



Perinatal social and emotional wellbeing screening

A learning package for perinatal psychosocial screening with Aboriginal and Torres Strait Islander peoples

Developed on behalf of the Statewide Maternity and Neonatal Clinical Network with funding from the Indigenous Early Childhood Development National Partnership Agreement.

Developed also in partnership with Health and Wellbeing Service Group, Townsville Health and Hospital Service and Royal Flying Doctor Service, Queensland.

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Contents

Summary	v
1. Introduction	1
Objectives.....	2
Before you start	2
Before You Start this Learning Package:	3
2. How to use this learning package	4
Getting started.....	6
Glossary	7
Assumed level of training	12
Getting support.....	13
Dealing with upsets	14
Working together	15
Your skills.....	15
Your role.....	17
3. Culture	18
What is culture?.....	18
Other aspects of culture	18
Some other ideas of culture	18
Beliefs.....	21
Differences in beliefs.....	22
Identity.....	22
4. Social and emotional wellbeing.....	24
What does social and emotional wellbeing mean?	24
What is a biopsychosocial model?	26
Physical.....	27
Social	27
Psychological	27
Risk and protective factors	29
Thoughts and emotions/feelings	31
Dealing with emotions	33
5. Social and emotional wellbeing in the perinatal period	34
Myths about Motherhood.....	35
Great resource	36
6. Social and emotional problems in the perinatal period.....	37
Mental Health problems and illness that may occur	37
What are the Baby Blues?	38
What is anxiety?	38
What is depression?.....	39
What is psychosis?	39
What is bipolar disorder?	40
What is self-harm?	40
What is suicide?	41
7. Impact of perinatal disorders on mothers, fathers and babies	42
How to support women and their families during the perinatal period.....	43

Responding to distress.....	45
Communicating with Aboriginal and Torres Strait Islander People	46
Barriers to service provision and engagement	48
8. Perinatal psychosocial screening.....	49
National Perinatal Depression Initiative.....	49
Perinatal Psychosocial Screening	49
Edinburgh Postnatal Depression Scale (EPDS).....	51
The EPDS Questions	52
Talking to someone about self-harm or suicide.....	54
SAFE START psychosocial assessment questions	56
The Safe Start questions.....	57
Referral.....	60
Perinatal and infant mental health universal risk assessment and referral pathways.....	60
9. Self-care	67
Looking after yourself	67
Here is what you can do to look after yourself at work?.....	67
Looking after yourself at home.....	68
Enjoyable activities.....	70
10. Review	73
11. Resources.....	74
12. References	76

Appendices

EDPS from Townsville:

<http://qheps.health.qld.gov.au/tville/cdsu/clinical-forms/cf-edinburgh-pnd.pdf>

Safe Start from Townsville:

<http://qheps.health.qld.gov.au/tville/cdsu/clinical-forms/cf-wc-safe-start.pdf>

Summary

The developers of this Package acknowledge the traditional owners of country and their continuing connection to land and community. We pay our respect to them and their cultures, and to the Elders both past and present.

This package was written by Belinda Rule in 2012 with the assistance of Helen Holzwart-Jones (Clinical Network Coordinator- Northern Maternity & Neonatal Clinical Network), Rymer Tabulo (Clinical Chair- Northern Maternity & Neonatal Clinical Network), Jacqui Thomson (Clinical Network Coordinator- Statewide Maternity & Neonatal Clinical Network), Statewide Aboriginal and Torres Strait Islander Maternity & Neonatal Advisory Group (a subcommittee of Statewide Maternity & Neonatal Clinical Networks) and a small working group drawn from the Northern Maternity & Neonatal Clinical Network and the Statewide Maternity & Neonatal Clinical Networks.

The concept for this work originated from a Northern Maternity and Neonatal Clinical Network working party. This small group of Clinicians identified problems with the administration and use of the perinatal Social and Emotional Wellbeing Screening Tools with Aboriginal and Torres Strait Islander women in North Queensland. The results obtained and resultant referrals were not matching the needs of the population. Investigation for possible cause and solution suggested that it may be a statewide issue. They brought it to the attention of the Statewide Maternity & Neonatal Clinical Network.

This body of work is the result of a Statewide Aboriginal and Torres Strait Islander Maternity and Neonatal Advisory Group clearly defining a problem in statewide terms and progressing to a statewide solution. It was undertaken on behalf of the Statewide Maternity and Neonatal Clinical Network, as part of the Aboriginal and Torres Strait Islander Health Workforce Capacity Building- Perinatal Social and Emotional Wellbeing Project.

Commonwealth funding for the project was obtained from the Indigenous Early Childhood Development National Partnership Agreement. This was initially managed by the Primary, Community and Extended Care Branch and subsequently the Aboriginal and Torres Strait Islander Health Unit.

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1. Introduction

Welcome to the Perinatal Social and Emotional Wellbeing Screening: A Learning Package for Perinatal Psychosocial Screening with Aboriginal & Torres Strait Islander Peoples (the learning package).

Successful support of the social and emotional wellbeing in Aboriginal and Torres Strait Islander peoples often requires a partnership between the Aboriginal & Torres Strait Islander health worker and the non Aboriginal & Torres Strait Islander clinician.

In this relationship the clinician provides clinical supervision for the health worker and the health worker provides cultural supervision for the clinician. In this way TOGETHER they are able to provide the necessary service to support Aboriginal and Torres Strait Islander peoples. This partnership is referred to in this package as the clinician/health worker dyad.

In this dyad there might be a midwife/ child & family health nurse/ remote area nurse/ mental health professional and an Aboriginal and Torres Strait Islander health worker. In this dyad, the clinician and health worker will be mentors for each other.

This learning package was developed to help you work effectively in this partnership to increase your knowledge and skills that will support the social and emotional wellbeing of Aboriginal and Torres Strait Islander women during the perinatal period (from pregnancy until two years after birth).

It aims to help you to improve your comfort and confidence in assessing the social and emotional wellbeing of Aboriginal and Torres Strait Islander women. To do this you will be using two screening tools, the Edinburgh Postnatal Depression Scale (EPDS) and the Safe Start Psychosocial Assessment (Safe Start). These tools are often called perinatal psychosocial screening tools. In this learning package they will also be called the screening tools or just the tools.

This learning package can also be used in other mentor/clinician type arrangements that are specific to your situation. If you are a health worker your mentor will most likely be someone who will be working with you or supporting you as you provide care for Aboriginal and Torres Strait Islander women and their families.

The learning package recognises that Aboriginal and Torres Strait Islander health workers have great cultural and local expertise. This is important when supporting the assessment and referral to achieve social and emotional wellbeing for Aboriginal and Torres Strait Islander women.

It also recognises that other health professionals have the clinical expertise that is necessary when providing care during this time.

The aim is to create a model where health workers and clinicians work effectively together. In the model, the health worker role is to culturally supervise the clinicians and the clinician role is to clinically supervise the health workers. Neither person can do the job fully without the assistance of the other. This clinician/health worker dyad then becomes a true working partnership.

The National Perinatal Depression Initiative (NPDI) Workforce Training and Development Committee developed a Training Matrix Framework of Perinatal

Depression and Related Disorders. The information contained in this Package meets these guidelines for the core skills required by health workers involved in screening women for depression and related disorders in the perinatal period.

If you want to look up these guidelines they are on the Beyondblue website at <http://www.beyondblue.org.au/index.aspx>

Objectives

When you complete this learning package, the aim is for you to support the social and emotional wellbeing of Aboriginal and Torres Strait Islander women during the perinatal period through:

- Better knowledge, skills and understanding about perinatal psychosocial screening
- Improved confidence carrying out perinatal psychosocial screening with Aboriginal and Torres Strait Islander women
- Effective working partnership/dyad with a clinician/health worker where the health worker culturally supervises the clinician and the clinician clinically supervises the health worker.
- Increased accuracy with Perinatal Psychosocial Screening of Aboriginal and Torres Strait Islander women in your area and
- Knowledge of local referral pathways for Aboriginal and Torres Strait Islander women to other services as required.

Tip



These objectives can be listed as the benefits of doing this learning package when you are asking for permission from your manager or doing your performance appraisal. This will help to get support from the organisation you work for.

Before you start

	Activity: Before You Start
	To measure any benefits/progress you get from this package it is good to have a record of where you are at the start and where you are when you have finished.
STEP 1	Fill out the form (before) on the next page.
STEP 2	Complete this learning package.
STEP 3	Fill out the form (after) on page 76 and compare the results.

Before You Start this Learning Package:

Please fill out this form

Name:	Date:										
Do you identify as being an Aboriginal and/or Torres Strait Islander?											
<input type="checkbox"/> YES <input type="checkbox"/> NO											
What is your current job title:											
1. Please rate the level of your knowledge about perinatal psychosocial screening.											
Before	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
	None	Small	Medium	Large	Expert						
2. Please rate how confident you are doing perinatal psychosocial screening with Aboriginal and Torres Strait Islander women.											
Before	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
	Not	A little	Sometimes	Mostly	All the time						
3. Please rate how comfortable you feel doing perinatal psychosocial screening with Aboriginal and Torres Strait Islander women.											
Before	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
	Not	A little	Sometimes	Mostly	All the time						
4. How effective is your working partnership/dyad with a clinician or health worker?											
Before	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
	Not at all	A little	Sometimes	Mostly	Very						
5. As a health worker do you provide cultural supervision to the clinician you work with? OR As a clinician do you receive cultural supervision from a health worker you work with?											
Before	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
	No	Occasionally	Sometimes	Mostly	All the time						
6. As a clinician do you provide clinical supervision to the health worker you work with? OR As a health worker do you receive clinical supervision from a clinician you work with?											
Before	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
	No	Occasionally	Sometimes	Mostly	All the time						
7. Do the results from perinatal psychosocial screening in your area give a score that reflect (equal) the social and emotional health of your Aboriginal Torres Strait Islander women?											
Before	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
	Not	Occasionally	Sometimes	Mostly	All the time						
8. Do you have a clear understanding of the local referral pathways for Aboriginal and Torres Strait Islander women to other services in your area as required?											
Before	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
	No	A little	Some of them	Mostly	Totally						

2. How to use this learning package

The best way to use this learning package is for the clinician/health worker dyad to work through it together with the health worker taking the lead role to have their learning needs met. As a health worker ideally you will be working in a team with a clinician such as a midwife to provide culturally safe care for Aboriginal and Torres Strait Islander women and their families. Clinician support will help you with some of the areas where they have more knowledge. In turn, they can learn about cultural practices in the local area from you.

It is also a good idea to talk to your manager and gain their support for you to do this package. They might know more ways to help.

Tip



When you have your performance appraisal, try putting this learning package down as one of your goals. This will also help to get support from the organisation you work for!!!

There are no assessments/tests/exams to do. What you get out of this depends on how much you put in. You may have a little or a lot of knowledge in each of the areas. As you move through the learning package you will gain knowledge and confidence with the screening tools and how to better support the social and emotional wellbeing of Aboriginal and Torres Strait Islander women during the perinatal period (from pregnancy until 2 years after birth)

Each section of the learning package has some information, suggested readings, activities and outside sources of learning e.g. Face-to-face, online course or DVD etc. There is also some training listed that is available from external providers. You will need to book into and find out how to attend. Talk to your support clinician and manager about attending this training.

There are several different icons/symbols used to help you through the learning package and the table below explains what they mean.



Tip

Suggestions that will help you.



Thought

Something for you to think about further!



Worry

These help you through some areas that may worry you.



Exercise

An activity where you need to do something, often with others and discuss your learnings with your mentor.



Writing Activity

An activity where you need to write something and discuss your learnings with your mentor.



Reading

Further information to read that will help you to more completely understand.



Computer Activity

An activity where you need to look up some information on the computer and discuss your learnings with your mentor.



Investigate & Action Activity

An activity whereby you will be required to look for something in your local area and then take some action.



External Training/Course

It is suggested that you complete this training or a course as part of this learning Package is suggested.

Celebrate



It is vitally important that you celebrate your achievements along the way. You have worked hard to find the time to get them done. It is important that you recognise this and celebrate the achievement. The celebration does not have to be anything fancy. It can be something as simple as scheduling a coffee break with your mentor.

Remember celebration in this course is mandatory!



Resources

These resources will give you added information and may be useful for your clients.

Getting started

As part of this package you will sometimes be asked to undertake short courses that are delivered by other providers. These courses usually have limited numbers and fill very quickly. Bookings are essential. We suggest that you gain support from your supervisor now to attend these courses and immediately book your place.

You will also be asked to obtain and use some education resources that have been produced by others. We suggest that you order these resources now so that you have them available when you come to them in this learning package.



Investigate & Action Activity

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete this activity and if possible attend together.

- STEP 1:** Obtain information about the following courses/ resources including location, schedules & cost:
- Queensland Health Aboriginal and Torres Strait Islander Cultural Practice Program or similar
 - Aboriginal and Torres Strait Islander Mental Health First Aid Course.
 - Perinatal and Infant Mental Health Workshop or similar.
 - Perinatal and Infant Mental Health Universal Psychosocial Screening Module.
- STEP 2:** Contact your supervisor and seek permission to attend each of the above courses.
- STEP 3:** Complete & submit any necessary paperwork and book your place on the course or obtain the resource.
- STEP 4:** Place the course booking information below and in your Diary.
- Queensland Health Aboriginal and Torres Strait Islander Cultural Practice Program or similar (For more information see Culture Section)
- DAY: _____ DATE: _____
- Aboriginal and Torres Strait Islander Mental Health First Aid course (For more information see Social And Emotional Problems In The Perinatal Period Section)
- DAY: _____ DATE: _____
- Perinatal and Infant Mental Health Workshop (For more information see Perinatal Psychosocial Screening Section)
- DAY: _____ DATE: _____
- Perinatal and Infant Mental Health Universal Psychosocial Screening Module (For more information see Perinatal Psychosocial Screening Section)
- DATE RESOURCE ORDERED: _____

STEP 5



Celebrate!

Glossary

Some words used in this package have a specific meaning which may or may not be different to the meaning that you give to these words. To make sure that we do not confuse anyone, we have listed these words and written underneath them what we mean when we use them in this package.

Acute

Recent onset of severe clinical symptoms.

Antenatal

Antenatal is a term that means 'before birth'. Other terms that refer to the time before birth include 'prenatal' and 'antepartum.'

Anxiety Disorder

A mental disorder characterised by feelings of unease, tension and distress with an exaggerated fear of possible danger or misfortune and often associated with significant disruption to a person's life, such as not being able to hold down a job or use public transport. Examples of such disorders may include phobias, panic attacks and obsessive compulsive disorder.

Bereavement

A reaction to the death of a loved one (e.g. feelings of sadness and associated symptoms such as insomnia- difficulty sleeping, poor appetite, and weight loss).

Child & Family Health Nurse

A child health nurse is a trained registered nurse who has additional qualifications in maternal, infant, child and family health.

Clinical Judgement

A process where you initially have to pay attention to the patient's condition or what he/she is experiencing. Then you gather the information regarding the problem, use your reasoning abilities to interpret the facts and apply critical thinking to confirm or exclude certain hypotheses. Finally, you resort to logical deduction to identify the problem.

Clinician

The generally accepted definition of the term "clinician", supported by a number of sources, is a health professional involved in clinical practice as distinguished from other types of health workers, such as laboratory technicians and those employed in research. In this learning package, a clinician refers to a health professional other than an Aboriginal and Torres Strait Islander health worker.

Clinician/Health worker Dyad

A team consisting of a clinician and an Aboriginal and Torres Strait Islander health worker. In this learning package, this a clinician and an Aboriginal and Torres Strait Islander health worker who are providing care to Aboriginal and Torres Strait Islander women and their families during the perinatal period.

Continuity of Care

The provision of barrier-free access to the necessary range of health care services and other support agencies, with the level of support and care varying according to individual needs.

