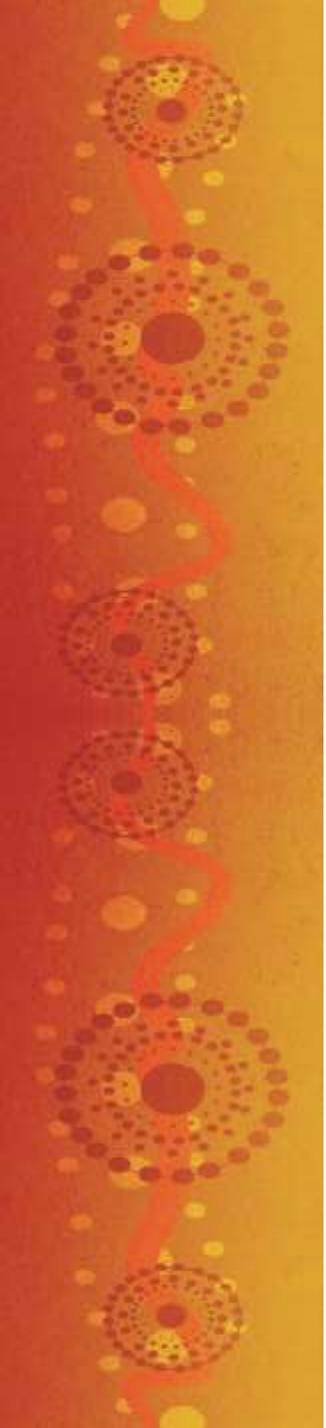




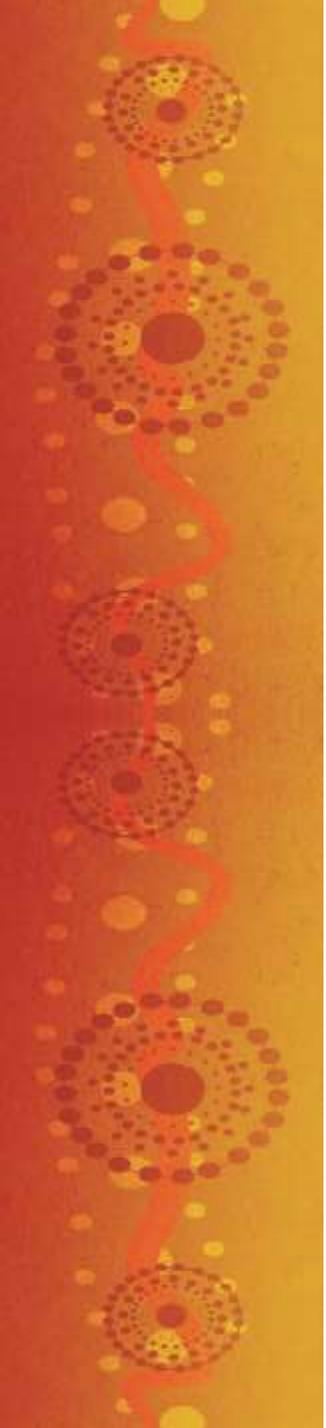
**Enhancing our understanding  
of Aboriginal Women's  
perinatal mental health and  
wellbeing:**

