

‘Implementation of the Kimberley Mum’s Mood Scale across Primary Health Care Services in the Kimberley region of Western Australia: a mixed methods assessment’

Why was this study done?

The Kimberley Mum’s Mood Scale (KMMS) was validated in 2016 as an effective and acceptable perinatal depression and anxiety screening tool. We supported implementation of the KMMS across the Kimberley region in 2019-2022. We wanted to understand the impact of this implementation study on routine perinatal care. Specifically, we wanted to know:

1. If healthcare professionals were using the KMMS as their routine perinatal screening tool and if they used it in accordance with training (both parts together and assessing a woman’s risk likelihood).
2. If women and their healthcare professionals found it acceptable.
3. The enablers and barriers of using the KMMS at a systems level.

We used the Dynamic Sustainability Framework to guide our evaluation of implementing the KMMS. We selected this framework because it suggests that things only get implemented when the intervention (the KMMS), the practice setting (Kimberley patients and health professionals), and the ecological setting (the broader context of health in the Kimberley) ‘fit’ together.

How was this study done?

- We retrospectively audited electronic perinatal records from Kimberley Aboriginal Community Controlled Health Services (ACCHS) to describe perinatal mental health screening in 2018 (n=247) and 2021 (n=302).
- We assessed and descriptively analysed the KMMS training registry, records of stakeholder engagement, and sustainability initiatives.
- Acceptability of the KMMS was assessed using qualitative descriptive approaches to analyse patient feedback forms (n=39), healthcare professional surveys (n=15), and qualitative interviews with healthcare professionals (n=6). This data was from WA Country Health Service – Kimberley (WACHS-K) and Kimberley ACCHS.

What did we find out?

The audit demonstrated that:

- KMMS use increased from 13.8% to 46.5% across Kimberley ACCHS.
- Using the KMMS in accordance with training increased from 2.3% to 61.8%. The major shift was in completing KMMS Part 2 – the psychosocial yarn and recording assessment of the overall risk of perinatal depression or anxiety.
- Perinatal mental health concerns were high: 23.6% of Kimberley Aboriginal women who were screened in 2021 were recorded as being at risk of depression and anxiety. The national average was 10%.

When used in routine perinatal clinical care Aboriginal women reported that it was important for clinics to ask about mood and feelings, and that using both parts of the KMMS was the right way for clinics to talk about this. Aboriginal women consistently reported that it was good to have someone to talk to.

Most health professionals also identified the KMMS as the most appropriate perinatal screening tool. This was largely about having the yarn in KMMS Part 2, which facilitated a deeper understanding of a woman’s situation and the ability for the healthcare professional to provide psycho-social care or work with the woman around appropriate next steps.

Having the support of the **Kimberley Aboriginal Health Planning Forum** (KAHPF), particularly through their endorsement of the KMMS as the preferred regional screening tool for perinatal Aboriginal women ([KAHPF Perinatal Depression and Anxiety Protocol](#)) was critical for implementation. This regional level endorsement and strong partnerships with **Kimberley Aboriginal Medical Services, Broome Regional Aboriginal Medical Services, Derby Aboriginal Health Services, Yura Yungi Medical Service, Ord Valley Aboriginal Health Service, and WACHS-K Child and Maternal Health** team meant the KMMS team could deliver training at clinic sites or as part of a health care professional's orientation. This transitioned to an accessible on-line training platform in mid-2021 ([Free online KMMS training](#))

Another factor instrumental to KMMS implementation was ensuring that it was fully integrated with the Electronic Medical System used by Kimberley health services (MMEx and CHIS).

Finally, the adoption and uptake of the KMMS was possible due to the investment into the implementation process, namely having a team supporting implementation over multiple years and the support of primary health services across the Kimberley.

What does this mean?

The study demonstrates the power of co-design and shows that innovation in perinatal depression and anxiety screening for Aboriginal women is possible. It also demonstrates that with the right support innovation can be implemented into routine clinical care.

If you have any questions or require further information about the KMMS please contact: Emma Carlin by email emma.carlin@rcswa.edu.au or phone (08) 9194 3234.

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