Continuity of carer

Continuity of carer is a term for when a woman is cared for by one care provider throughout pregnancy, labour and birth and sometimes after birth.

Coping

Efforts directed toward how to manage stress, conflict and change.

Counsellor

A health professional who helps clients and families evaluate their patterns of problem solving and develop more effective ones.

Crisis

A turning point that results from a stressful event or a perceived threat to one's well-being that cannot be readily solved by methods that have been successful in the past.

Cultural Awareness

Cultural awareness is sensitivity to the similarities and differences between cultures and the application of this sensitivity to effectively communicate with members of all cultural groups living in Australia.

Cultural Competence

Cultural competence means becoming aware of the cultural differences that exist, appreciating and having an understanding of those differences, accepting them and being prepared to guard against accepting your own behaviours, beliefs and actions as the norm.

Cultural Difference

Differences in attitudes, beliefs, manners and other characteristics that may develop from different cultural backgrounds.

Cultural Respect

Cultural respect can be defined as the recognition, protection and continued advancement of the inherent rights, cultures and traditions of a particular culture.

Cultural Safety

Cultural safety involves actions that recognise, respect and nurture the unique cultural identity of a person to safely meet their needs, expectations and rights. It means working from the cultural perspective of the other person, not from your own perspective.

Depression

A lowering of mood which includes feelings of sadness, despair and discouragement, which range from mild to severe and lasts at least two weeks.

Mild depression is an emotional state that many people experience during their life.

Severe depression is a severe mental illness producing symptoms such as slowness of movement, loss of interest or pleasure in most activities, sleep and appetite changes, and agitation. People experiencing severe depression will have intense feelings of worthlessness and may experience delusions; for example, a person may believe they are the cause of the world's problems. Severe depression can lead to suicidal ideas and actual suicidal actions.

Edinburgh Postnatal Depression Scale (EPDS)

The EPDS Screens for anxiety and depression in women before and after birth. Women are asked 10 questions about how they have felt in the last week.

Health worker

In this learning package a health worker is considered to be an Aboriginal and Torres Strait Islander person who has a certificate in Aboriginal and Torres Strait Islander Primary Health and is employed as a health worker.

Insight

A term which relates to the person's recognition or lack of recognition that he/she has a mental illness.

Mental Health

Describes the capacity of an individual to interact with other people and with the person's environment in ways that promote the person's sense of wellbeing, enhance their personal development and allow the person to achieve their life goals.

Mentor

The term mentor means a trusted guide and counsellor, who has more knowledge and experience. This person acts as a supportive guide, teacher and role model.

Mentoring

Mentoring is regarded as a process whereby someone with more experience and expertise provides support, counselling and advice to a less experienced colleague. It is a shared experience between mentor and mentoree where both gain from the experience.

Midwife

A midwife is a person who has been educated to care for women during pregnancy, labour and birth and the post birth period. Midwives are registered to provide care to a woman and her baby in a normal pregnancy and with more complicated pregnancies by working together with doctors and other health care providers.

Perinatal Period

In this learning package, the perinatal period means from the beginning of pregnancy to two years after birth.

Perinatal and Infant Mental Health (PIMH)

Perinatal and infant mental health can be described as the emotional and psychological wellbeing of women, their infants, partners and family, including the impact on the parent-infant relationship, commencing from preconception through pregnancy and up to two years after birth.

Postnatal

Postnatal is a term that means 'after birth'. Other terms that refer to the period after birth include 'post-birth' and 'postpartum.'

Psychosocial Assessment

An assessment procedure that is used to identify a person's abilities and difficulties in his/her personal, domestic and social functioning, and that assists in the development of his/her individual service plan.

Resilience

Resilience is the ability to recover quickly from illness, change or misfortune; to recover strength, spirit and good humour quickly; the ability to spring back into shape or position; buoyancy.

Safe Start Psychosocial Assessment (Safe Start)

Safe Start is a screening tool that looks at psychological and social factors in a woman's life that can lead to poor maternal and child health.

Scope of Practice

Scope of Practice refers to the legal, professional and/or organisational limits to a role. Each individual staff member is responsible for practising within their scope.

Self-harm

Self-inflicted harm where death does not occur and the intention may or may not have been to die.

Social and Emotional Wellbeing

The physical, social, emotional, spiritual and cultural wellbeing of not only the individual but the whole community.

Suicidal

A person is regarded as suicidal when they have given strong indications or have intentions of taking their own life.

Suicidal behaviour

Suicidal behaviours are acts such as suicide and attempted suicide. They can include threats, ideation (thoughts), and intent in the absence of a suicide attempt and actual suicide attempts.

Suicidal ideation/thoughts

Suicidal Ideation is thoughts about, or plans for; taking one's own life that may or may not lead to a suicide attempt.

Suicide

Death as a result of self-inflicted harm where the intention was to die.

Suicide attempt

A suicide attempt is defined as an act of self-inflicted harm that is intended to cause death.

Supervising/Supervision

Supervision is broadly defined as a working alliance/relationship between two staff members where the main reason is to enhance the knowledge, skills and attitudes of at least one staff member. It gives people the opportunity to share their professional skills and experiences, and to grow and develop in the process. Supervision is not a form of therapy or assistance for personal problems.

Symptoms

Characteristics/signs by which diseases are recognised. The complaints which a patient complains of/presents.

Assumed level of training

This learning Package assumes that health workers have at least a Certificate IV in Aboriginal and Torres Strait Islander Primary Health.

One of the core units in the HLT43907 Certificate IV in Aboriginal and Torres Strait Islander Primary Health Practice (2012) course is HLTAHW402B Assess and support client's social and emotional wellbeing (2012). In this unit you would have learnt to:

- Assess a person's mental/emotional state and find out their history
- Observe behaviour and body language and note unusual behaviour
- Identify underlying social and emotional needs and issues
- Make a risk assessment about suicide, self-harm and/or violence
- Maintain confidentiality
- Identify issues requiring mandatory notification and referral to supervisor/manager
- Provide information to support women to make informed decisions social and emotional wellbeing issues
- Provide referral as required and
- Provide education and awareness programs in your community

This list is known as the unit's Performance Criteria.



Tip

If you feel that you do not have the skills listed in the Performance Criteria above don't worry, Here is what you can do:

STEP 1 Tick what you need help with:

- Do you need help understanding what the Performance Criteria is looking for?
- Do you need someone to explain what it means?
- Do you need help to see if you have the skills?
- Do you need help to get the skills?

STEP 2 Talk to your mentor (supervisor/manager/clinician) about what you need and how to get it. Show them the performance criteria list. Show them the areas you need help with that you worked out in Step 1.

Most of the skills mentioned above are covered in this learning Package. Your mentor can highlight them along the way. This may help you gain the knowledge and skills you need.

There are also suggestions for further learning along the way if you want to expand on your knowledge.

You could also revise your study notes from the Certificate IV in Aboriginal and Torres Strait Islander Primary Health

STEP 3: **Don't Worry!** The knowledge that you require will develop if you take the above steps.

Getting support

The best way to use this learning package is for a health worker and the clinician to work through it together. If this ideal way is not possible you will need to find a mentor. A mentor is someone who will share their knowledge with you, support you and keep you focused while you complete this learning package.

When looking for a learning mentor, think about who in your workplace might be able to help/ support you with your learning.

	Exercise: Learning Mentor Checklist
STEP 1:	List the names of all potential mentors below: <hr/> <hr/> <hr/>
STEP2:	Evaluate each person on my list against the checklist below The person I would like as my learning mentor can: <ul style="list-style-type: none"><input type="checkbox"/> Spend regular time with me to support my learning<input type="checkbox"/> Understand my job<input type="checkbox"/> Be trusted with my thoughts and feelings about the learning program<input type="checkbox"/> Share my ideas and learning achievements<input type="checkbox"/> Support me to talk with my supervisor to develop my learning and assessment plan<input type="checkbox"/> Help me to achieve my learning goals and competence<input type="checkbox"/> Support me to complete my assessment activities
STEP 3:	Look at how many boxes you ticked for each person on your list. If you have ticked most of these boxes, that person would be a good mentor. Decide who to approach and in what order. Write down the list of names on a piece of paper.
STEP 4	Talk to the first person you have chosen, and ask them if they will be your mentor. If they are not able to do this for you then choose another person from your list to approach.
STEP 5:	Write down the name of your mentor here: _____
STEP 6:	Discuss with your mentor how often you will meet, when and where and write below this information. Frequency: When: Where:
STEP 7:	Put this information in your diary and ask your mentor to put it in their diary.

STEP 8: Congratulations!

You are now well on your way. Go and celebrate with your mentor!

Make sure that you do not skip this bit. Note below how you celebrated!

Tip

People you approach to be your mentor will want to know what they have to do. Take this Learning Package with you so that you can show them what is required.

If you are having trouble finding a mentor, tell your manager, so they can give you suggestions or arrange another kind of support for you.

Dealing with upsets

Talking about family situations and feelings may bring up some feelings that you thought were long gone. This is normal. There might be times when you feel upset by some of the sensitive information being discussed. If you do feel upset at any time during the program, it is very important to find someone you can talk to about your feelings.

You could talk with a: friend, family member, mentor or counsellor. Who do you think would be good for you to talk to?

**Activity: Your plan to get support if required**

STEP 1: Write a list of people that you may be able to talk to if you notice that listening to the stories of your clients has made you upset.

1. _____
2. _____
3. _____
4. _____

STEP 2 In the next session with your mentor, discuss with your mentor your choices and the reasons that you have chosen them.

Working together

We think we know what another person is thinking or feeling by listening to the words they say, hearing the tone in their voice, looking at the expressions on their face, noticing how they are behaving and noticing the posture and tone in their body (body language). Using all of this information, we use our past experiences and what we were taught as children to decide that we know what another person is thinking or feeling or wanting. Usually we are right with our interpretations.

When we are required to work with people from a different culture we may get things wrong because we do not interpret the (spoken and non-spoken) messages correctly. The messages that we send may be received differently to the way they were meant. Being aware that our own culture will influence the way we understand messages being given to us and how we give messages to others is very important. Sometimes the difference in this understanding is small but very important to the other person.

Different cultures have different ideas and ways of doing things. They have different understandings on how best to live life and interact with others. They also place different levels of importance on a variety of things and the way that these are done. These differences need to be respected and taken into account when working with people from different cultures and backgrounds. They will affect how comfortable a person is accessing available health services and what benefits they get out of these services.

Non Aboriginal & Torres Strait Islander clinicians working in partnership with Aboriginal & Torres Strait Islander health workers is one way to make this happen.

In this clinician/health worker dyad the clinician is the clinical expert and provides clinical supervision to the health worker. The health worker is the Aboriginal and Torres Strait Islander cultural expert and provides cultural supervision to the clinician.

Your skills

We use a lot of skills at work every day. Often we do not recognise the skills we have. Often we can better see the skills of others. It is good to look at our skills to acknowledge our abilities and to think about what other skills we want to gain. It is also a good time to look at how our skills are valuable and can help our colleagues to improve the health care provided to Aboriginal and Torres Strait Islander women and their families.



Activity: What Are Your Skills

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete the next activity together and discuss their learning.

STEP 1: Everyone has many skills that they use every day. People often do not realise they are using them. Can you pick out some of the skills you have?

- Working as part of a team
- Time management skills
- People management skills
- Adjusting communication style to suit
- Interpreting languages spoken by local community
- Interacting with people at different levels
- Interviewing people to get information
- Interpreting medical information so others can understand
- Building relationships
- Explaining things
- Anticipating people's needs and reactions
- Responding to non-verbal cues
- Knowledge of community
- Knowledge of concepts and principles
- Open minded & non-judgemental
- Speaking in front of people
- Clinical expertise in mental health
- Promoting activities and events
- Facilitating groups and meetings
- Clinical expertise in care of perinatal women
- Motivating people
- Following procedures and instructions
- Clinical expertise in maternal and child health
- Applying professional knowledge
- Advocating for people
- Showing sensitivity and tolerance
- Multi-Tasking

STEP 2: List what areas in which you would like to gain more skills and discuss with your mentor ways to achieve this?

STEP 3 Compare your skills with your mentor. Discuss what are the differences and similarities?

STEP 4: Discuss with your mentor which skills of yours you can use with your supporting clinician/health worker to improve the service you provide to Aboriginal and Torres Strait Islander women and their families at present?

Your role

Each job has a different role.

You may have a job description that tells you about your role, but sometimes it does not tell you how to do your role. Usually job descriptions do not list exactly what you do on a day to day basis. Sometimes job descriptions are unclear about exactly what your role is trying to achieve. Often you have to work all this out yourself. Sometimes you and your supervisor may have different ideas about what the role needs to achieve or how to best go about achieving these role objectives.

Everyone needs to feel they are doing the right job and they are doing it well.



Activity: What is your role?

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete this activity and discuss their learnings.

STEP 1: Get a copy of your job/role description.

STEP 2: Ideally a health worker will partner with their supporting clinician to complete this activity. However if this is not possible try to complete this activity with a partner as follows:

- If you don't identify as Aboriginal & Torres Strait Islander ask a colleague who identifies as Aboriginal & Torres Strait Islander to participate in this exercise with you.
- If you do identify as Aboriginal & Torres Strait Islander ask a colleague who does not identify as Aboriginal & Torres Strait Islander to participate in this exercise with you.

STEP 3: Read your role description:

- If you are a clinician who does NOT identify as Aboriginal and Torres Strait Islander, please write down at least two points on how you provide clinical supervision to the health workers and two points on how you receive cultural supervision from your Aboriginal & Torres Strait Islander colleagues.
- If you are a clinician who identifies as Aboriginal and Torres Strait Islander, please write down at least two points on how you receive and provide clinical supervision from the clinicians and provide cultural supervision to colleagues.
- If you are an Aboriginal and Torres Strait Islander health worker please write down at least two points on how you receive clinical supervision from the clinician and at least two points on how you provide cultural supervision to the clinician.

STEP 4: Make an appointment to meet with your partner to share your lists.

STEP 5: Meeting Format

- Take turns to read out what is written on your lists.
- Take turns in sharing with your partner an item from their list that works well for you as a receiver.
- Take turns in sharing with your partner what you might do differently in future to either better share or receive cultural supervision when supporting the social & emotional wellbeing of Aboriginal & Torres Strait Islander women.
- Take turns in sharing with your partner what you might do differently in future to either better share or receive clinical supervision when supporting the social & emotional wellbeing of Aboriginal & Torres Strait Islander women.

STEP 6: CELEBRATE!



You have just passed some great milestones in this journey!

3. Culture

What is culture?

- It is a way of life.
- Defines what is acceptable and unacceptable.
- Culture is ideals, values, or rules for living.
- It guides our decisions and action.
- Culture slowly changes over time as the reasons for doing things a certain way lose relevance and people adapt.
- Traditions and learning are passed from generation to generation.

Other aspects of culture

- Everyone has culture. It is learnt from birth. We learn about the world first from our family. We adopt their beliefs and values. We copy their behaviours.
- Culture is not genetic or biological. It is learnt and creates a lens through which we see and make sense of the world.
- Culture is so much a part of us, we do not realise we are culturally determined.
- Culture is an integral part of how we think, feel and behave and may 'seem natural'.
- Cultures are a great source of strength for those people who feel connected to and embedded in them.
- Culture can be a source of great difficulty for people within that group who do not 'follow the rules'.

Some other ideas of culture

"Culture is so much a part of us that we do not realize that we might behave differently from others. Most of us do not think that sitting at a table to eat, eating three meals a day, having different foods for breakfast and dinner, brushing our teeth, or sleeping in a bed are culturally determined behaviours. We know these habits and customs as the only way to behave." (Gollnick & Chinn, 1990).

