



Protocol Review: Evidence used and rationale

Protocol name: Perinatal Depression and Anxiety Protocol

Rationale: This protocol was developed in recognition of the particular needs that Aboriginal women in the Kimberley may have regarding their mental health during the perinatal period.

The Australian Government has recommended screening as routine feature of perinatal care since 2008. However the tool that is widely recommended, the Edinburgh Postnatal Depression Scale (EPDS) has not been validated with Aboriginal women. Consultation with Health Professionals and Aboriginal women in the Kimberley have signified that to effectively engage Aboriginal women in screening and associated management of their mental health a different tool was needed. The Kimberley Mum's Mood Scale (KMMS) was co designed with Aboriginal women in the Kimberley to provide a culturally secure screening process. It has been validated in a local trial and has high levels of acceptability from Health Professionals and patients. This protocol helps implement the KMMS into routine clinical practise across the Kimberley. The protocol 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).

Working Group: This protocol has been developed in partnership with Kimberley Aboriginal Medical Service, Kimberley Population Health Unit and Kimberley Mental Health and Drug Service.

Discussion points:

1. It was agreed to add Anxiety to the protocol 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.
2. For the purpose of this protocol it was agreed to define the perinatal period from conception to 12 months post birth.
3. The protocol recommends that all staff are trained in the administration of the KMMS and EPDS.
4. Family and Domestic Violence and Deliberate Self-Harm and Suicide may be suspected/ disclosed during perinatal mental health screening, as such these protocols are referenced where appropriate.

Conclusion

This protocol 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 tools such as the KMMS are more likely to be acceptable to Aboriginal women and therefore improve the accuracy and uptake of the screening.



Resources and references used in the revision of the protocol.

1. Buist A, Bilszta J. The beyondblue National Postnatal Depression Program: prevention and early intervention 2001–2005 final report (Vol 1 national screening program). 2005.
2. Austin M-P, Highet N, the Expert Working Group. Mental health care in the perinatal period: Australian Clinical Practice Guideline. Melbourne: Centre of Perinatal Excellence; 2017.
3. Stein A, Pearson RM, Goodman SH, Rapa E, Rahman A, McCallum M, Howard LM, Pariante CM. Effects of perinatal mental disorders on the fetus and child. *Lancet*. 2014;384(9956):1800–19. doi: 10.1016/S0140-6736(14)61277-0.
4. Kotz J, Munns A, Marriott R, Marley JV. Perinatal depression and screening among Aboriginal Australians in the Kimberley. *Contemp Nurse*. 2016;52(1):42–58. doi: 10.1080/10376178.2016.1198710
5. Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression: development of the 10-item Edinburgh Postnatal Depression Scale. *Br J Psychiatry*. 1987;150:782–786
6. Dudgeon P, Milroy H, Walker R (Eds.) Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice. 2nd Ed. Canberra: Commonwealth of Australia; 2014. Available online: <https://www.telethonkids.org.au/our-research/early-environment/developmental-origins-of-child-health/aboriginal-maternal-health-and-child-development/working-together-second-edition>
7. Marley JV, Kotz J, Engelke C, Williams M, Stephen D, Coutinho S, et al. Validity and acceptability of Kimberley Mum's Mood Scale to screen for perinatal anxiety and depression in remote Aboriginal health care settings. *PLoS One*. 2017; 12(1): e0168969. doi:10.1371/journal.pone.0168969
8. Bessarab D, Ng'andu B. Yarning about yarning as a legitimate method in Indigenous research. *International Journal of Critical Indigenous Studies*. 2010;3(1):37–50.
9. Lin I, Green C, Bessarab D. 'Yarn with me': applying clinical yarning to improve clinician-patient communication in Aboriginal health care. *Aust J Prim Health*. 2016;22(5):377–382. Available from: <http://www.publish.csiro.au/py/Fulltext/PY16051>
10. Bacon V. Yarning and listening: yarning and learning through stories. In: Bennett B, Green S, Gilbert S, Bessarab D, editors. *Our voices: Aboriginal and Torres Strait Islander social work*. South Yarra, Vic: Palgrave Macmillan; 2013, p. 136–165.
11. **American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders (4th ed., Text Revision)*. Washington, DC: Author.**
12. Kimberley Mum's Mood Scale Training Manual (2019). Available at: <http://kams.org.au/resources/kmms/>