**Lessons learnt from the  
Kimberley Mum's Mood Scale  
(KMMS)**

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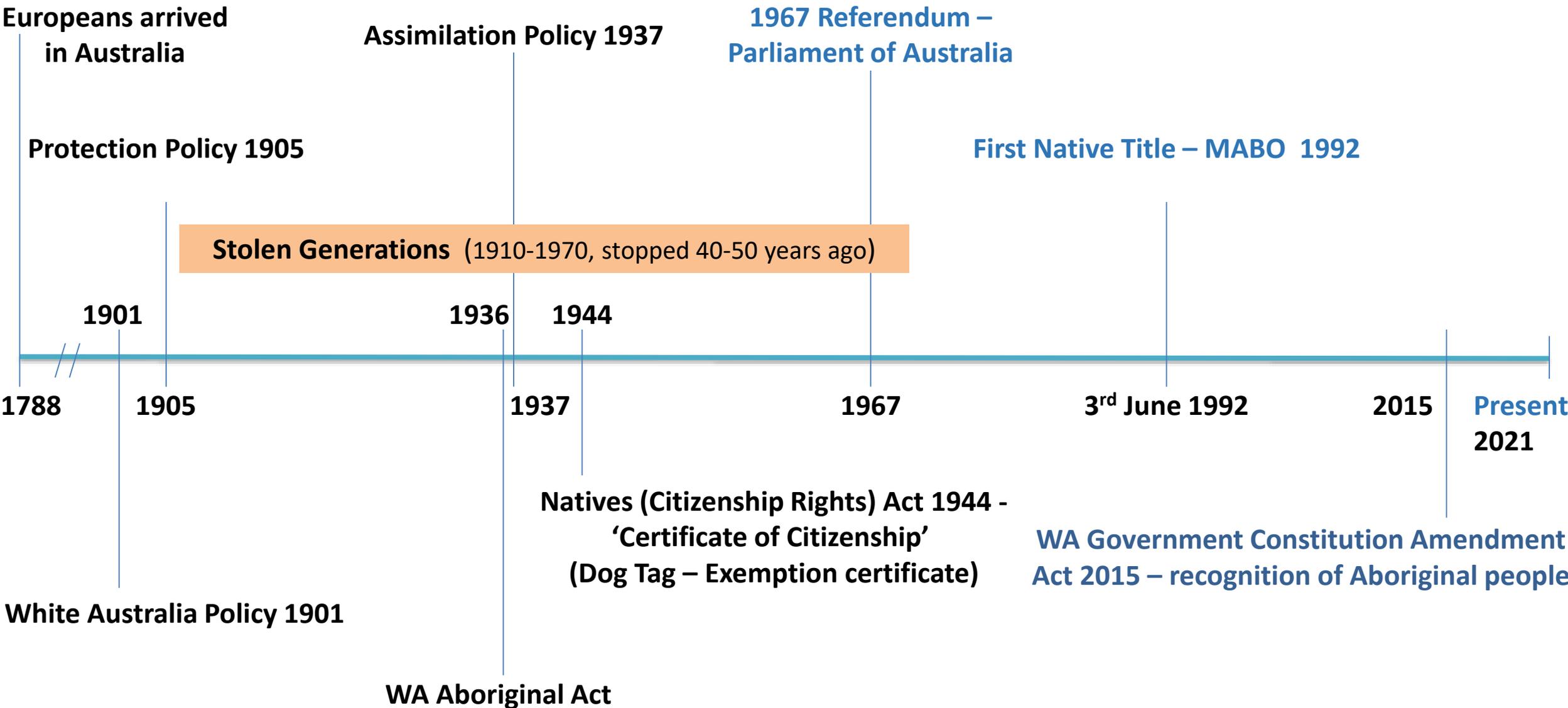
# Aboriginal women and perinatal mental health

- High rates of perinatal depression and anxiety for all women in Australia
- Aboriginal women are twice as likely to experience perinatal depression and anxiety than non-Aboriginal women

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# Why do Aboriginal women experience higher rates?

- Aboriginal women's experiences are shaped by their individual and collective experiences including:
  - colonisation and historical determinants of health
  - the social determinants of health



