Kimberley Aboriginal Health Planning Forum

EVIDENCE USED AND RATIONALE

Perinatal Depression and Anxiety

Rationale:

This guideline was developed in to support health equity through the provision of culturally safe perinatal mental health and social and emotional wellbeing care for Aboriginal women in the Kimberley during their perinatal period.

The Kimberley Mum's Mood Scale (KMMS) was co designed with Aboriginal women in the Kimberley to provide a more culturally secure screening process [1]. It has been validated in a local trial and has high levels of acceptability from health professionals and Aboriginal women [2].

During the KMMS implementation study 2018-2022 nearly 25% of all women screened using the KMMS were identified as at risk of experiencing perinatal depression or anxiety [3]. The high levels of mental health risk for Aboriginal women in the perinatal period illustrate just how important it is to screen women in a way that is accessible and acceptable to Aboriginal women, and their health care providers.

The KMMS assesses for perinatal depression and/or anxiety using symptomology and psychosocial domains. The KMMS is administered through a yarning approach in which a woman's protective factors alongside her risk factors are discussed. Qualitative studies during the development and implementation of the KMMS have found that Aboriginal women value the psychosocial yarn and the focus on their strengths and protective factors [4,5].

Further analysis of the original KMMS validation dataset identified that that almost all the women had protective factors and having protective factors appeared to contribute to the women not having anxiety or depression [6]. Positive relationships with family members were one of the projective factors that was significantly associated with not have a diagnosis of depression and anxiety [6].

For women who received a diagnosis of depression or anxiety – the findings from the reanalysis showed these women had more risk factors and very few protective factors recorded. We also learnt that one risk factor may significantly and adversely impact an individual woman's mental health, for example a current experience of intimate partner violence.

For other women who had several risk factors, but also had protective factors for these risk factors, the results of the study suggested that the protective factors mitigated development of depression or anxiety. This study shows that psychosocial based assessments are needed for clinicians to understand the significance of a risk in a woman's life, including the role of any protective factors. This information is also important when contextualising symptomology-based information (KMMS Part 1).

The guideline also provides standard advice on the case definitions of depression and anxiety, GP management and a standard approach for medications to be used in treating perinatal depression and anxiety (if medication is required).

Writing Group:

This guideline has been developed in partnership with Kimberley Aboriginal Medical Services, and the WA Country Health Service Kimberley Population Health Unit and Kimberley Mental Health and Drug Service.

Discussion Points:

- It was agreed to add anxiety to the guideline to reflect current national and international guidelines regarding perinatal mental health. Population based studies have shown anxiety is more prevalent than depression in the perinatal period. Further, depression and anxiety often present together.
- For this guideline, it was agreed to define the perinatal period from conception to 12 months post birth.
- The guideline recommends that all staff are trained in the administration of the KMMS and Edinburgh Postnatal Depression Scale.
- Family and domestic violence and deliberate self-harm and suicide may be suspected/ disclosed during perinatal mental health screening, as such these Kimberley Clinical Guidelines are referenced where appropriate.

Conclusion

This guideline reflects the importance of mental health in the overall health and wellbeing of mother (and child) during the perinatal period. Screening is an effective and cost-efficient approach to engaging women in discussions and follow up actions about their mental health. Using the KMMS is more likely to be acceptable to Aboriginal women and therefore improve the accuracy and uptake of the screening.

Resources and References

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4. Carlin, E.; Spry, E.; Atkinson, D.; Marley, J.V. Why validation is not enough: Setting the scene for the implementation of the Kimberley Mum’s Mood Scale. *PLoS One* **2020**, *15*, e0234346.
5. Carlin, E.; Atkinson, D.; Marley, J.V. ‘Having a quiet word’: yarning with Aboriginal women in the Pilbara region of Western Australia about mental health and mental health screening during the perinatal period. *Int. J. Environ. Res. Public Health* **2019**, *16*, 4253.
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