"Cultural factors can influence mental health and wellbeing in a variety of different ways. Culture can affect how people communicate about symptoms of mental illness and how they cope with it. It can also influence help-seeking behaviour. Cultural barriers may result in misdiagnosis, missed diagnosis, under-diagnosis or over-diagnosis of mental health problems." (Turner 2008)

"It is important for all Australians to understand the essential features of Indigenous culture, including our special connection to the land and our commitment to family and community. So we can walk on this land together as friends and equals. So you can share our pride." (Bridge 2012)

Elements of traditional Indigenous culture, with spirit at the centre, creating deep connection with land and sea, sustained by a range of human practices.

©Kim Bridge 2012



Training : Cultural Capability



As part of the national Closing the Gap initiative for delivering culturally capable and responsive general health services, all staff working in healthcare will need to complete the Queensland Health Aboriginal and Torres Strait Islander Cultural Practice Program or similar.

If you are an Aboriginal and/or Torres Strait Islander person, you will still need to attend. Think of it as an opportunity to share your expert knowledge with the rest of the group.

Queensland Health Aboriginal and Torres Strait Islander Cultural Practice Program

This program is conducted in all Hospital and Health Services and is mandatory for all Queensland Health staff. This is a full day program, and aims to:

- Provide staff with increased understanding of the links between health and cultures.
- Develop the cultural skills of all staff, recognising that every person across Queensland Health plays a role in improving health outcomes for Aboriginal and Torres Strait Islander people.
- Foster culturally appropriate behaviour in our workplace through an understanding of Aboriginal and Torres Strait Islander people's history and culture.
- Give staff a better understanding of how our historical and current governments and health systems impact on Aboriginal and Torres Strait Islander people, families and communities who access our services and will be able to actively contribute to a culturally safe environment throughout your Hospital and Health Service.

This program is intended to be the starting point on which Queensland Health staff draw and further develop their cultural knowledge and experience.

Please contact your Hospital and Health Service for program details and registration.

Most organisations realise the importance of culturally safe services and will provide their own training programs.

If you do not work for Queensland Health you will need to ask your manager what programs are available.



Investigate & Action: Other sources of Cultural Awareness

STEP 1: Investigate other sources of Cultural Awareness information such as:

- Your local Aboriginal and Torres Strait Islander organisations
- Your local library

Websites

- <http://www.reconciliation.org.au/home/resources/cultural-awareness/>
Reconciliation Australia has a register for cultural awareness training providers.
- <http://www.ccca.com.au/>
Centre for Cultural Competence offers TAFE Accredited Cultural Competence courses.
- <http://www.racgp.org.au/yourracgp/faculties/aboriginal/quides/cultural-awareness/>
Royal Australian College of General Practitioners Cultural awareness & cultural safety training.
- <http://www.indigenouspsychservices.com.au/>
Indigenous Psychological Services provide cultural and mental health training.
- <http://www.aiatsis.gov.au>
The website of the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS).
- <http://www.shareourpride.org.au/>
Reconciliation Australia developed this website as an introduction to Aboriginal and Torres Strait Islander people and their culture, and to building respectful relationships.
- <http://www.healthinfonet.ecu.edu.au>
The Australian Indigenous HealthInfoNet is an innovative web resource that makes knowledge and information on Indigenous health easily accessible to inform practice and policy.
- <http://www.rahc.com.au/>
Remote Area Health Corps website has information about Aboriginal Health. It is a Northern Territory website.

STEP 2 Make a plan to progressively expand your knowledge in this area.



Additional Readings

These will also give you more information about Cultural Awareness.

- Remote Area Health Corps Cultural Orientation Handbook:
<http://www.rahc.com.au/uploads/file/RAHC%20Cultural%20Orientation%20Handbook.pdf>
- Working with Aboriginal People & Communities Department of Community Services NSW
http://www.community.nsw.gov.au/docswr/_assets/main/documents/working_with_aboriginal.pdf
- Traditional perspectives
http://toolboxes.flexiblelearning.net.au/demosites/series9/907/quides/traditional/traditional_perspectives.rtf

Beliefs

A belief is something a person or group of people accept as true or real; a firmly held opinion or certainty. We have beliefs about most things in our life including culture, religion, relationships, other people, health and wellbeing.



Activity: Your beliefs.

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete this activity and discuss their learnings.

STEP 1:	Tick all the things below that are common in your culture:	YES	NO
	Have strong belief in the spiritual, social, emotional and physical wellbeing of the community as a whole rather than the individual		
	Have deep spiritual ties to your place of birth, and the land and sea		
	Speak a language other than English		
	Use nonverbal signs instead of words to communicate		
	Have direct eye contact when you speak with others		
	Have complex extended family and kinship structures		
	Have obligations to extended family and kin so that your needs sometimes came second		
	Speak directly to all your relatives		
	Share everything with your family and kin		
	Be able to speak the name of a person		
	Wear whatever clothing you want		
	Eat any foods you want		
	Be time-orientated		
	Have periods of extended silence during conversations		
	Put others needs before your own		
	Decide who you will marry		
	Decide where you live		
	Be expected to participate in complex traditional rites/ceremonies		
	Talk to the opposite gender about health issues		
	Have someone else speak on your behalf and make decisions for you		
STEP 2:	Compare your results with your mentor's results. Discuss what differences you noticed?		
STEP 3:	Share your knowledge about some of the other cultural practices/ differences?		
STEP 4:	Given these cultural practices/ differences, discuss how you might suggest altering the service you provide to support the social & emotional wellbeing of Aboriginal and Torres Strait Islander women for whom you provide care?		

Differences in beliefs

Differences of beliefs can cause misunderstandings and barriers to effective care. This has been identified as one of the causes of the gaps in the provision of healthcare for Aboriginal and Torres Strait Islander people.

There is a big difference in the beliefs of western medical culture that is based on the individual and science to Aboriginal and Torres Strait Islander culture that is based on community and spiritual beliefs. These differences can include beliefs about the causes and treatments of illness and who makes the decisions about the patient.

When you talk to an Aboriginal and Torres Strait Islander person about an injury or illness, some things you need to know include:

- Do you think that you did something to cause this injury or illness?
- What is the symbolic meaning of your illness/injury?
- What do you usually do when you get sick or hurt yourself?
- Who do you speak to or where do you go when you want help or support with your health - family member, spiritual elder, traditional healer, religious (church) member etc
- Do you use bush medicines or alternative remedies to treat your illness?
- Do you think they work better than prescription medicine?
- Are you the head decision maker?
- Can you make the decisions about your health care/management on your own?
- Do you require someone else to make the decision for you or with you?

Identity

Our sense of identity (who we are) is one of the basic contributors to our social and emotional wellbeing. It impacts on our thoughts and behaviours, our feelings of connectedness and our resilience (how we ‘bounce back’ from stress).

Identity is tied to the cultures that a person is raised in, and how they identify with that culture.

Everyone has a cultural identity

We build our identities according to such things as where we come from, what we believe in, who we relate to, how we belong, how we behave and what we do. Because identity is mainly about who we are and how we fit in, you cannot look at who we are without taking community and culture into account.

The history of your culture can also have an impact on our identity and beliefs.

Aboriginal and Torres Strait Islander people have been subject to many policies by state and federal governments from shortly after colonisation until the present day. Some of these policies have not had a positive effect and have caused long term adverse consequences for Aboriginal and Torres Strait Islander communities and can continue to influence perceptions, behaviours and health outcomes to this day.

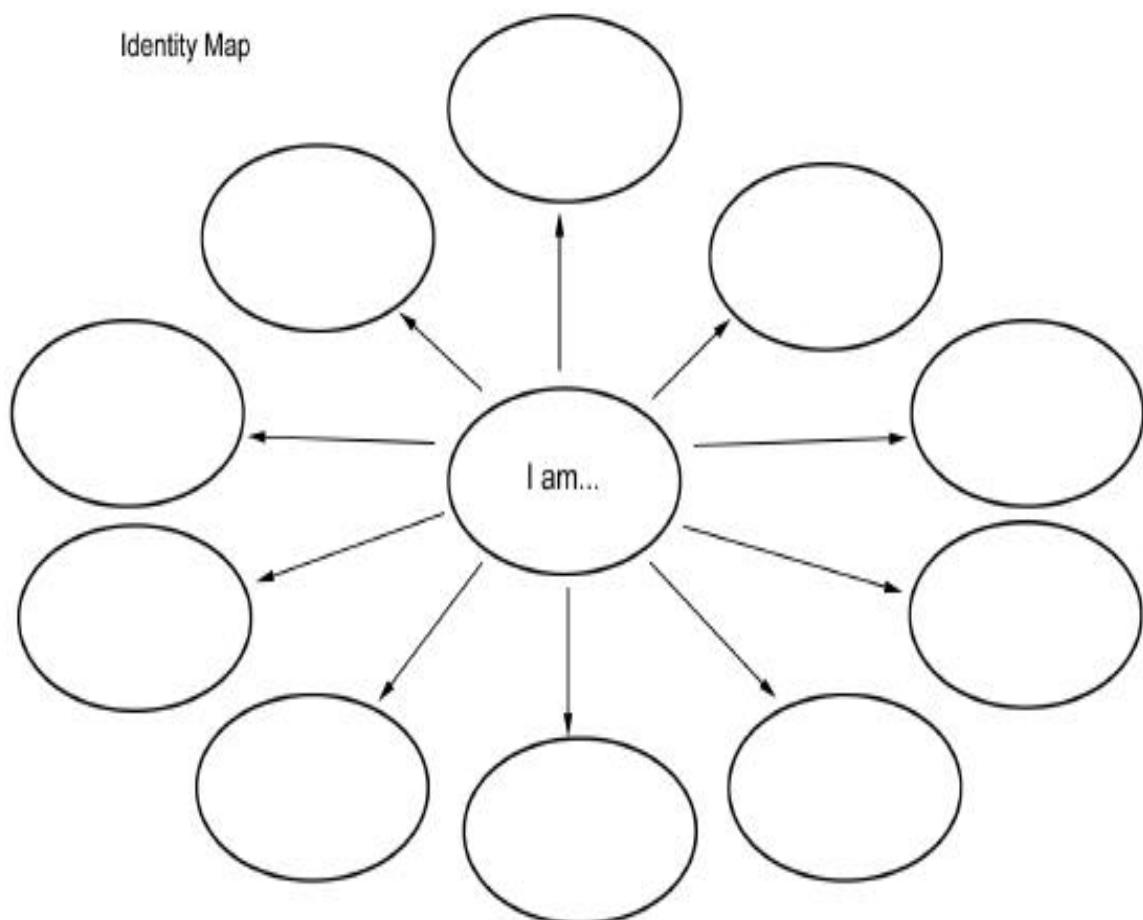
“Consequently they may be fearful and suspicious of people from certain occupational groups (such as police, welfare workers, doctors and teachers), who’s intentions may now be quite different.” (Royal Australian College of General Practitioners 2012).



Activity: Who are you?

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete this activity and discuss their learnings.

STEP 1: Each person is to fill in the spaces with some of the things that make up your identity.



STEP 2: Meet, share your identity map, compare & discuss the following

- What does this show about how you see yourself and where you belong in the world?
- Compare these with your supporting Clinician/ health worker and consider if you look at yourself and where you belong the same way as each other? What are the similarities and what are the differences?
- How could differences in our identity affect the care a person needs?
- How can you provide services that support the social and emotional wellbeing of Aboriginal and Torres Strait Islander women that are individualised and patient focused?

CELEBRATE!!!

STEP 3:



Your ability to recognise self and respect similarities and differences with others will continue to grow!

4. Social and emotional wellbeing

What does social and emotional wellbeing mean?

There are so many different definitions of social and emotional wellbeing. Some of these are:

“Social and emotional wellbeing, or more recently, social, emotional, cultural and spiritual wellbeing (SESWB), is a term that has come to represent the Aboriginal and Torres Strait Islander holistic conception of health, mental health and wellbeing. The term attempts to encompass the Aboriginal and Torres Strait Islander extended conception of the self that involves a pattern of vital interconnections with others and the environment. The term recognises that achieving optimal conditions for health and wellbeing requires a holistic and whole-of-life view of health that encompasses the social, emotional, spiritual and cultural wellbeing of the whole community.” (Centre for Rural and Remote Mental Health Queensland. 2009)

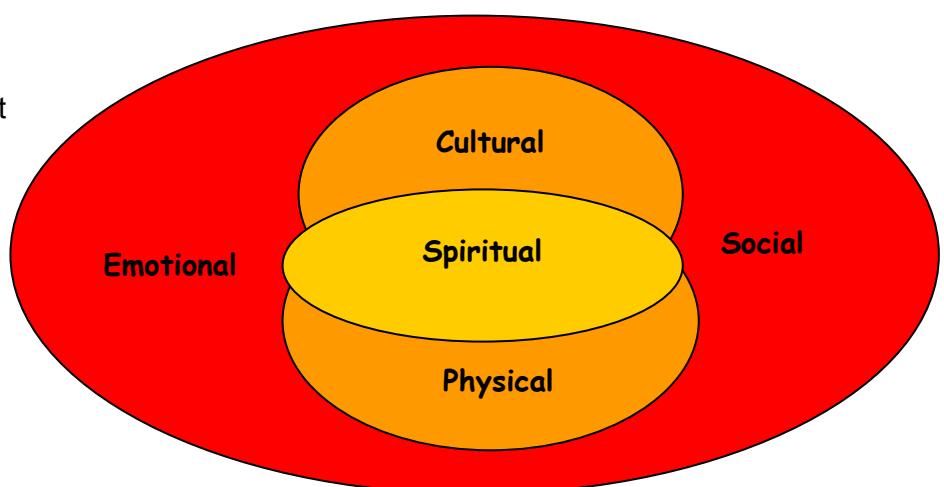
“Aboriginal and Torres Strait Islander people consider health to be holistic, and that physical health is affected by the social, emotional and cultural wellbeing of both individuals and the broader community. In particular, the negative impacts of the post-colonial experience on Aboriginal and Torres Strait Islander people has shown strong correlations with unhealthy lifestyles, leading directly to physical illnesses.” (Lowitja Institute, 2012)

“Social and emotional wellbeing is essential for our overall health and wellbeing. Being socially and emotionally well means being able to realise your abilities, cope with the normal stresses of life, work productively and contribute to your community.” (Healthier Work ACT Government 2012.)

“Aboriginal and Torres Strait Islander Health involves the physical, social, emotional, spiritual and cultural wellbeing of not only the individual but the whole community. Feeling unwell or having ill health can occur when something goes wrong in any one of these areas. Even though there are many things that can cause ill health, a person’s surroundings (where they live, environment, violence etc) can make a person more at risk of developing problems with social and emotional wellbeing, mental health problems and mental illness.” (NSW Health 2009)

Aboriginal and Torres Strait
Islander Social and
Emotional Wellbeing

Adapted from Aboriginal
and Torres Strait Islander
Mental Health First Aid
Manual (2008)





Suggested Reading

These will give you more information about social and emotional wellbeing.

- Aboriginal and Torres Strait Islander: Social and Emotional Wellbeing Factsheet.
http://www.responseability.org/client_images/781359.pdf



Resource

These resources will give you added information and may be useful for your clients.

- SEWB Factsheet NSWH:
http://www.sswahs.nsw.gov.au/MHealth/content/pdf/Factsheet_1_Social_and_EmotionaWellbeing.pdf



Activity: What do you think Social and emotional wellbeing is?

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete this activity and discuss their findings.

STEP 1: List some words and phrases to describe what social and emotional wellbeing means to you.

STEP 2: Meet with your mentor and compare thoughts. Discuss the differences and similarities in the way you both look at what social and emotional wellbeing means to you?

STEP 3: Discuss how the difference in views of social and emotional wellbeing could influence the effectiveness of services meeting the needs of Aboriginal and Torres Strait Islander women in the perinatal period?



Tip

The Aboriginal and Torres Strait Islander Mental Health First Aid Course will provide you with more information to help you better understand this topic.

Have you made a booking yet? Your local Mental Health Service often run this course, check with them.

