard things in people’s life (“risk factors”). The questions do not ask about the good and strong things in their life. These good things can help people keep feeling ok even if there are hard things in their life – they are “protective factors” that can protect against mental health problems or worries.

We have talked to Aboriginal women in the Kimberley, Pilbara and Far North Queensland and they have told us that clinics should ask about protective factors (*good things*), as well as risk factors (*hard things*) when they are talking to pregnant women and new mums about their feelings and mood.

For this study we wanted to understand all the types of protective factors and risk factors that Aboriginal women had talked about when they were part of the Kimberley Mum’s Mood Scale (KMMS). The KMMS is a local way for Kimberley clinics to talk to Aboriginal women about their feelings and mood during pregnancy/ when they have a small baby. We wanted to understand what these protective factors and risk factors were, and what they had in a woman’s mental health.

**How was this study done?**

We looked at the 91 KMMS assessments from 2014-2015. We put the words from the KMMS notes into groups of ‘risk’ and ‘protective’ factors and explained what these meant; we counted the number of risk and protective factors and looked at how these were related to different KMMS risk assessment categories (no risk, low, medium, high risk); and we analysed how the protective (good) and risk (hard) factors were related to a diagnosis of perinatal depression and/or anxiety.

**What did we find out?**

We found that most women had protective factors. These protective factors were related to better mental health, even if women had big risk factors. The most common protective factor was family members.

Clinic staff need to understand and support mental health and wellbeing by talking with Aboriginal woman about her individual story and what protective factors are there to support her. It is not just about counting risk factors.

**What does this mean?**

When we talk to Aboriginal women about their feelings and mood it is important to talk for the good things and the hard things. Aboriginal women prefer this and our study shows that when we talk the whole story clinic staff can better understand a woman and support her. In the Kimberley region, the Kimberley Aboriginal Health Planning Forum (KAHPF) ‘Perinatal Depression and Anxiety Protocol’ says the KMMS should be used with Aboriginal women in the Kimberley:

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

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

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