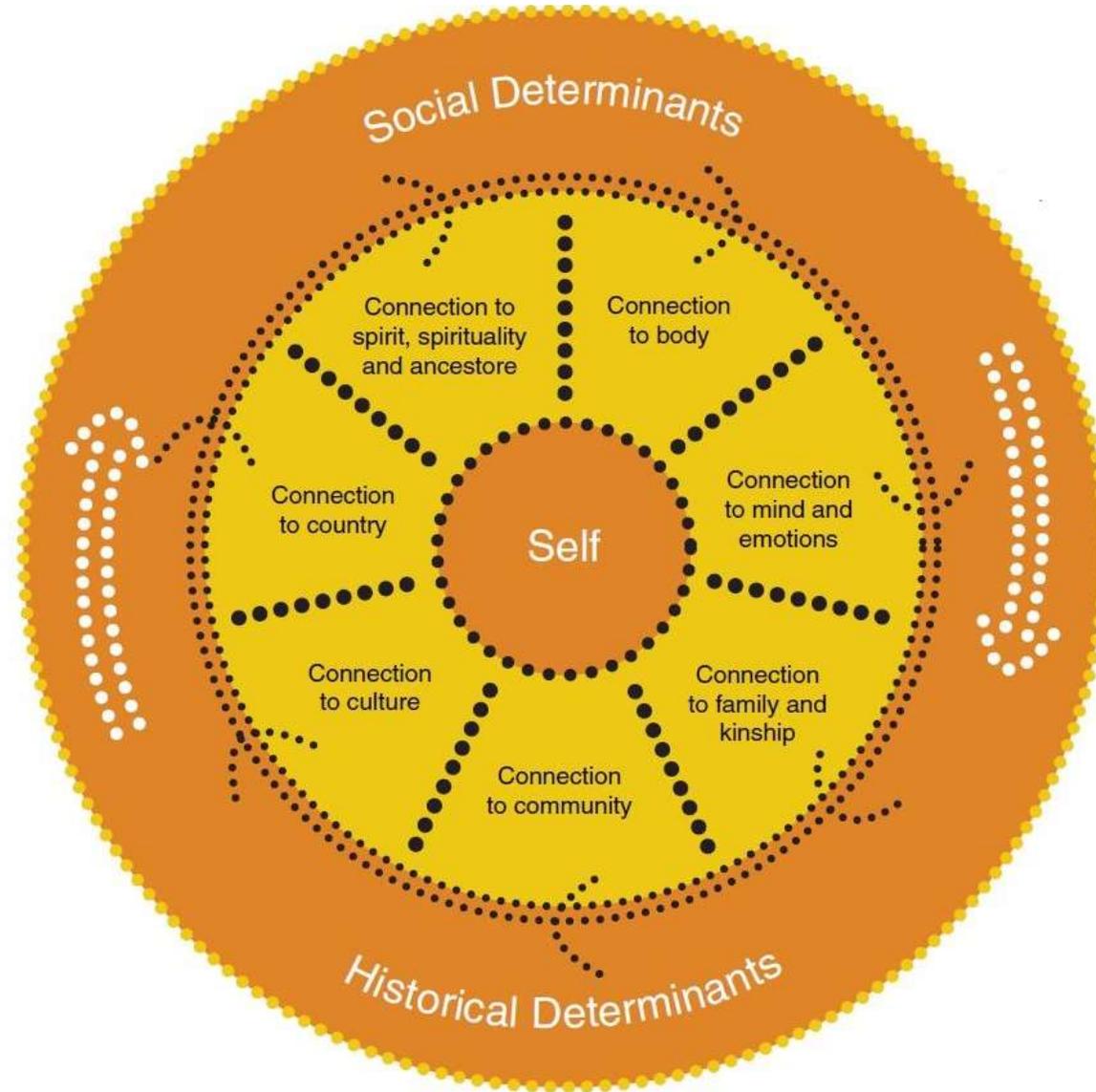
**Australian Aboriginal Policies Timeline 1788- 2021**

# Kimberley history

- First mission was established in the Kimberley in 1895
- By 1958 about 25 per cent of all Kimberley Aboriginal adults and 45 percent of all Kimberley Aboriginal children were living in missions
- Missions continued until the late 1970s
- At a national level more Aboriginal children are in 'care' today than at any other time

## Historical determinants

- colonisation
- forced removal from ancestral homelands
- forced separation of families
- violence
- racism
- discrimination



## Social determinants

Opportunities and barriers to:

- education, employment and economic development
- safe housing
- healthy food
- access to services that are appropriate
- opportunities to maintain cultural ties

