

# Aboriginal Perinatal Service Expansion Baseline Evaluation Report



## Executive Summary

WA Perinatal Mental Health Unit  
February 2008



Government of **Western Australia**  
Department of **Health**



Delivering a Healthy WA



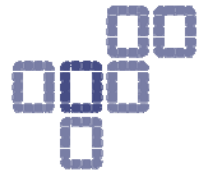
## Executive Summary

In November 2006 Western Australian Perinatal Mental Health Unit (WAPMHU) funding was allocated to a service expansion initiative, designed to specifically meet the perinatal mental health needs of a WA rural Aboriginal community. Carnarvon was subsequently selected for this project, and based upon evaluation results over an 18-month pilot period, future funding allocation to this site will be decided as well as the possible proposal for expansion of similar services to other WA rural communities.

This Baseline Evaluation Report presents the methodology and results of qualitative and quantitative data collection and analyses as prepared by the WAPMHU Research Officer. Outcome measures were developed and selected to gather required data from local Aboriginal women, as well as obstetric, medical and mental health service providers. This 'baseline' data has been collected prior to service commencement and will be used as a comparison point for follow-up data collection once the service commences. The evaluation framework proposes that follow-up data will be collected and analysed again 6-months after service implementation, and at the end of the 18-month pilot period to evaluate performance against expected outcomes (i.e., KPI's).

Six Aboriginal women living in Carnarvon who had given birth in the past 3-years completed a purpose designed Postnatal Women's Questionnaire. Although not a large sample, the results provide a 'snapshot' of the Aboriginal childbearing population currently living in Carnarvon. The majority of mothers reported adequate levels of social support, the most common source of that support being family. Results also indicated that a percentage (possibly significant) of the Aboriginal childbearing population of Carnarvon are experiencing symptoms of depression and anxiety and not receiving professional help for these symptoms. It was concluded from these Questionnaire results that there is a need for community awareness raising, via health promotion strategies as well as professional education and training, to ensure those mothers requiring information, support and treatment receive it.

Qualitative techniques were applied to understand local Aboriginal mothers' experiences of the perinatal period, including their perspective of the major



challenges, what they have found helpful and the services they believe would be helpful to support local Aboriginal mums in the future. A total of 34 local women attended one of 3 focus groups. Thematic content analysis of the focus group transcripts was conducted and resulted in the identification of four ‘core’ themes (i.e., having relevance to multiple sections of service delivery and planning): trust, family support, lack of education, and young mothers. Fear and mistrust was seen as one of the most important issues for local Aboriginal mothers that workers need to know about. Trust was repeatedly discussed as an obstacle to helping mums, and subsequently building trust was believed by many participants to be a crucial factor for delivering a successful service. So ‘how do we build this trust?’ In light of the complexity of this issue and the history involved there is of course no easy or quick solution. Nevertheless, focus group participants made practical suggestions including taking the time to get to know the community, including the elder women, grandmothers and the young local women and school girls, ideally *before* they get pregnant, and then having continuity of care throughout pregnancy and postpartum.

‘Aunties’ and grandmothers provide a great deal of practical and emotional support to new Aboriginal mothers in Carnarvon but possibly at a cost to their own well-being. The challenges and pressures that come along with this supportive role were discussed at length, including the acknowledgement that family did not always have the knowledge to help with psychological matters but that new mothers, particularly the younger mothers, often refused to seek professional support. The need to include extended family, particularly female relatives, in service provision became clear.

A lack of education and information on pregnancy and motherhood was seen by participants to be a cause of many of the problems for Aboriginal mothers in the community. It was suggested by participants that culturally appropriate health promotion strategies, particularly targeting school girls, may be beneficial for rectifying a concerning lack of awareness.

It appears that it is the teenage mums that require the most practical and emotional support yet are also the mums that are most mistrustful of family and service providers. Largely ignorant to the realities of motherhood, they can apparently



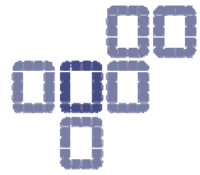
become isolated and depressed when confronted with a new baby, too afraid and ashamed to ask for help.