Lists of current courses, accredited instructors and other relevant course information are available on the Mental Health First Aid website: www.mhfa.com.au

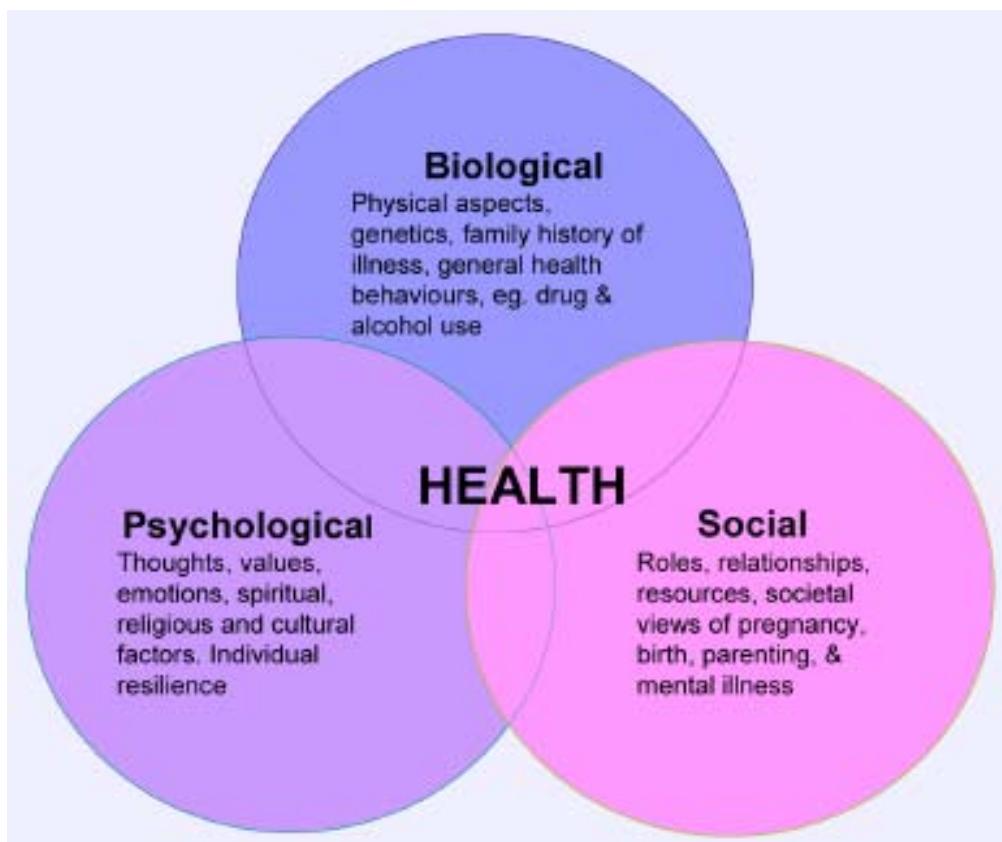
What is a biopsychosocial model?

As discussed in the last section, there are many parts that come together to make up a person's social and emotional wellbeing.

They can be grouped into 3 broad areas:

- **Biological** which includes genetics, family history, general health behaviours
- **Social** which includes roles, relationships, resources and society's views and expectations
- **Psychological** which includes thoughts, values, emotions, spiritual, religious and cultural factors and individual resilience.

The diagram below shows that these areas have separate aspects and are inter-related. They cross over boundaries e.g. cultural issues can have both social and psychological considerations. They are also interdependent - what happens in one area can affect the other areas e.g. domestic violence cause physical and emotional damage and it also can lead to shame and social isolation.



Biopsychosocial model of Mental Health

(Queensland Centre for Perinatal and Infant Mental Health (Queensland Health) 2010)

Physical

Most people understand the physical aspects of this model, a person's state of physical health which includes:

- Presence or absence of disease or ill health
- Family history and their previous illnesses
- Health behaviours - healthy eating, exercising, taking their medication regularly versus unhealthy eating, not taking their medication and also risky behaviours including drug and alcohol use.

Social

Social aspects of this model vary depending on the culture in which we live. Roles, relationships and society's views and expectations differ from Australia to say Indonesia and from the wider Australian community to Aboriginal and Torres Strait Islander communities and households. These differences and cultural variations need to be taken into account when assessing a person's social and emotional wellbeing. Involving a health worker (an expert in the culture of the client) is essential to give an accurate assessment.

Psychological

Psychological aspects are related to how we think, feel and act. These are also influenced by our culture. An example of this is self-harm. There are differences between self-harm and cultural practices. For example in some communities the cultural norm is to practise 'sorry cuts' when grieving (Kanowski LG, Kitchener BA and Jorm AF (Eds) (2008)).



Activity: Biological Psychological or Social?

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete this activity and discuss their learnings.

STEP Sort the things on this list into biological, psychological or social.

1;

Hint: they could belong to more than one area.

culture	family	friends
money worries	partner	children
domestic violence	depression	stress
transport	diet/nutrition	isolation
housing	sense of belonging	religion
changes of pregnancy	personality type	support system
self esteem	access to healthcare	anxiety
sleep problems	medication	drugs and alcohol

STEP 2: Can you think of anything else that could be a biological psychological or social factor? Add them to the list

STEP 3: Meet with your mentor and compare lists. Discuss any differences.

STEP *Celebrate!*

4:



Risk and protective factors

- Protective factors are things that help us to stay well and feel good. These are opposite to risk factors.
- Risk factors cause us stress and can lead to us feeling bad and cause ill health.

Risk and protective factors can be personal - at an individual level, at a family level or at a community level.



Activity: Risk and Protective Factors

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete this activity and discuss their learnings.

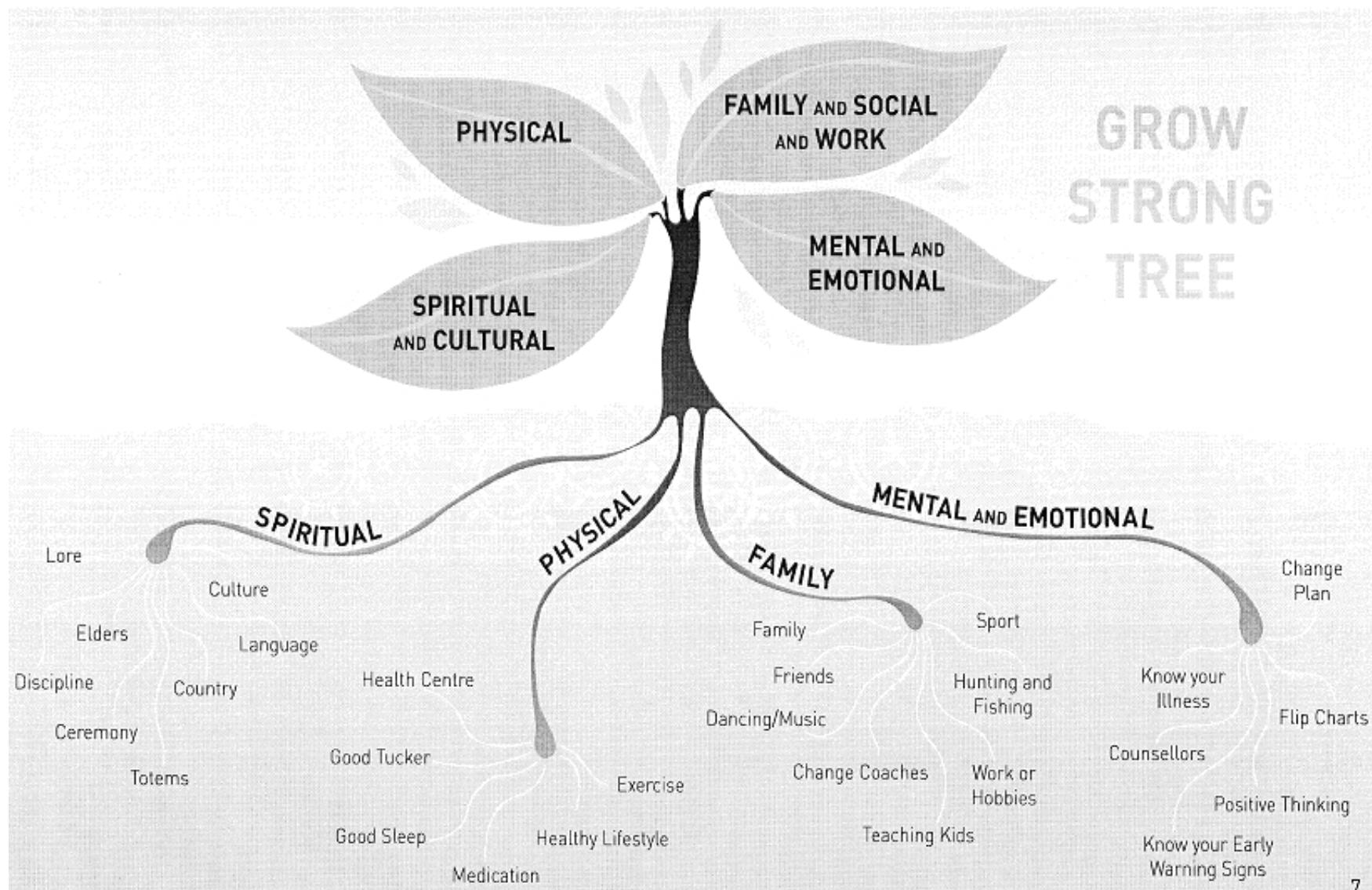
STEP 1: Some risk and protective factors have been listed. Add some of your own

Level	Protective Factors	Risk Factors
Individual	Positive sense of self- self esteem Resilience- ability to 'bounce back' Connected to family and community Good physical health Spiritual/cultural identity and beliefs Relationships/friends Social and communication skills Meaningful activities- work, interests, hobbies/	Low/negative sense of self- self esteem Poor coping skills Ill health Previous history of depression Poor eating habits Lack of physical activity Poor relationships Poor coping skills Personality style: anxious, perfectionist
Family	Positive childhood experiences Good role models Supportive family Living with/near people Sense of belonging	Negative childhood experiences/abuse Social isolation Grief and loss Poor peer support Unsupportive family
Community	Safe living environment Appropriate housing Access to healthcare and support services Cultural involvement Peers Community involvement	Violence unsafe neighbourhood Poverty Unemployment Homelessness Poor access to healthcare /support services
STEP 2: Meet with your mentor. Compare your results with theirs. Discuss any differences		
STEP 3: Together look at the tree on the next page and take turns to discuss what it means to you.		

The balance of risk and protective factors can be translated into a diagram of a tree. If the protective factors are more than the risk factors then the tree will grow strong. Increasing protective factors is also how we recover from stressful events and illness.

See the Growing Strong Tree on the next page.

Growing strong tree



From "Yarning about mental health flipchart", The Department of Health and Families NT 2010

Thoughts and emotions/feelings

When something happens either good or bad, we think about it. These thoughts bring up emotions or feelings. And, these feelings affect how we behave.

Here are two examples:

- Someone gives you a nice compliment, you have happy feelings about this and you smile.
- Someone is rude to you, you have sad or angry feelings about this and you might cry or yell at them.

This then affects how we interact with others and how we function during our day. Have you ever had something happen to you in the morning that effects your day? It could have been something nice that makes your day better or something that made your day worse.

Our behaviour is an outward sign of how we are feeling. Thoughts, feelings and behaviours can combine to influence a person's quality of life. One of the ways we assess a person's social and emotional wellbeing is to look at their appearance and behaviour.

By looking at how we feel and act when experiencing different emotions we learn to recognise them in others. We are often not aware that we do this as we started doing it when we were very, very young and with our family.

For example do you remember waiting until mum/dad/teacher was "in a good mood" before asking for something?



Activity: Identifying Your Emotional Signs

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete this activity and share their learnings.

STEP 1: Match that "Emotion Face" with that emotion in the second column

Complete the sentences in the right columns

E.g. "Happy", you would list all of the ways that you can tell when you're feeling happy, and then all of the ways that you can tell that someone else is feeling happy.



1



2



3



4



5



6

Emotion		Internal Signal	External Cue
Happy	<input type="radio"/>	I can tell that I'm feeling Happy when...	I can tell when someone is feeling Happy when they...
Angry	<input type="radio"/>	I can tell that I'm feeling Angry when...	I can tell when someone is feeling Angry when they...
Sad	<input type="radio"/>	I can tell that I'm feeling Sad when...	I can tell when someone is feeling Sad when they...
Hurt	<input type="radio"/>	I can tell that I'm feeling Hurt when...	I can tell when someone is feeling Hurt when they...
Excited	<input type="radio"/>	I can tell that I'm feeling Excited when...	I can tell when someone is feeling Excited when they...
Scared	<input type="radio"/>	I can tell that I'm feeling Scared when...	I can tell when someone is feeling Scared when they...

STEP 2: Meet with your mentor. Discuss if everyone expresses emotions the same way? What could be the reason for this?

STEP 3: Compare your results with your mentor. Discuss any differences

Dealing with emotions

To be able to help support the social and emotional wellbeing of Aboriginal and Torres Strait Islander women during the perinatal period, it is important to learn about thoughts and emotions and, how to handle them.

There are many sources of information about this. One of these is the Centre for Clinical Interventions which is part of Western Australia Health. It has many easy to understand factsheets and manuals about different types of mental health issues if you want to do any further reading.



Activity: Thinking and Feeling

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete this activity and share their learnings.

STEP 1: Download the Thinking and Feeling, Unhelpful Thinking Styles (Overview), Improving How You Feel factsheets either by:

- clicking on the links above or
 - copy and paste this address
http://www.cci.health.wa.gov.au/resources/minipax.cfm?mini_ID=8
- or go to the Centre for Clinical Interventions (CCI) website

STEP 2: Read these factsheets. They explain about thoughts, feelings/emotions and how to improve how you feel.

STEP 3: Make an appointment with your mentor and discuss how each of you in your respective roles might use this information when supporting Aboriginal & Torres Strait women with their social and emotional wellbeing



Tip

There may be times when you are asked to talk to someone who is sad or angry.

There are a few things that this could lead to:

- Another person's emotions could have an effect on you also. Sometimes it is hard to remain unaffected. The section on Self Care looks at these issues.
- It may be a crisis or emergency situation. This is looked at in the Perinatal Screening section.
- You may be able to assess the situation and provide support and information or refer on to a more appropriate service. Please look at the referral section for more information on this topic.
- You may not be sure what to do in this situation. Talk to your supporting Clinician, mentor or manager, they will be able to assist you.

Remember you are not expected to know or fix everything. If you are not sure seek assistance. There is always someone that you can contact.

It is much easier to check the map first than to have to backtrack for several kilometres.

5. Social and emotional wellbeing in the perinatal period

Women's bodies go through massive changes during pregnancy, birth and after having a baby. There are also emotional, relationship, financial and social changes at this time.

Common experiences in pregnancy	Common experiences postnatally
Biological Changes in hormones Body size Sleep patterns Energy levels Appetite Memory	Biological Changes in hormones Coping with sleep deprivation/tiredness Establishing successful breast/bottle-feeding Problems with lactation Body changes
Psychological Changes in self image Relationships Status- 'mother' Doubts about her capacity for pregnancy Doubts about being a parent	Psychological Excitement Love Worry Forming an attachment to the child Giving up the fantasy of what the baby would look/be like Sense of missing 'old life' Feeling at times overwhelmed Questioning whether or not she is a good parent
Social Changes in roles at work/home Resources e.g. finances/accommodation Supports	Social Changes in role at home Re-negotiating family relationships and responsibilities Resources Supports

Adapted from QCPIMH Perinatal and Infant Mental Health Universal Psychosocial Screening Module 2010

Myths about Motherhood

When we look through a magazine or turn on the TV, what messages about becoming a mother are there? Do they make it seem like it will be easy, that there will not be any problems? These are myths, or made-up stories that are rarely true. Do you recognise any of the myths listed below?