# Perinatal mental health screening

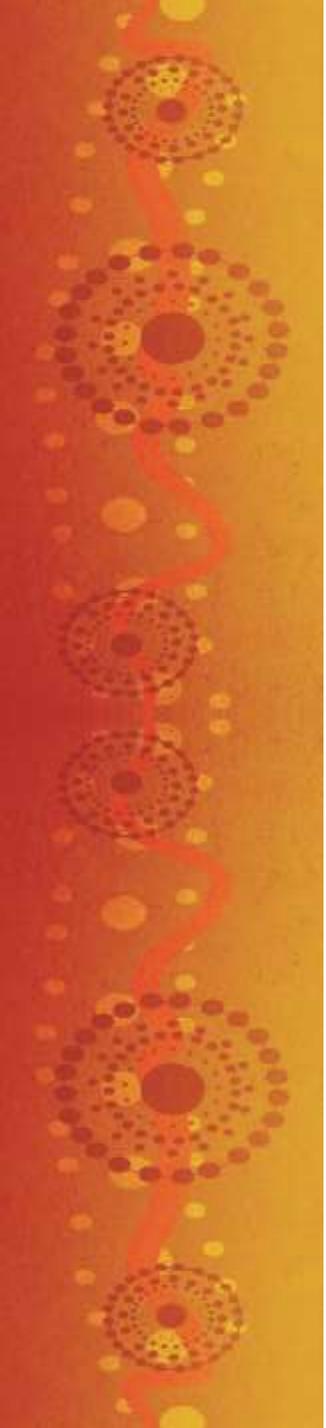
- 2009 Australian Government released a policy directive for regular perinatal depression screening
- Edinburgh Postnatal Depression Scale commonly used

# EPDS

- Designed in 1980s and was a quick, easy clinical approach to assessing risk
- However..... our knowledge of mental health over the last 40 years tell us mental health is anything but simple

# EPDS challenges

- Threshold based screening
- Symptomology based
- Absence of psychosocial factors in assessing risk
- Questionable cross-cultural validity



# Development of the Kimberley Mum's Mood Scale (KMMS)

- >110 women from 8 language groups, 15 communities
- 72 workers from Aboriginal Community Controlled Health Services and Western Australian Country Health Services

# Kimberley Mum's Mood Scale (KMMS) Part 1

Think about the past 7 days, not just how you feel today.

NAME:

DOB:

DATE:

1. I can sit down and have a good laugh



Yes, always



Yes, sometimes



No, not much



No, never

2. I look forward for good things to happen



Yes, always



Yes, sometimes



No, not much



No, never

3. I blame myself when things go wrong



Yes, always



Yes, sometimes



No, not much



No, never

4. I worry too much and don't know why



Yes, always



Yes, sometimes



No, not much



No, never

5. I feel frightened and shaky a lot



Yes, always



Yes, sometimes



No, not much



No, never

## Kimberley Mum's Mood Scale Part 2

Refer to the KMMS Manual for information on how to facilitate the yarn, guidelines for administration, examples of enquiring/exploring questions for each psychosocial domain, how to determine overall risk, and options for follow-up actions.

PART 1 SCORE:

NAME:

DOB:

DATE:

EXPLORE THE WOMAN'S STORY, NOTING THE SITUATION AND HER PROTECTIVE AND RISK FACTORS

SUPPORT:

MAJOR STRESSORS:

SELF-ESTEEM / ANXIETY:

RELATIONSHIPS:

CHILDHOOD EXPERIENCES:

SUBSTANCE MISUSE:

SOCIAL, EMOTIONAL AND CULTURAL WELLBEING:

OVERALL RISK OF DEPRESSION AND/OR ANXIETY (PLEASE TICK)  
Consider Part 1 score and the risk and protective factors identified during Part 2 in determining overall risk

LOW	Self-care recommended	
MODERATE	Clinical assessment within 1 week	
HIGH	Clinical assessment required within 48-72 hours	
IMMEDIATE CONCERNS	Clinical handover required immediately	

FOLLOW-UP ACTIONS: Explore relevant referrals, or next steps with the woman.