The three focus groups provided a rich and valuable source of information, not only for evaluation purposes, but also for planning and development of the new perinatal mental health service in Carnarvon. The results of the thematic content analyses clearly revealed a need for the service, community support for the service and provided invaluable strategies and directions for service implementation.

A total of 14 health professionals currently providing a local service to Aboriginal women living in Carnarvon during the perinatal period completed a purpose-designed Health Professionals Questionnaire. Despite an apparent familiarity with patients such as ‘Mary’ (the Questionnaire’s fictitious perinatal patient/client), results indicated relatively low levels of perinatal knowledge/awareness among local service providers. The average score for the multiple choice section of the questionnaire was 50%, most respondents unable to completely differentiate between the terms “baby blues” and “postnatal depression”, and an apparent lack of familiarity with the EPDS. When presented with an antenatal vignette of ‘Mary’ few respondents correctly identified possible symptoms of anxiety and/or depression. Although the vignette was purposively constructed so that both anxiety *and* depression were possible diagnoses, only 3 respondents identified both conditions.

In light of focus group results regarding Aboriginal mothers’ reluctance to seek help, the prospect of health professionals not acting in a helpful way if/when a mum does present for help is of concern. It is positive to see from Questionnaire results that the majority of health professionals would take appropriate and helpful action but there also appears to be room for improvement. The Questionnaire results successfully highlighted numerous areas of potential improvement in regards to perinatal mental health care provision in Carnarvon. The need for health promotion initiatives, education and training strategies and a specific perinatal mental health service for the local Aboriginal community are supported.

From the service mapping exercise the potential for improvements in engagement with services by local Aboriginal women, and closer working relationships to be

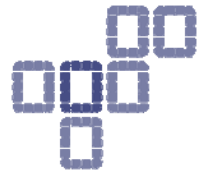


fostered between local service providers, is very apparent. There are currently very limited resources for any health promotion activities in Carnarvon and no perinatal specific health promotion activities were identified despite a great need and desire for such activities.

The final aspect of the baseline evaluation was the collation of existing quantitative data from relevant health service providers to ascertain the type and specificity of current records maintained by these service providers, and from these records calculate the number of local pregnant and postpartum Aboriginal women engaging with services.

Carnarvon Hospital currently provides general medical care for more than 8,800 people living in the Carnarvon, Exmouth, Shark Bay and Upper Gascoyne areas. The number of Aboriginal births at Carnarvon Hospital has remained relatively stable over the past 6 years, with an average of 35 births. Although the number of Aboriginal women living in Carnarvon who deliver at KEMH each year is relatively low ( $n = 8$ ), the transfer of care and subsequent birthing away from land and family can be a traumatic experience for these women.

As the tertiary obstetric facility for WA, KEMH is able to provide a level of specialised obstetric care and psychological care not available at Carnarvon Hospital. Although this difference in level of specialised care and service availability is to be expected when comparing a rural general hospital with a metropolitan tertiary obstetric hospital, there is also no doubt from the results of this baseline evaluation that improvements in perinatal mental health service delivery can be made in Carnarvon. Encouragingly, these improvements appear to be encouraged and supported by the local service providers, including the management of the newly renovated maternity ward at Carnarvon Hospital. Carnarvon Hospital maternity ward management appear keen to implement a universal EPDS screening protocol for obstetric patients if provided with training and support. The Research Officer will also support Hospital staff in regards to maintaining a database of EPDS scores and referrals made from the Hospital to the Carnarvon Mental Health Service.



The majority of medical care over the perinatal period for local Aboriginal women appears to be provided by Carnarvon Hospital. Yet, from data obtained during this baseline evaluation, the Aboriginal Medical Service appears to be the preferred place for local Aboriginal mothers to present with depressive symptomatology or concerns, with 116 occasions of service for ‘depression’ for Aboriginal mothers (i.e., women with a child under 3-years of age) recorded over a 1-year period. This ‘splitting’ in obstetric/medical and psychological service provision for local Aboriginal women will need to be taken into account when the perinatal service, to be based at Carnarvon Hospital, commences.

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