Some Myths About Motherhood

- Motherhood is always happy and will fulfil all your desires.
- Mothers immediately recognise and love their baby.
- Mothers instinctively know how to breastfeed, comfort and settle their baby.
- Mothers should be constantly available and always put the baby's needs first.
- You failed as a mother if you did not deliver in the right 'way'.
- Only the mother can look after a baby properly.
- Mothers are responsible for all aspects of their baby's behaviour.
- Only bad mothers have babies that scream in supermarkets.
- Mothers at home have free time for cleaning and cooking.
- Good mothers don't have negative feelings for their children.
- Mothers who have difficulties should "Pull up their socks and get on with it".
- There is something fundamentally wrong with you if you have problems coping.
- All mothers are coping well.

© PaNDa 2001

These messages can create an expectation, a belief that is centred on the future - what you want to happen. A lot of these expectations are not realistic and do not come true. This can cause a lot of stress, disappointment and feelings of failure when people try to make this happen and they can't.



Resources

These resources will give you added information and may be useful for your clients.

- Guide to emotional health and wellbeing during pregnancy and early parenthood
http://www.beyondblue.org.au/index.aspx?link_id=7.980&tmp=FileDownload&fid=615
- Strong Women Strong Babies Pregnancy Diary
http://www.health.nsw.gov.au/pubs/2011/aboriginal_pregnancy_diar.html

Great resource

The Stay Strong Stay Connected DVD is a collection of Aboriginal and Torres Strait Islander women telling their stories about what happened to them when they had problems after having a baby and how they got help.



DVD: Stay connected stay strong... before and after baby.

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete this activity and discuss their learnings.



This DVD has been created to support Aboriginal and Torres Strait Islander women, men and families understand the importance of good social and emotional wellbeing during pregnancy and beyond.

It has stories from both Aboriginal and Torres Strait Islander women and is presented in an easy to understand and non-threatening way.

It is an excellent resource for health workers and supporting Clinicians as well.

This DVD was sent out to all Queensland Health facilities.

If your service does not have a copy, please contact the Queensland Centre for Perinatal and Infant Mental Health directly:

Phone: 07 3266 3100

Fax: 07 3266 4522

Mail: 31-33 Robinson Rd, Nundah QLD 4012

Email: PIMH@health.qld.gov.au

STEP 1: Watch the DVD.

STEP 2: Meet with your mentor and discuss how this DVD could be used to support the emotional and social wellbeing of Aboriginal and Torres Strait women in the perinatal period

STEP 3

Celebrate

It is time again to celebrate all the progress that you have made so far!!!! You have done some great work. What will you do to celebrate?

6. Social and emotional problems in the perinatal period

It is highly recommended that both health worker and supporting clinician attend the Aboriginal and Torres Strait Islander Mental Health First Aid Course. It will assist you to understand mental health issues and some illnesses from an Aboriginal and Torres Strait Islander perspective. This will greatly enhance your ability to provide social and emotional support for Aboriginal and Torres Strait Islander women and their families during the perinatal period.



Aboriginal and Torres Strait Islander Mental Health First Aid Course.

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete this activity and discuss their learnings.

This 14-hour course teaches community members, health workers and clinicians how to help Aboriginal and Torres Strait Islander adults with mental illness.

The course is available in every Australian state and territory and covers the mental health problems of depression, anxiety disorders, psychosis and, substance use disorders.

The course looks at how the Mental Health First Aid Action Plan can be applied to these mental illnesses and mental health crisis situations. It also provides information about how to assist a person to get appropriate professional help.

STEP 1: Seek support from your supervisor and book yourself into this course. Your local Mental Health Service often run this course, so please check with them.

Alternatively lists of current courses, accredited instructors and other relevant course information are available on the Mental Health First Aid website: www.mhfa.com.au

STEP 2: Attend the course.

STEP 3: Celebrate your completion of this program component!

Mental Health problems and illness that may occur

The most common social and emotional problems in the perinatal period are:

- Baby Blues
- Anxiety
- Depression
- Psychosis
- Bipolar Disorder
- Self-harm
- Suicide

A short description of each is listed with links to suggested information for further reading.

What are the Baby Blues?

It is a wide range of feelings including tearfulness and anxiety that occurs between the 3rd and 10th day after a woman gives birth. Up to 80% of women experience the 'baby blues' after they have a baby. (PANDA 2012)

Baby Blues occurs as a result of physical, emotional and hormone level changes after the birth of a baby. Women are recovering from the physical effects of childbirth, dealing with breast engorgement and lactation, coping with lack of sleep and trying to learn how to look after their new baby, often in a strange environment - such as hospital.

Symptoms usually disappear within a few days without medical treatment. If they don't go away, it may be a sign of something more serious like depression or anxiety. This would need further investigation and treatment.



Resources

These resources will give you added information and may be useful for your clients.

- Motherhood can make you sad factsheet by Post and Antenatal Depression Association (PANDA) <http://www.panda.org.au/>
- Relationships - when partners become parents factsheet by Betterhealth Vic <http://www.betterhealth.vic.gov.au/>

What is anxiety?

Anxiety is a normal feeling that people have when they are faced with something that could be dangerous, difficult, embarrassing or stressful. Anxiety and fear are normal emotions that help us deal with danger.

An Anxiety Disorder is excessive and irrational anxiety that is present most of the time without any obvious cause for the anxiety.

Figures for anxiety by itself are not available. Up to 15% of women with depression in the perinatal period will have anxiety at the same time.

Anxiety disorders can interfere with a woman's enjoyment of pregnancy, her relationship with partner and family and, if they continue after the birth, the development of the baby.



Resources

These resources will give you added information and may be useful for your clients.

- Anxiety disorders (fact sheet 21),
http://www.beyondblue.org.au/index.aspx?link_id=7.980&tmp=FileDownload&fid=2323
- Panic Disorder (fact sheet 36)
http://www.beyondblue.org.au/index.aspx?link_id=7.980&tmp=FileDownload&fid=236
- Understanding perinatal depression and anxiety (DL flyer)
http://www.beyondblue.org.au/index.aspx?link_id=7.980&tmp=FileDownload&fid=2477
- Anxiety disorders and, Panic attack factsheets by Betterhealth Vic
<http://www.betterhealth.vic.gov.au/>

What is depression?

Depression can occur at any time of life, and can often come to the surface with a major event like pregnancy or having a baby. The risk is higher if someone has been depressed in the past.

Depression experienced during pregnancy is called Antenatal Depression and after the birth it is called Postnatal Depression (PND).

Depression is described as a lowering of mood which includes feelings of sadness, despair and discouragement, which range from mild to severe and lasts at least two weeks.

Up to 1 in 10 Australian women will experience depression during pregnancy (the antenatal period). This increases to 1 in 7 in the year following birth (Beyond Blue 2012a).



Resources

These resources will give you added information and may be useful for your clients.

- Postnatal depression <http://www.betterhealth.vic.gov.au/>
- Antenatal depression, factsheets by Post and Antenatal Depression Association (PANDA) <http://www.panda.org.au/>
- Postnatal Depression Factsheet 22 by Beyondblue http://www.beyondblue.org.au/index.aspx?link_id=7.981&tmp=FileDownload&fid=1114
- Understanding perinatal depression and anxiety (DL flyer), What causes depression? (fact sheet 3), <http://www.beyondblue.org.au/index.aspx>
- Antenatal and Postnatal Depression Booklet http://www.womhealth.org.au/factsheets/Antenatal_Postnatal_Depression.pdf

What is psychosis?

Psychosis in the perinatal period is called Puerperal Psychosis.

This illness affects the way a person thinks, behaves and how they relate to others. They often have paranoid thoughts and hallucinations.

Women who experience the symptoms of puerperal psychosis can become very confused and may be at risk of harming themselves or others (including their baby).

Psychosis is a very rare; 1-2 in 1,000 women will develop this illness in the weeks after having a baby (Beyond Blue 2012b).



Resources

These resources will give you added information and may be useful for your clients.

- Postpartum psychosis Factsheet by Post and Antenatal Depression Association (PANDA) <http://www.panda.org.au/>
- Psychosis Factsheet by Betterhealth Vic <http://www.betterhealth.vic.gov.au/>

What is bipolar disorder?

Bipolar Disorder (manic depression) involves periods of depression (low mood) and mania (elevated, high mood). Some women with Bipolar Disorder also experience psychosis.

There are two main types of Bipolar Disorder.

- **Bipolar Disorder I:** People with this type of Bipolar Disorder are more likely to experience mania for longer periods of time and experience psychotic symptoms and
- **Bipolar Disorder II:** People with this type of Bipolar Disorder do not experience psychotic symptoms and generally have episodes of mania that last for a short time e.g. hours or at most, a few days.

(Black Dog Institute 2012)



Resources

These resources will give you added information and may be useful for your clients.

- Bipolar disorder Factsheet by Betterhealth Vic
<http://www.betterhealth.vic.gov.au/>
- Bipolar disorder (fact sheet 16) by Beyondblue
<http://www.beyondblue.org.au/index.aspx?>

What is self-harm?

Self-harm is when a person deliberately injures themselves in an attempt to cope with strong feelings. The most common ways are by cutting, piercing, burning or biting themselves. Indirect self-harm involves inflicting physical injury in a more roundabout way, such as neglecting to manage an illness or failing to seek help for a disorder or alcoholism.

In most cases someone who self-harms isn't trying to commit suicide. A person who is suicidal is desperate to never feel anything again, whereas the person who self-harms is only trying to make themselves feel better. (Better Health 2012)



Activity: factsheets

Look up the following factsheets for more information

- Suicidal thoughts and behaviours and deliberate self-injury guidelines
http://www.mhfa.com.au/documents/guidelines/8307_AMHFA_Suicide_guidelinesemail.pdf



Resources

These resources will give you added information and may be useful for your clients.

- Self-harm Factsheet by Betterhealth Vic
<http://www.betterhealth.vic.gov.au/>

Differences between Self-harming & Suicidal Acts		
	Self-harming Acts	Suicidal Acts
Intention of the act	To relieve emotional distress; to live and feel better.	To end unbearable pain; to die.
Method used	Thought by the person to be non-lethal (for example, shallow cutting, burning).	Lethal or thought by the person to cause death.
Potential to be fatal	Usually unlikely or perceived by the person as unlikely; however can inadvertently result in death.	Highly likely or perceived by the person as likely.

The State of Queensland (Department of Communities) 2008

What is suicide?

Suicide: a conscious and deliberate act by a person, with the intent of ending his or her own life.

Attempted suicide: there is intent to end one's own life but the attempt is not fatal.

Suicidal behaviour: a term for behaviours such as suicide and attempted suicide.

Suicidal ideation / suicidal thoughts: thinking about or planning an act of suicide which may or may not lead to a suicide attempt. (Department of Health and Ageing 2012)

Suicide is a result of a range of complex issues, which include personal, emotional, psychosocial and medical issues. The impact of suicide, in both the short and long-term on family, friends and significant others is immeasurable.

Queensland Health staff need to consult with the 'Guidelines for Suicide Risk Assessment and Management' (2011).



Activity: factsheets

Look up the following factsheets for more information

- Suicidal thoughts and behaviours and deliberate self-injury guidelines
http://www.mhfa.com.au/documents/guidelines/8307_AMHFA_Suicide_guidelinesemail.pdf
- Caring for a person who is suicidal Queensland MIND Essential
<http://qheps.health.qld.gov.au/mentalhealth/docs/suicidal.pdf>



Resources

These resources will give you added information and may be useful for your clients.

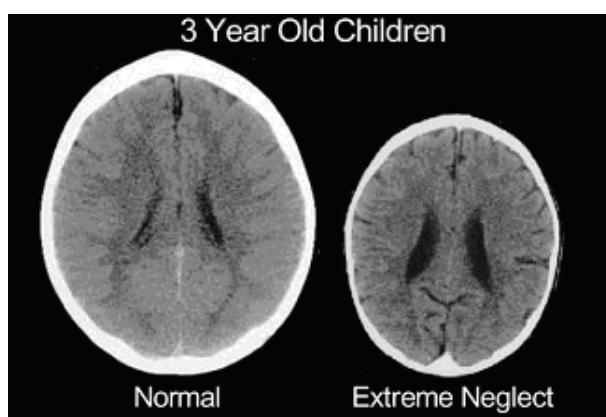
- Suicide and mental illness and, Suicide - family and friends factsheets by Betterhealth Vic
<http://www.betterhealth.vic.gov.au/>

7. Impact of perinatal disorders on mothers, fathers and babies

When a mother has a mental health problem/illness in the perinatal period she may not take care of herself and her baby as well as she would do if she was well. If the problem is not identified and treated it can impact on the health and wellbeing of both mother and baby.

The baby's physical, social and emotional development rely on his/her mother and care givers. For a baby to grow up healthy, he/she needs to feel secure, nurtured and have their needs met quickly and consistently. If this does not happen, an infant's social and cognitive development will be affected. (Beyondblue 2012 c)

The below photo graphically illustrates the impact that neglect can have on a child.



"Figure 1. Abnormal brain development following sensory neglect in early childhood. These images illustrate the negative impact of neglect on the developing brain. In the CT scan on the left is an image from a healthy three year old with an average head size (50th percentile). The image on the right is from a three year old child suffering from severe sensory-deprivation neglect. This child's brain is significantly smaller than average (3rd percentile) and has enlarged ventricles and cortical atrophy." (Perry 2002)

The effects of maternal mental health problems/illness on a baby start in the antenatal period. It is important to identify and treat those at risk as early as possible to guarantee the wellbeing of the mother, infant and other family members.



Activity: Healthy Attachment for babies during their developing years

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete this activity and discuss their learnings.

STEP 1: YouTube has many clips on the importance of healthy attachment for babies during their developing years. Below is an example of the information available on YouTube. It is well worth watching. There are many other examples available that you can explore. The importance of a caregiver being physically and emotionally available to the baby in these early years cannot be stressed enough. It is so important to their future.
"Developing Attachment: Rejecting a Baby's Distress"
http://www.youtube.com/watch?v=9u8ObYi_EB0

STEP 2: Look at the information presented in Appendix 1. Discuss with your mentor how important this information might be for the community/ families you work with.



Reading: factsheets

Look up the following factsheets and information to get a better understanding of the effects of Perinatal Disorders on Mothers, Fathers and Babies

- Queensland Health Perinatal and Infant Mental Health web page
<http://www.health.qld.gov.au/qcpimh/pimh.asp>
- Perinatal Depression and Anxiety: Evidence Relating to Infant Cognitive and Emotional Development fact sheet
http://www.beyondblue.org.au/index.aspx?link_id=7.102#beyondbabybluesperinatalresources
- Perinatal and Infant Mental Health Universal Psychosocial Screening Module Training Booklet. Queensland Centre for Perinatal and Infant Mental Health, Queensland Health © State of Queensland (Queensland Health) 2010.

How to support women and their families during the perinatal period

There are many ways to provide social and emotional wellbeing support to women and their families during the perinatal period. These include:

- Community education and health promotion. This includes information on helpful/protective mental health behaviours, reducing stigma, and promote healthy lifestyle choices etc.
- Individual education and encouragement. This includes reassurance for women that this illness is not their fault and it is treatable. In some cases you may need to tell them it doesn't mean they are bad, deserve to be sick, or are the victim of sorcery.
- Encourage the woman to get professional help. Help them to understand that their illness needs to be treated; it will not go away by its self. They may need referral to mental health and support services.
- Encourage self help. You might suggest things the person can do to help reduce the symptoms and be involved in their own recovery.



Activity: What things will help?

Ideally both the Health worker and their supporting Clinician (or participant and mentor) will complete this activity and discuss their learnings.

STEP

1: Here are some things that may help improve a woman's social and emotional wellbeing. Add your suggestions to the list and discuss your extended list with your mentor. Do they have any items that you did not add and vice versa?