# Exploratory question: Guide for clinicians

- Who are your supports? How are they helping?
- Do you have someone to talk to about your feelings and any worries?
- How are you managing with everyday things like family, work, home?

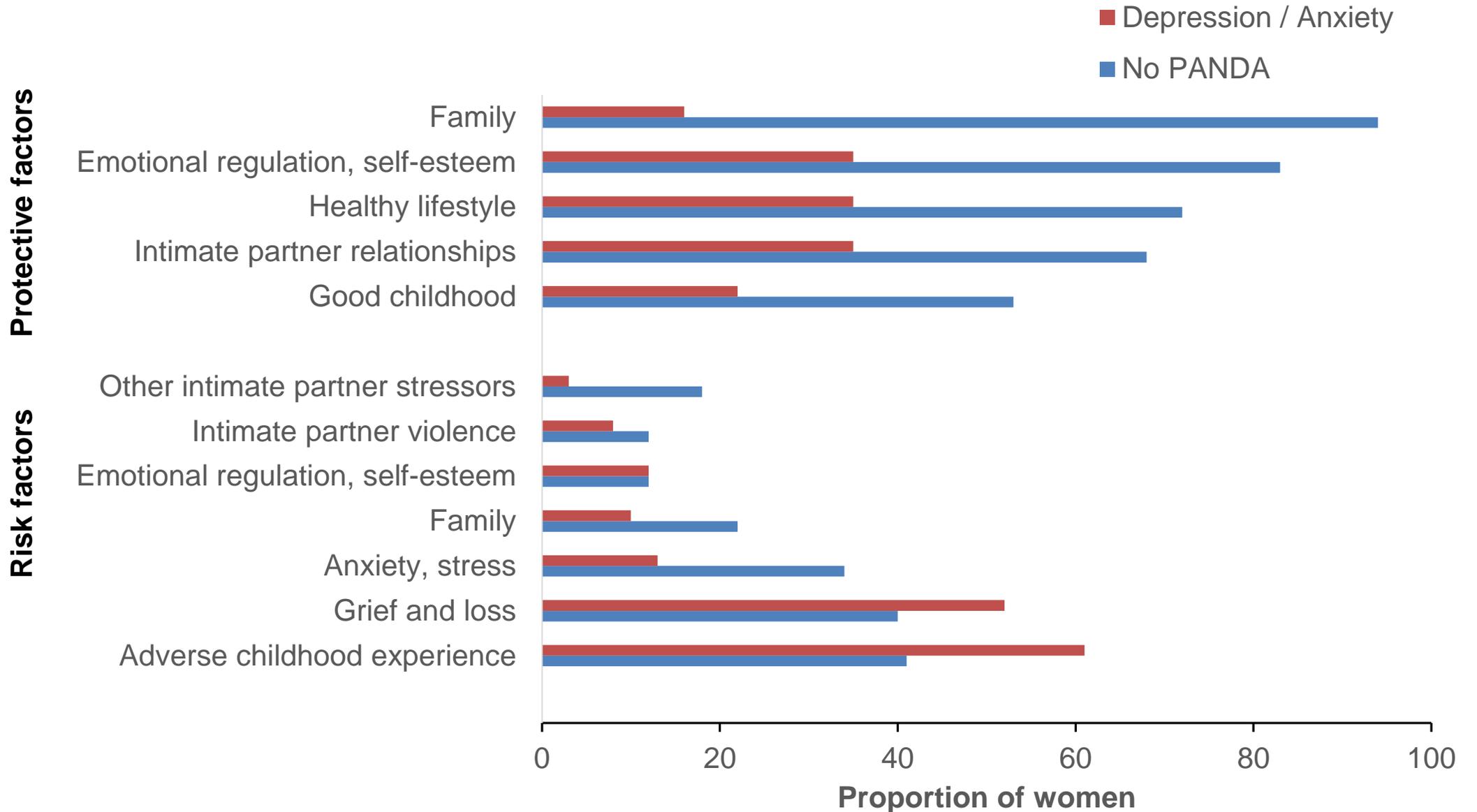
# Scoring

- Assess a woman's risk of depression and/or anxiety
- Risk level determined using clinical judgement. Use Part 1 score and the information gained from Part 2 yarn – risk and protective factors
- Low, moderate or high risk
- Moderate and high risk recommend further clinical assessment

