

Implementation Issues: Perinatal Depression and Anxiety

1. Major risks and challenges for implementation identified while revising the Guideline

Increasing the rates of mental health screening for perinatal Aboriginal women across the region. [Kimberley Mum's Mood Scale](#) (KMMS) evaluation data shows that across the Aboriginal Community Controlled Health Service (ACCHS) sector is around 46% of all perinatal women screened at least once.

2. Audience

- | | |
|----------------------------------|-------------------------------------|
| ✓ Aboriginal Health Worker (AHW) | ✓ Midwife/community midwife |
| ✓ Aboriginal Health Practitioner | ✓ Nursing staff |
| ✓ Allied Health | ✓ Nurse Practitioner |
| ✓ Medical staff | ✓ Regional and visiting specialists |

3. Three key messages about the guideline for users:

1. Screening for perinatal depression and anxiety and talking to women about their social and emotional wellbeing during pregnancy is an essential component of clinical care. It is also central to the holistic model of ACCHS care.
2. The KMMS is not a low literacy tool. It is a locally designed and validated tool that incorporates psycho-social yarning alongside a regionally adapted symptomology assessment. The KMMS offers a more culturally sensitive approach to perinatal mental health screening.
3. All clinical staff in the Kimberley can complete the on-line [KMMS training](#).

4. Implementation strategies:

Strategy	Essential	Comments
Proactive dissemination	Yes	E.g., orientation / in-service
Clinic audit and feedback	Yes	
Service-wide audit	Yes	
Other	Yes	Setting a regional target that 80% of all Aboriginal perinatal women are screened using the KMMS by 2026

5. Enablers and challenges identified in the literature and/or during Writing Group discussions

Enablers

- Studies have shown that Aboriginal women and their health care professionals find the KMMS acceptable. Health care professionals have identified that their confidence in administering the KMMS increases with use.
- In 2021 the KMMS accounted for 99% of the perinatal mental health screening. Fidelity (using both parts of the KMMS) was 62%.

Ongoing Challenges

- Aboriginal women value the option of having an AHW to administer KMMS screening. Ensuring relevant AHW are provided with training, support, and a confidential space to undertake screening is a priority area.
- All health care practitioners should ensure the time to undertake KMMS Part 2, the psychosocial yarning tool. The utility, acceptability, and validity of the KMMS is informed by Part 2 (the yarn).