Getting enough sleep

Eating good food

Regular exercise and relaxation

Allowing others to help - it is not a sign of failure

Avoiding alcohol and other drugs

Socialising with other people

Going to support or mothers groups

Spending time with strong/supportive family

Here is some very good advice for women to consider. It has been taken from 'Managing mental health conditions during pregnancy and early parenthood: A guide for women and their families' Beyondblue (2012):

"REMEMBER...

- *Take small steps, recognise and accept that recovery takes time and some days will be harder than others.*
- *You are your baby's most important asset, and an asset that should be looked after - caring for yourself is as important as caring for the baby.*
- *You don't have to suffer - accept help and work towards recovery.*
- *You are not the only one - many other women go through this.*
- *This is happening to you - it is not your fault; this is an illness, there is nothing to be ashamed of.*
- *Mental health conditions won't go away on their own - you must get help.*
- *The faster you get help, the faster you can recover."*



Activity: factsheets

Look up the following factsheets and information to get a better understanding

- How can you help someone with depression/anxiety? (fact sheet 1) and Living with and caring for a person with depression or anxiety (fact sheet 2)
<http://www.beyondblue.org.au/index.aspx>
- Caring for someone with Postnatal Depression and How to help the mother who is not acknowledging PND factsheets by Post and Antenatal Depression Association (PANDA)
<http://www.panda.org.au/>
 - Postnatal depression - the family <http://www.betterhealth.vic.gov.au/>
- Managing mental health conditions during pregnancy and early parenthood: A guide for women and their families Beyondblue <http://www.beyondblue.org.au/index.aspx>



Resources

These resources will give you added information and may be useful for your clients.

The above factsheets may be useful for your clients also.

Responding to distress

On occasion you will need to provide care for someone who is distressed, this can be frightening. Your main goal is to reduce the person's anxiety and reduce the potential for violence. The most important thing you can do is to stay calm and try to think logically.

What is a Crisis?	What is an Emergency?
<ul style="list-style-type: none">- A traumatic or stressful change in a person's life- An unstable situation, where a personal conflict reaches a 'peak' before being resolved- Has far-reaching and roll-on effects, such as job loss, homelessness, loss of social status etc.	<ul style="list-style-type: none">- There is an immediate risk to health, life or property, of the client or others, which requires an urgent response to stop it getting worse.- It can get worse and cause immediate danger.

6 step response to crisis	
1. What is the problem?	Use your communication skills
2. Reduce harm to the client, yourself and others	Consider the client's social and emotional wellbeing, their physical safety and their spiritual health.
3. Do not judge the client or their behaviour	Accept that the situation is important to them.
4. Look at the choices for action	Let the client be part of making the decision. Are other services needed?
5. Make a plan	Make sure the client understands and agrees with the plan.
6. Make sure the client commits to following the plan	Is their word enough? Do you still have concerns? Do you need to follow-up this client?

Adapted from "Mental Health Training for Workers in Aboriginal and Torres Strait Islander Communities Participants Guide 2008"

Communicating with Aboriginal and Torres Strait Islander People

Assessing social and emotional wellbeing and providing support requires good communication skills. When this is happening across cultures, it is critical to also have cultural knowledge to make accurate assessments and provide culturally appropriate support. Every culture has its own individual communication habits.

Aboriginal and Torres Strait Islander culture differs in many ways to other cultures. For example, they use a lot of non-verbal communication cues e.g. eyebrow movement can often be used in place of verbal communication.

"Western culture places a lot of emphasis on the concept of time, especially in terms of meeting deadlines. In Aboriginal and Torres Strait Islander culture, the emphasis is on relationships. This cultural difference directly influences planning, decision making, community/patient engagement and communication. For example, government processes tend to focus on getting the job done, following prescribed schedules supported by assertive and direct communication e.g. 'let's cut straight to the point'. Whereas, Aboriginal and Torres Strait Islander people are less rigid when it comes to schedules.

Establishing and maintaining relationships are more important than time."

(Queensland Health 2012)

Mina mir lo ailan mun - proper communication with Torres Strait Islander people



Activity: factsheets

Look up the following factsheets and information to get a better understanding

- Communicating effectively with Aboriginal and Torres Strait Islander people
<http://qheps.health.qld.gov.au/atsihb/docs/communicating.pdf>
- Mina mir lo ailan mun - proper communication with Torres Strait Islander people
<http://www.datsima.qld.gov.au/atsis/everybodys-business/mina-mir-lo-ailan-mun-proper-communication-with-torres-strait-islander-people>
- Cultural considerations for improving health practice
http://qheps.health.qld.gov.au/atsihb/docs/cultural_consid.pdf



Activity: Communicating with Aboriginal and Torres Strait Islander People.

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete this activity and discuss their learnings.

STEP 1: Which of the things listed below would help you to understand and communicate effectively with Aboriginal and Torres Strait Islander People? Mark True or False then add a few of your own strategies.

T	F	Strategy
		Having family there.
		Establishing a relationship first and sharing family experience.
		Putting TV on for background noise.
		Working with a Health worker.
		Recognising that they may prefer to be outside.
		Asking a series of direct and personal questions.
		Communicating in language or Aboriginal English or plain English.
		Talking in the waiting room if you are short of space.
		Sitting side by side.
		Use only words, no pictures or visual aids e.g. pamphlets, storyboards.
		Recognising that they may be hard of hearing.
		Do not look for non-verbal types of communication.
		Avoiding direct eye contact.
		Expect and prompt them to answer quickly.
		Talking about strengths and family relationships before talking about the problems.
		Recognising that they will not want to sit still for very long.
		Telling stories that use metaphors and symbols that represent familiar experience.
		Recognising that saying 'Yes' to everything means a woman understands and agrees with you.

STEP 2: Mentors/ participants discuss in turn the similarities and differences in answers.

STEP 3: Discuss with your mentor other strategies you could use in your practice when supporting the emotional and social wellbeing of Aboriginal and Torres Strait Islander women in the perinatal period.

Barriers to service provision and engagement

There are many reasons why Aboriginal and Torres Strait Islander people do not access healthcare services. How many can you think of “off the top of your head”?



Activity: Barriers for Aboriginal and Torres Strait Islander People accessing health care.

Ideally both the Health worker and their supporting Clinician (or participant and mentor) will complete this activity and discuss their learnings.

STEP 1: Download the following documents:

- Cultural considerations for improving health practice'
http://qheps.health.qld.gov.au/atsihb/docs/cultural_consid.pdf and
- Suggestions for improving the patient journey for Aboriginal and Torres Strait Islander people'
http://qheps.health.qld.gov.au/atsihb/docs/patient_journey.pdf

STEP 2: Read these documents and think about the Health Service in which you work.

Does your service meet the principles for knowledge, skills and behaviour required to provide culturally responsive health service to Aboriginal and Torres Strait Islander patients? What does it do well?

Where could it improve?

STEP 3: List some suggestions for your service to provide a culturally responsive service to your Aboriginal and Torres Strait Islander clients.

STEP 4: Meet with your mentor to discuss your thoughts and listen to theirs.

STEP 5: Discuss what improvement you could include in service delivery at your place of work.

(Remember improving your own knowledge is a huge step in the right direction!)

8. Perinatal psychosocial screening

National Perinatal Depression Initiative

The National Perinatal Depression Initiative (NPDI) was created in March 2008, when State, Territory and Federal Governments agreed to work together on the development of a 5-year national initiative. Its purpose was to improve the prevention and early detection of antenatal and postnatal depression and to provide better care, support and treatment for expectant and new mothers experiencing perinatal depression.

Key elements integral to the National Perinatal Depression Initiative include:

- Routine and universal screening for perinatal depression;
- Follow-up support and care for women assessed as being at risk of or experiencing perinatal depression;
- Workforce training and development for health professionals;
- Research and data collection;
- National guidelines for screening for perinatal depression; and
- Community awareness.

Beyondblue 2012d

Perinatal Psychosocial Screening

It is intended that the psychosocial assessment should be incorporated as part of a comprehensive assessment for all women during pregnancy and again after the baby is born. The assessment is meant to identify psychosocial problems, which, in some cases may need referral to specialist mental health or related service.

Using the biopsychosocial model, there are several aspects to a person's social and emotional wellbeing. To get an accurate assessment we need to look at the whole person and their circumstances. There are several screening tools used in the antenatal period as well as gathering data in the Pregnancy Health Record. These include:

- Tobacco Screening Tool,
- Drug and Alcohol Screening Tool,
- Edinburgh Postnatal Depression Scale and
- Safe Start Psychosocial Assessment

As well as these tools we use our clinical judgement to assess a woman and identify risks and potential problems. Screening tools are not 100% accurate in every circumstance. They can sometimes miss symptoms (or be deliberately misled).

Sound clinical judgement should always be used e.g. if a woman scores 5 on the EPDS but is crying and states "I can't go on", further investigation is needed. Alternately, a woman may be experiencing the lack of support from her partner, not sleeping because of an unsettled infant and score 16 on the EPDS. Her score may not be related to depression, but to maternal unhappiness, tiredness and lack of support.

Remember each woman's situation is different and she needs to be assessed and treated on an individual basis.

Always try to make sure you have privacy when performing psychosocial screening. The woman's confidentiality must be kept unless there is a risk of harm to her or her children. Then you need to follow your service's policy about this. It may help to discuss these situations with your manager or supervisor if you are unsure. If you find a situation upsetting talk to one of your support people that you identified in the Dealing with Upsets section.

It is very important for the supporting clinician or health worker to explain the reason for the assessment and why it will help the woman. An explanation using the women's own language style will be accepted more easily, e.g. "Some women have a lot of stress when they are pregnant/after baby is born. We want to find out how you are going".

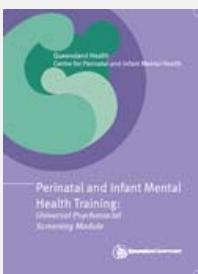
Some questions are particularly sensitive. Some women may feel uncomfortable or distressed when asked about certain topics/ issues. Local Aboriginal and Torres Strait Islander health workers usually know the best way to talk about these subjects. If the clinician and health worker work together in this way a more thorough and more productive conversation happens. This will enable the clinician to better assess the Social and Emotional Wellbeing of the women.

More information about Psychosocial Screening in the perinatal period is contained in the Perinatal and Infant Mental Health (PIMH) Universal Psychosocial Screening Module from Queensland Centre for Perinatal and Infant Mental Health QCPIMH (see below). Completing this package or a similar package is required for clinicians to do their job. Health workers who wish to gain more knowledge in this area may also complete this training module in full or in part.



Perinatal and Infant Mental Health Universal Psychosocial Screening Module

A training module for clinicians and a source of further information for Health workers.



This Perinatal and Infant Mental Health Training Universal Psychosocial Screening Module has been created to support service providers to universally screen parents for mental health issues and psychosocial risk in the perinatal period

This DVD and training booklet was sent out to all Queensland Health facilities.

If your service does not have a copy, please contact the Queensland Centre for Perinatal and Infant Mental Health directly:

Phone: 07 3266 3100

Fax: 07 3266 4522

Mail: 31-33 Robinson Rd, Nundah QLD 4012

Email: PIMH@health.qld.gov.au

Edinburgh Postnatal Depression Scale (EPDS)



Computer Activity: Edinburgh Postnatal Depression Scale (EPDS)

Both the health worker and their supporting clinician (or participant and mentor) will need to get a copy of the EPDS to use with this section

STEP 1: Download and read the Edinburgh Postnatal Depression Scale

<http://www.health.qld.gov.au/maternity/docs/epds-combined.pdf>

There are some important things to remember about the Edinburgh Postnatal Depression Scale:

- Should be done at the **first visit** to service, repeated at about **36 weeks** and at **2-6 weeks postnatally**.
- It is **only a screening tool**. It is used to identify women at risk of depression and anxiety during the perinatal period. It is not used to diagnose depression or anxiety!
- Use your **clinical judgement** as well as the tools to assess a woman and identify risks and potential problems.
- The tool draws information using the **last seven (7) days only**.
- The tool is **only part of the psychosocial assessment** for women in the perinatal period.
- The tool is **not culturally sensitive** and was not designed especially for Aboriginal and Torres Strait Islander women.
- Aboriginal and Torres Strait Islander women may need to have the questions **explained** to them so they understand what we are looking for.
- The tool is designed to be **used in person** (e.g. not over the phone, posted or given to the woman to take home). This is so we know the responses are the woman's true thoughts and feelings and to discuss responses as needed.
- The tool is not to be done in the presence of partner or family. This can influence how the woman answers the questions. This is so we know the responses are the woman's true thoughts and feelings and to allow us to discuss her responses in private.
- Many of the questions look at symptoms that in a mild and temporary form can be a result of **other causes**, something that has happened, or part of a mother being unhappy with her situation. The tools are looking for symptoms that are worse/stronger, last longer and have more of an impact on the woman's ability to function.

Sometimes if you make up a word from the first letters of words to help you remember things. See what you can come up with.

Person	Other reasons
Only a TOOL	Not culturally sensitive
Part of whole assessment	Clinical Judgement
Seven days	Explain

To help the women understand what is being asked you too need to have a clear understanding of what is meant by each question so that you can clarify the information that she is giving to you.

The EPDS Questions

EPDS Question	Notes on what the question is trying to find out over the last 7 days
1. I have been able to laugh and see the funny side of things:	<p>Not being able to laugh at something you previously thought was funny - a joke, TV or a funny situation.</p> <p>This is not just having a bad day it is longer term sadness. Low mood for two (2) weeks or more is one of the major signs of depression.</p> <p>Grief and loss, relationship breakup, loss of interest/pleasure in usual activities etc. can also give the same effect. Check for any of these other causes.</p>
2. I have looked forward with enjoyment to things:	<p>Not being able to be pleased/happy about usual activities such as meeting people, yarning, or a celebration/party/holiday that is coming up.</p> <p>Not being able to get enjoyment from things that you used to enjoy is a symptom of depression</p>
3. I have blamed myself unnecessarily when things went wrong:	<p>Blaming yourself when it wasn't your fault. Strong feelings of guilt, being worthiness/useless.</p> <p>We all can do things that cause a negative result e.g. forget to put the garbage out so you have twice as much next time or burn the toast etc. This may make us cranky/ blame ourselves and is a natural reaction.</p> <p>Blaming yourself a lot for something that wasn't your fault happens in depression and anxiety disorders.</p>
4. I have been anxious or worried for no good reason:	<p>We all get anxious or worried about things in our lives. A woman will have many worries during pregnancy and after the baby is born, facing a different situation e.g. worries about the baby, money, being a good mother, lack of confidence etc. These are a natural response to these worries.</p> <p>Being anxious and worried when there is no reason is a sign of anxiety disorder and can also happen in depression.</p>
5. I have felt scared or panicky for no very good reason:	<p>Being scared or panicky usually happens as a reaction to things in our lives. A woman may be scared or panicky about taking her baby home from hospital for the first time, being alone at night or, about the future. These are natural responses to real fears.</p> <p>Being scared or panicky when there is no reason is a sign of anxiety disorder and can also happen in depression.</p>
6. Things have been getting on top of me:	<p>Feeling that you can't cope, that it is "all too much", withdrawing from others.</p> <p>Physical and emotional changes of pregnancy, being tired, recovering from the birth, learning to look after a new baby etc. will cause women to feel they can't cope occasionally during the perinatal period.</p> <p>This feeling usually comes and goes depending on the amount of stress. If these feelings stay, this is a sign of depression and sometimes anxiety.</p>
7. I have been so unhappy that I have had difficulty sleeping:	<p>Not being able to sleep because of sadness and worry, being agitated and can't sit still.</p> <p>Not being able to sleep happens during the antenatal period for many valid reasons e.g. heartburn, going to toilet frequently, being physically uncomfortable. And also after the baby is born e.g. healing from the birth, night time feeding, unsettled baby etc.</p> <p>Being so unhappy that you can't sleep, often with many worrying thoughts that won't stop is a symptom of depression</p>
8. I have felt sad or miserable:	<p>Feeling sad or miserable is usually in reaction to something that has happened (e.g. grief and loss, relationship problems) and it is usually equal to the event and temporary.</p> <p>Feeling sad or miserable most of the time to a level that is more than reaction to something that has happened is a symptom of depression.</p>

EPDS Question	Notes on what the question is trying to find out over the last 7 days
9. I have been so unhappy that I have been crying:	<p>Again, being so unhappy that you cry usually in reaction to something that has happened e.g. grief and loss, relationship problems etc., it is usually in equal to the event and is temporary.</p> <p>Feeling this way most of the time is a symptom of depression.</p>
10. The thought of harming myself has occurred to me:	<p>Thinking about harming yourself or thinking about suicide.</p> <p>Any response other than “Never” needs to be investigated. You will need to consult with your mental health team.</p> <p>Self-harm and suicidal behaviours usually have different reasons behind them and different expected results. It is important to find out which one a woman is experiencing to ensure she gets the proper help.</p> <p>“All people presenting with suicidal or self-harming behaviour or ideation should be comprehensively assessed in accordance with best practice. A comprehensive assessment requires more than a ‘risk screen’ and must include an analysis of specific risk factors and protective factors and the Clinician’s conclusions in relation to the person’s level of risk.” <i>Guidelines for Suicide Risk Assessment and Management Queensland Health 2011</i></p> <p>See Suicidal thoughts and behaviours and deliberate self-injury guidelines, http://www.mhfa.com.au/documents/guidelines/8307_AMHFA_Suicide_guidelinesemail.pdf</p>

Asking the EPDS questions

“Hi. How are you?” is a common greeting in Australia. But we don’t expect strangers or people we do not know very well to start telling us all their problems. It would feel uncomfortable for both people. It is the same when we are doing perinatal psychosocial screening. We need to build a connection with the woman first.