# History – Validation in the Kimberley

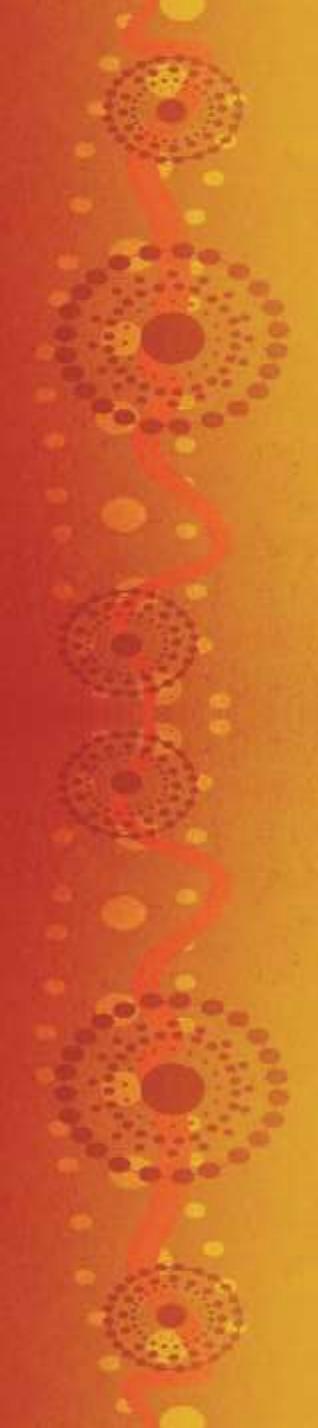
- KMMS was validated with 91 Aboriginal women
- Aboriginal women completed the KMMS with a health professional and were then assessed by a GP
- The KMMS can accurately identify depression and/or anxiety
- Acceptable to women and health professionals

# Protective and risk factors associated with a diagnosis of depression and/or anxiety



# What women said: Prevalence

- Women spoke about their or a close family member's experience with perinatal depression and or anxiety
- Other women identified extreme and multiple stressors during the perinatal period:
  - violence, homelessness, issues surrounding drugs/alcohol use, child protection intervention, traumatic birth outcomes
- These women talked about things being 'hard' or 'stressful' but did not talk about 'depression' or 'anxiety'



## What women said: Language and concepts

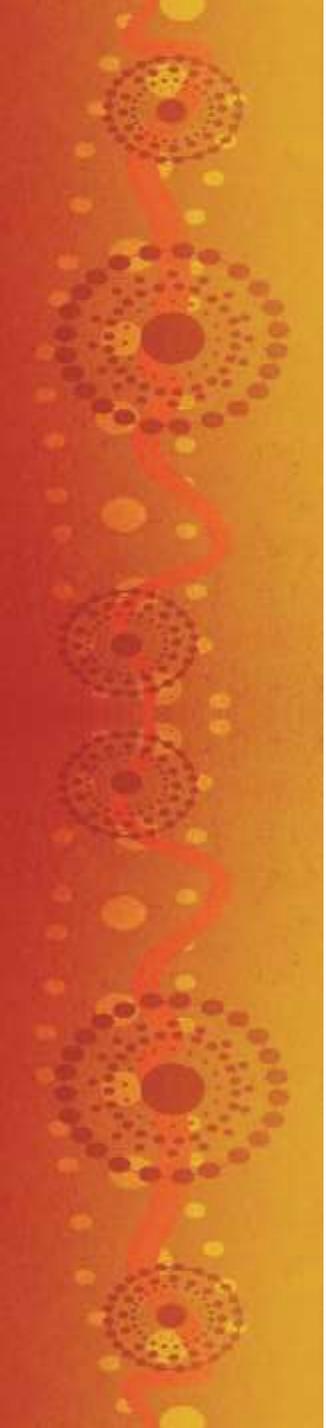
“I never heard anyone say they are depressed, I hear them say they are ‘stressing out’, ‘going mad’...”

“We find it hard to talk about pain, I don’t know why, I think as Aboriginal people we like to laugh and talk for the good times but now everyone has a story of pain and we don’t know how to talk...”

# KMMS: What women said

“A lot of women will do this [KMMS Part One] but they don’t know how to yarn about these things. Might be the first time they have been asked. Most just turn to grog and gunja.

Clinics need to talk these things through [part two KMMS], they really do, but they need to build up the friendship and trust. Then they can ask and the woman will probably answer from the heart...We are coping with so much loss Aboriginal people in this town. So much sadness.... You have to be really clear with the mum that this is for mum to help her stay strong and look after bub. It is not for DCP or anyone else only the midwife and maybe a doctor.”



## **KMMS: What women said**

“When something looks at all of me, when it’s holistic like, that’s when I know it is culturally ok. For our mob health is holistic, it looks at social and emotional wellbeing. This [the KMMS] does that. It gets the midwife to think about all of me, you know, not just my blood pressure and all that.”

“You get a clear picture, you can see me now”.

“These questions never get asked at home. Good to open up”.

# Moving forward with the KMMS

- The KMMS is appropriate for Aboriginal women in your region...
- Promotes inquiry
- Accounts for psychosocial factors
- Focus on strengths, protective factors and celebrates resiliency
- Acceptable for Aboriginal women and their health professionals

# USING THE KMMS

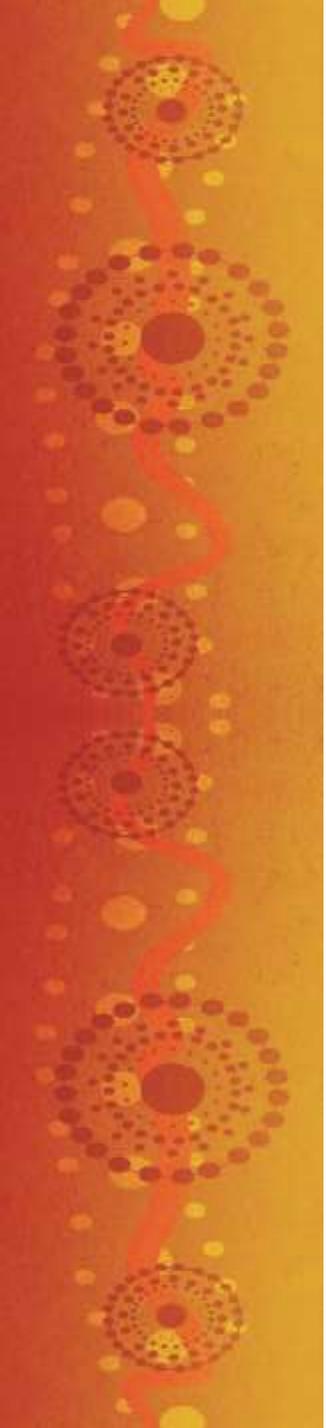
- Free online training is now available!
- <https://www.amsed.com.au/kmms-module>
- KMMS is embedded in MMEEx, CHIS and Communicare
- We are here to support – please reach out

# Innovation is possible and beneficial



# Acknowledgements and thanks

- To our partner services for working with us to improve screening rates and the impact of screening for Aboriginal women
- To the women who consented to be part of the consultations and validation studies. Thankyou, your stories motivate us to make this project the best it can be



**Questions?**

**Emma Carlin**

**[Emma.carlin@rcswa.edu.au](mailto:Emma.carlin@rcswa.edu.au)**