In Aboriginal and Torres Strait Islander culture where you come from/belong is very important. It is used to work out relationships, how you can interact with that person and any boundaries/restrictions to interacting with that person. When you meet someone it is common to tell them your family/mob and land/country as part of the introduction process. So when an Aboriginal and Torres Strait Islander person asks you “Where you from/belong?” the main reason is so they can work out how to interact with you. This is a good way to start building a connection with that person.

A good place to start with psychosocial screening is to explain that a woman goes through a lot of physical and emotional changes during the perinatal period. We want to make sure she is healthy both physically and emotionally. The physical testing includes blood tests, ultrasounds, checking baby’s growth etc. The emotional testing looks at how she is feeling and what her risk factors and supports are. You could show her the Growing Strong Tree to help explain.

When starting the EPDS, ensure privacy. Tell the woman that this is only for how she has been in the last week. You can explain to her what the question is looking for so she understands how to answer it properly. Then get the woman to answer the question/s. Do not tell her or suggest how to answer it. Only tell her **what** the question is asking or looking at. It is good to ask her to explain any answers that score two (2) or three (3) and any answer to Q10 other than ‘Never’. This makes sure the score is accurate.

Talking to someone about self-harm or suicide



Worry about someone harming themselves or thinking about suicide

Talking to someone about self-harm or suicide can be difficult. You may not know how to ask, or what to say, you may be frightened that you will make it worse.

"Don't... be afraid to ask about a patient whether they are thinking about suicide or self-harm. Asking a person about suicide **does not** increase their risk of suicide or prompt them to act on their thoughts. Instead, asking a person about suicide can make a person feel understood and listened to, and can prompt the person to access the help that they need.

Some suggested questions are:

- 'Just how bad have things become for you?'
- 'Have things been so bad for you that you don't want to be around anymore?', or
- 'It sounds like you are feeling really sad and hopeless. Have you been thinking about hurting yourself or taking your own life?'

Queensland Health MIND Essential

Keep within your role and scope of practice. If you are not sure **ask for help!**

Be aware of your own reactions and feelings - do you need to talk to someone about how you feel. (Remember the list of people you wrote down in the Dealing with Upsets Section. Please do not hesitate to turn to one of them and talk about it if you have even the smallest of concerns!)



Reading: These documents have information about suicide and self-harm :

- Suicidal thoughts and behaviours and deliberate self-injury guidelines
http://www.mhfa.com.au/documents/guidelines/8307_AMHFA_Suicide_guidelinesemail.pdf
- Suicidal behaviour or risk in the Primary Clinical Care Manual 2011
http://www.health.qld.gov.au/pccm/pdfs/pccm_sect_4.pdf
- Guidelines for Suicide Risk Assessment and Management Queensland Health 2011
http://gheps.health.qld.gov.au/mentalhealth/docs/guide_suicide_risk.pdf



Exercise: EPDS Role Play.

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete this activity and discuss their experiences with the exercise.

STEP 1: It can sometimes make you uncomfortable to explain/ask about these questions. It helps to practise.

- Try to answer the questions by yourself. How would it feel to have someone ask you these questions? What do you think would make it easier to answer them?
- Take turns with your health worker / clinician at being the staff member or the woman. Go through the EPDS.
- You can vary the woman's responses to make it seem she has depression, anxiety, psychosis, bipolar disorder or suicidal/self-harm thoughts.
- You can also try to vary the amount of cultural knowledge/awareness/sensitivity that the staff member shows toward the woman to see how it feels.

STEP 2 Discuss your experiences with the exercise

STEP 3 Practise as many times as needed until you feel comfortable and confident

STEP 4: Discuss and clarify your respective roles in administering this tool.

- Both the Health worker and the Clinician may facilitate the administration of this screening tool.
- The Health worker will be particularly valuable in facilitating the conversation required.
- It will be out of the scope of practice of the Health worker (and sometimes the Clinician) to interpret the **meaning** of the results and they will be required to refer as necessary

STEP 5: **Celebrate!**



You deserve it for a job well done!!!



Tip

If you want more detailed information on the administration and scoring and responding to the scores of the EPDS please consult one or more of the following sources/ resources:

- Perinatal and Infant Mental Health Universal Psychosocial Screening Module.
Queensland Centre for Perinatal and Infant Mental Health (QCPIMH)
- Psychosocial assessment and management of perinatal mental health disorders: A guide for primary care health professionals- Beyondblue
http://www.beyondblue.org.au/index.aspx?link_id=7.102&tmp=FileDownload&fid=2460

SAFE START psychosocial assessment questions

The Safe Start psychosocial questions cover seven (7) key areas that have been identified as important in leading to poor maternal and infant mental health that are not covered in other assessments.

These are:

- Lack of social or emotional support
- Poor childhood experience
- Couple/relationship problems
- Low self-esteem
- History of anxiety, depression and other mental health problems
- Recent stressors in the last year and
- Domestic violence



Computer Activity:: Psychosocial Assessment

Both the Health worker and their supporting Clinician (or participant and mentor) will need to get a copy of the EPDS for you to use with this section

STEP 1: Download and read the Safe Start Psychosocial Assessment Questions Form (see Appendix 2)

<http://gheps.health.qld.gov.au/tville/cdsu/clinical-forms/cf-wc-safe-start.pdf>

OR obtain a copy of the tool that your facility uses.

To help the women understand what is being asked by the screening tools, you too need to have a clear understanding of what is meant by each question. This is so you can explain the question to the woman and correctly interpret the information that she is giving. Over the page is a list of the Safe Start questions with short notes on what each of these questions is trying to find out.

There are some important things to remember about the Safe Start Tool:

- It is **only a screening tool**. It is used to identify risk factors during the perinatal period
- Use your **clinical judgement** as well as the tools to assess a woman and identify risks and potential problems
- The tool is **only part of the psychosocial assessment** for women in the perinatal period
- The tool is **not culturally sensitive** and was not designed specifically for Aboriginal and Torres Strait Islander women
- Aboriginal and Torres Strait Islander women may need to have the questions **explained** to them so they understand what we are looking for
- The tool is designed to be **used in person** (e.g. not over the phone, posted or given to the woman to take home).

The tool is not to be used in the presence of partner or family. This can influence how the woman answers the questions. This is so we know the responses are the woman's true thoughts and feelings and to allow us to discuss her responses in private.

The Safe Start questions

Variables (Risk Factors)	Suggested Format for Psychosocial Questions Comments	What else are they looking for
I. Lack of Support	1. Will you be able to get practical support with your baby?	Does she have a partner, how does he feel about the pregnancy? What supports do you have (friends, family, church, community members etc.)?
	2. Do you have someone you are able to talk to about your feelings or worries?	Does she have any people she can turn to for physical and emotional support?
II. Recent major stressors in the last 12 months	3. Have you had any major stressors, changes or losses recently (i.e. in the last 12 months) such as financial problems, someone close to you dying, or other serious worries?	Worries and stressful events over last 12 months Traumatic events with previous pregnancies/births
III. Low self-esteem (including lack of self confidence, high anxiety and perfectionist traits)	4. Generally, do you consider yourself a confident person?	How does she usually feel coping with day to day things e.g. work and relationships? Is she feeling overwhelmed just today or pretty much all the time over the last few weeks?
	5. Does it worry you a lot if things get messy or out of place?	How has she coped in the past during stressful times? How does she manage stress e.g. relaxation, exercise etc?
IV. History of anxiety depression or other mental health problems	6a. Have you ever felt anxious, miserable worried or depressed for more than a couple of weeks?	Have you ever required specialist Mental Health treatment in the past? Ask for details. You may need to talk to her about referring her to other services for support.
	6b. If so did it seriously interfere with your work and your relationships with friend and family?	How bad was it? Does she need referral to mental health services for treatment or preventative support? Provide information about PIMH.
	7. Are you currently receiving or have you in the past received, treatment for any emotional problems?	Get details of her history of treatment or counselling etc. Would she like to see them again for preventative support?
V. Couple's relationships problems or dysfunction (if applicable)	8. How would you describe your relationship with your partner?	What is your relationship like with your partner?
	9a Antenatal: What do you think your relationship will be like after the birth? OR	Is she expecting him/her to be supportive, helpful or does she need to look for other sources of support?
	9b. Postnatal (in Community Health setting): Has your relationship changed since having the baby?	There is usually some stress in relationships with a new baby. Is her partner supportive or are there problems?

Variables (Risk Factors)	Suggested Format for Psychosocial Questions Comments	What else are they looking for
VI. Adverse childhood experiences	10. Now that you are having a child of your own, you may think more about your own childhood and what it was like. As a child were your hurt or abused in any way (physically, emotionally, sexually)?	If she has been abused as a child she may not want to talk about it. Ask if she has someone she can go to if this pregnancy is going to bring up the past? How do you feel about being a parent/again? Ask about worries and provide education emotional support and reassurance. Remember: Not all abused children become abusing parents.
VII. Domestic violence (DV) Questions must be asked only when the women can be interviewed away from partner or family member over the age of three (3) years. Staff must undergo training in screening for domestic violence before administering this question.	11. Within the last year have you been hit, slapped or hurt in other ways by your partner or ex-partner? 12. Are you frightened of your partner or ex-partner? If the response to questions 11 and 12 is 'No' then offer the DV information and omit questions 13-18) 13. Are you safe to go home when you leave here? 14. Has your child/children been hurt or witnessed violence? 15. Who is/are your children with now? 16. Are they safe? 17. Are you worried about your child/children's safety? 18. Would you like assistance with this?	Consider other family members living in the home or visiting as well as her partner. Does she need counselling/support etc? A notification of risk to an unborn child might need to be made, talk to your clinician/manager/supervisor about this. Does she need to be referred to DV Services?
Opportunity to disclose further	19. Are there any other issues or worries you would like to mention?	Encourage to talk about other concerns/worries and provide reassurance/support.

Asking the Safe Start questions

- Make sure the woman does not have a partner or someone with her. She may not be able to answer the questions fully if she is not alone.
- Explain about the questions, why we are asking them, what they are looking for, then ask the questions? You can ask them using slightly different words if you think she will understand it better.
- Remember to watch for body language and non-verbal signs. She might not feel comfortable talking about some of these things.



Exercise: Safe Start Role Play.

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete this activity and discuss their experiences with the exercise.

STEP 1: It can sometimes make you uncomfortable to explain/ask about these questions. It helps to practise.

- Try to answer the questions by yourself. How would it feel to have someone ask you these questions? What do you think would make it easier to answer them?
- Take turns with your health worker/clinician at being the staff member or the woman. Go through the Safe Start.

You can vary the woman's responses to make it seem she has depression, anxiety, psychosis, bipolar disorder or suicidal/self-harm thoughts. You can also try to vary the staff member's amount of cultural awareness to see how it feels.

STEP 2 Discuss your experiences with the exercise.

STEP 3 Practise as many times as needed until you feel comfortable and confident.

STEP 4. Discuss and clarify your respective roles in administering this tool.

- Both the health worker and the clinician may facilitate the administration of this screening tool.
- The Health worker will be particularly valuable in facilitating the conversation required.

It will be out of the scope of practice of the health worker (and sometimes the clinician) to interpret the meaning of the results and they will be required to refer as necessary

STEP 5: **Celebrate!**



You have come a long way since starting this learning package. Well done.



Perinatal and Infant Mental Health Workshop

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete this activity and discuss their learnings.

Some Health and Hospital Services (HHSs) have a clinician trained by QCPIMH to help provide education about psychosocial screening in the perinatal period. Some centres have workshops, others have one-to one training.

Cairns and Hinterland HHS has a four (4) hour workshop (see link below).

- Perinatal Mental Health Workshop Cairns HHS
http://qheps.health.qld.gov.au/cairns/docs/neru_pmh_whsop12.pdf

STEP 1: Investigate what may be on offer in your local area. A phone call to Cairns or the QCPIMH may be of assistance.

STEP 2: Consider attending any education on offer.

The networking, sharing and exploring of experiences when doing this type of work is extremely valuable to help you feel more comfortable with the "tricky" situations!



Reading:

These documents and web pages also have further information that you may find useful.

- Queensland Health Universal Antenatal Screening web page
http://www.health.qld.gov.au/maternity/antenatal_screen.asp
- Perinatal and Infant Mental Health Universal Psychosocial Screening Module
Queensland Centre for Perinatal and Infant Mental Health QCPIMH
- Psychosocial assessment and management of perinatal mental health disorders: A guide for primary care health professionals- Beyondblue
http://www.beyondblue.org.au/index.aspx?link_id=7.102
- Safe Start Policy NSW Health Improving mental health outcomes for parents and infants
<http://www.sfe.nswiop.nsw.edu.au/file.php/1/SafeStartGuidelines.pdf>

Referral

Specialised social and emotional or mental health care is not a usual part of maternal/child health services. People who may need these specialist services are referred to them by us as health professionals. Clear local referral pathways are required so women and their families get appropriate and timely care.

'An integrated approach to perinatal assessment, referral and the use of care pathways provides an opportunity for maternity services, child health services, general practitioners and mental health services to ensure that there is a holistic approach to addressing the perinatal and infant mental health needs of women, their infants and families and to support the development of individual care plans based on levels of risk and the presence of protective factors.' (QCPIMH 2010)

Perinatal and infant mental health universal risk assessment and referral pathways

The perinatal and infant mental health universal risk assessment and referral pathways is a guide on how to proceed when the EPDS is Low Risk (<9) Moderate Risk (10-12) or High Risk (>12 or >0 on Q10.). It can also be used as a template to develop a care pathway for your area if you do not already have one.

A good example of a referral pathway is the Cairns and Hinterland Hospital and Health Service Pathway and Referral/Intake Workflow. This can be viewed at
http://qheps.health.qld.gov.au/cairns/docs/pmh_intake_workflow.pdf

When developing a local referral pathway your first step will be to find out what services there are in your area and what exactly they provide. Some services have printed booklets. An example of this is Metro South Mental Health Services' Community Resource Directory for Perinatal Mental Health Care 2010. You can view this at

http://qheps.health.qld.gov.au/metrosouthmentalhealth/docs/perinatal_directory.pdf

Another example can be found at a Non Government Organisation (NGO) - Perinatal Mental Health Guide. Brisbane North, October 2009 by GP partners Ltd, at
http://www.mnbml.com.au/content/Document/resource_perinatal.pdf

Our job is to first identify if there may be a problem and then refer appropriately. To refer appropriately we need to know what services are out there and what they provide. To know what is appropriate we must have clear written guidelines detailing who you refer to where and when.



Exercise: Your Backyard

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete this activity and discuss their experiences with the exercise.

- STEP 1** Find out if your service has an existing referral pathway. If it has obtain a copy and study it. If it does not, print the Cairns model and study it.
- STEP 2.** Visit all the other services in your area. Introduce yourselves, get to know their staff. Find out what services they provide and how your services can work together. Fill out the form below and keep it as a resource for future reference.
- STEP 3:** Discuss with your service how to update your existing referral pathway, if required, or develop a referral pathway.

Service Name	Address	Telephone	Contact Person	Services Provided	Intake Criteria

STEP 4: CELEBRATE!



This is a huge achievement! Having a clear referral pathway means that we can do our job knowing that there are others whose job it is to provide further help when we have reached the end of our scope of practice. It is vital to understand that we cannot do everything and are only one part of a larger team of people that can help!



Tip

These documents and web pages have information that can help you if you need to develop or improve your own local referral pathway.

- QCPIMH Endorsed Universal Risk Assessment and Referral Pathways
<http://qheps.health.qld.gov.au/qcpimh/docs/risk-ass-refer-path.pdf>
- Cairns PIMH Referral Pathway
http://www.health.qld.gov.au/cairns_hinterland/docs/pmh_referral_pathway.pdf
- Perinatal Referral Procedure, Cairns and Hinterland HHS IWH/MH
http://qheps.health.qld.gov.au/cairns/docs/iwhu_perinatal_mh.pdf
- Perinatal Referral and Discharge Form
http://www.health.qld.gov.au/maternity/docs/perinatal_ref_fm.pdf
- Community Resource Directory for Perinatal Mental Health Care 2010
http://qheps.health.qld.gov.au/metrosouthmentalhealth/docs/perinatal_directory.pdf
- Perinatal Mental Health Guide. Brisbane North, October 2009 by GP partners Ltd.
http://www.mnbml.com.au/content/Document/resource_perinatal.pdf



Tip: Other Services!

Have you thought about Non Government Organisations and Telephone or Internet based services?

There are many organisations that you or your clients may be able to use that are not part of the Queensland or Commonwealth Government.

There are also services that are available through the internet or over the phone. Some of these are:

- PANDA- Post and Antenatal Depression Association. < <http://www.panda.org.au/> > Phone: 1300 726 306 (9.30 - 4.30pm Monday - Friday)
- Australian Breastfeeding Association. < www.breastfeeding.asn.au > Breastfeeding Helpline: Phone: 1800 686 2 686



Exercise: Your Electronic Backyard

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete this activity together.

STEP 1 Find out about the other services (telephone or internet) that you and your clients may need. Fill out the form below and keep it as a resource for future reference

Service Name	Telephone	Internet Address	Services Provided
Lifeline	13 11 14		24hr crisis phone
Salvo Care Line	1300 363 622		24 hr counselling + referral.



Exercise: What would we do if.....?

Ideally both the health worker and their supporting clinician (or participant and mentor) will complete this activity and discuss their experiences with the exercise.

It is good to be prepared and have an idea of what you need to do if one of your clients presents with a problem. Below are examples of some situations you may find in your work.

STEP 1 Look at each situation listed below. With your health worker/supporting clinician (or participant and mentor), work out how you would proceed.

STEP 2 You will need to:

- work out what the problem is
- how to assess the risk and protective factors (also, how bad is it and what is helping)
- what you need to do right now and in the future
- who else needs to be involved and who may be able to help.

STEP3 Work out an action plan for each of the following scenarios and fill out the action plan on the next page.

Example Scenario.

Jane is 24 and having her first baby. She is 20 weeks pregnant and this is her first visit to your service. She is in a stable relationship and both partners are happy about the pregnancy. She has no history of mental health problems and has a supportive family and many supportive friends.

Her EPDS Score is 8/30 with a score of 0 in question 10.

Scenario 1.

Mary is a 17 year old single mother and is 12 weeks pregnant with her second child (unsure who is the father). She did not plan this pregnancy and is not sure if she wants to keep the baby but is unsure of her options. She has no history of mental health problems. Mary lives with her family and she has a few good friends. She smokes cigarettes and drinks every Friday night when she goes out with her friends.

Her EPDS Score is 12/30 with a score of 0 in question 10.

Scenario 2.

Anne is 32, is married and has three (3) children. She is 18 weeks pregnant. Her husband "just lost his job and they can't afford another baby." Her "cousin wants to grow this one up for her". Anne doesn't smoke, drink or take drugs. Anne is feeling tired all the time and "worries a lot". She hasn't been sleeping well and feels sad. Her sister-cousin has been helping her over the last month.

Her EPDS Score is 18/30 with a score of 0 in question 10.

Scenario 3.

Susan is 19 and 16 weeks pregnant for the third time (father not known). She has had two terminations but "thinks she might keep this one". Her records show she has had drug and alcohol use issues since she was 14, with an overdose and two (2) admissions for injuries when drunk. Susan admits to "still partying" but not as much as she used to, but she doesn't want to stop. She is Hepatitis C positive and HIV negative (last test six (6) months ago).

Her EPDS Score is 11/30 with a score of 0 in question 10.

Scenario 4.

Margaret is 29 and pregnant with her third child. She is in an unstable relationship and is experiencing domestic violence. Both her and her partner smoke cigarettes. He smokes cannabis and also drinks alcohol regularly often getting very intoxicated and abusive. Margaret has only moved to your town four (4) months ago to be with her partner and has not made any friends and has little social supports. Her family lives over 500km away and are not able to come to stay near her. She has had two (2) episodes of depression in the last five years. Both required a 2-3 week stay in hospital after she attempted to hang herself each time.

Her EPDS Score is 25/30 with a score of 2 in question 10.

EXAMPLE ACTION PLAN	
Name: Jane	DOB: 00/00/0000
Address: 123 Main St Tidytown QLD 4444	Telephone: 1234567890
Presenting Problem:	
Jane is 24 and having her first baby. She is 20 weeks pregnant and this is her first visit to your service. She is in a stable relationship and both partners are happy about the pregnancy. Neither Jane nor her partner smoke or take drugs. Her partner has 1 beer after work each day. She has no mental health problems and has a supportive family and many supportive friends	
Her EPDS Score is 8/30 with a score of 0 in question 10.	
EDPS Score: 8/30 Q10= 0	
Risk Factors:	
<ul style="list-style-type: none"> ▪ First baby 	
Protective Factors	
<ul style="list-style-type: none"> ▪ Stable relationship, both want this baby ▪ No substance abuse ▪ Supportive friends and family 	
Risk Level	
<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> No Risk	
Reason: She scored an 8 on EPDS (2 for Q 6,8,9 and 1 for Q 3,4)	
Specific Risks:	
<ul style="list-style-type: none"> ▪ Nil Identified. But needs education about pregnancy, birth and looking after herself and her baby. 	
Immediate Action:	
<ul style="list-style-type: none"> ▪ Arrange for antenatal education and follow up visits as required. ▪ Give contact numbers for services 	
Referral	
<ul style="list-style-type: none"> ▪ Antenatal classes 	
Follow-up Action	
<ul style="list-style-type: none"> ▪ Check for changes to her social and emotional wellbeing next visit 	
Review	
<ul style="list-style-type: none"> ▪ Four (4) weeks 	

Photocopy this sheet to use with all scenarios

ACTION PLAN	
Name: DO	B:
Address: Telephon	e:
Presenting Problem:	
EDPS Score: /30	
Risk Factors:	
<ul style="list-style-type: none"> ▪ ▪ ▪ ▪ 	
Protective Factors	
<ul style="list-style-type: none"> ▪ ▪ ▪ ▪ 	
Risk Level	
<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> No Risk	
Specific Risks:	
<ul style="list-style-type: none"> ▪ ▪ ▪ 	
Immediate Action:	
<ul style="list-style-type: none"> ▪ ▪ ▪ 	
Referrals	
<ul style="list-style-type: none"> ▪ 	
Follow-up Action	
<ul style="list-style-type: none"> ▪ ▪ ▪ 	
Review	
<ul style="list-style-type: none"> ▪ ▪ 	

9. Self-care

Working in healthcare often means responding to and supporting people in crisis situations. Your professional skills, knowledge and understanding of community and culture will help you make decisions that meet your clients' needs. For Aboriginal and Torres Strait Islander staff, sometimes your professional decision making and practices will clash with your cultural responsibilities.

In these situations it is important to reflect on your own experiences and cultural understanding to provide guidance and work direction, or talk to your manager or an elder.

There is no one 'right' way of coping with the demands of your job. What is important is that you have a few strategies for coping that work for you.

Here are some examples of workplace self-care:

- **Self Reflection** - is when we take a look at what we do, how it affects us and how we can do it better. It can help you to know your strengths and the areas that are of concern for you.
- **Support from your co-workers and supervisors** - It is important that you find out who in your team can provide the support you need.
- **Debriefing** - this usually occurs as a process to assist you to manage your response to critical incidents. Debriefing involves talking through the incident with a supervisor, team leader or someone experienced in being able to work with you to explore your thoughts, feelings and response to the incident.
- **Supervision** - is regular formal meetings between you and a supervisor. It can provide debriefing, opportunity for support and assist with problem solving, goal setting, reflecting on professional practice and identifying professional development needs.
- **Workplace mentoring** - is a process in which an experienced co-worker works with you to review and support your work performance and/or skill development.

Looking after yourself

Here is what you can do to look after yourself at work?

- Know your role and boundaries
- Find a mentor or get professional supervision
- Avoid burnout - you need to be able to talk to other workers after stressful events, and renew your strength from supportive people you live and work with
- If you work rural and remote, you need to get away from community regularly, because sometimes you can't get away from your work (set boundaries) in a small community.

Looking after yourself at home

- Get enough sleep
- Have someone you can talk to about your worries
- Take time to engage in recreational activities
- Do something for other people
- Develop a hobby
- Eat sensibly, healthily and regularly (breakfast, lunch, dinner)
- Take time to relax
- Do not be afraid to say 'no'
- Realise when you are tired and exhausted and do something about it
- Use natural supports, such as spending time with family and friends
- Undertake relaxation exercises, such as yoga, rainforest walks, swimming
- Carry out positive work activities
- Begin a recurring exercise program, such as going to the gym, walking, playing soccer.

The State of Queensland (Department of Communities) 2008



Tip!

These documents and web page have information that can help you

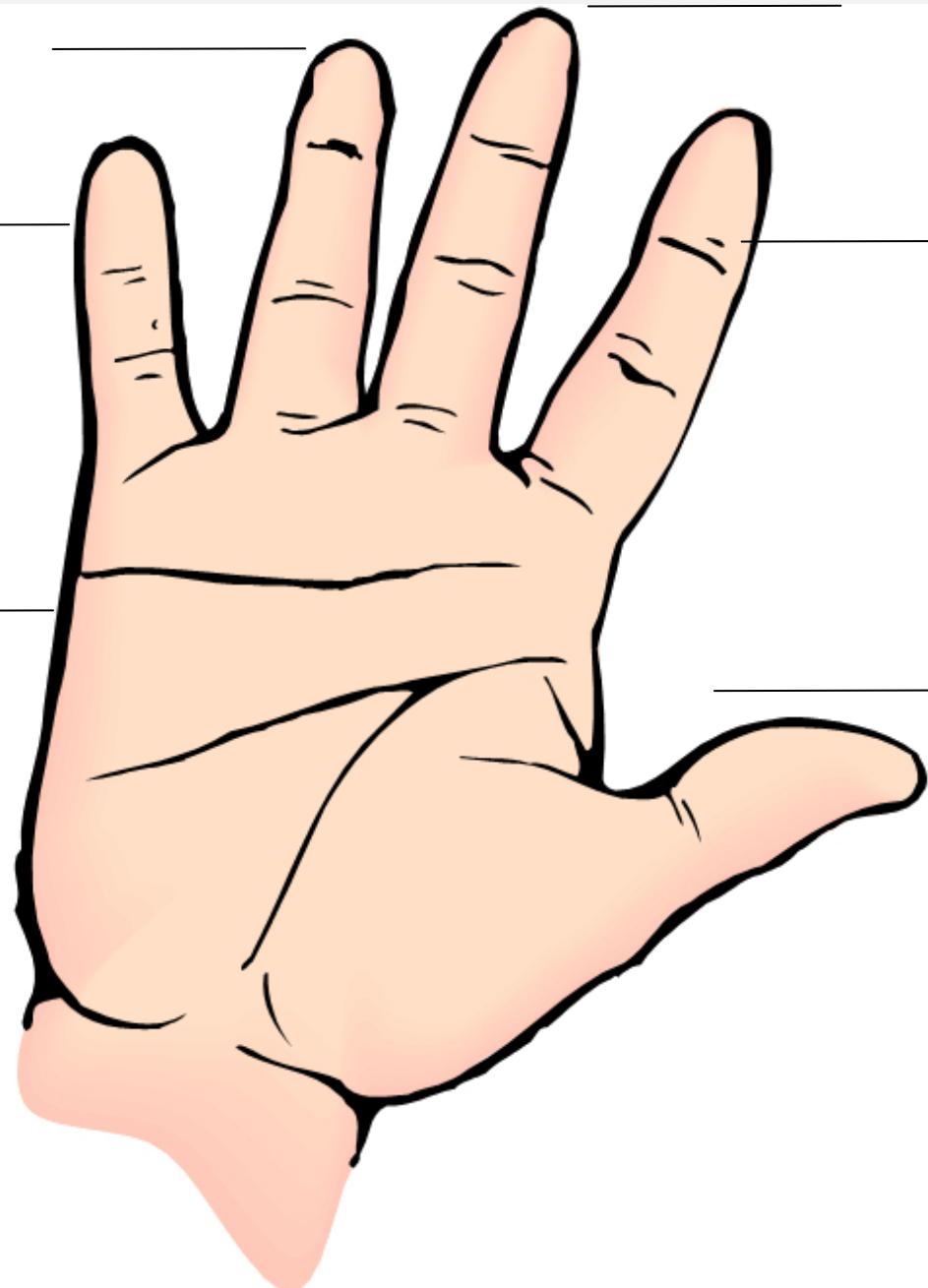
- CRANA Avoiding Burnout in Remote Areas
http://www.sarrahtesting.com.au/training/self_care/CRANA%20Avoiding%20Burnout%20in%20Remote%20Areas.pdf
- **Queensland Health offers a confidential Employee Assistance Service**
Brochure: http://qheps.health.qld.gov.au/eap/docs/EAP_Brochure.pdf
Please remember you can contact support on 1300 361 008 (24/7).
Queensland Health Employee Assistance service will provide support to employees, their immediate family members and Queensland Health managers.
Any enquiries can be emailed to EAP@health.qld.gov.au
<http://qheps.health.qld.gov.au/eap/home.htm>
- Non-Government Organisations offer employees access to their own Employee Assistance Schemes. Investigate what is available at your workplace.



Activity: Your Support Network

Who can I go to when I need a hand?

Write the names of people you can go to for support.



Enjoyable activities

Scheduling time for fun and enjoyment is a powerful way to lift your mood and balance your life.

When you are stressed, you may not feel motivated, or get the same amount of pleasure out of activities that you used to. Scheduling some fun activity each day will help you cope with stressful times.

These activities DO NOT have to be special activities. They can be small and simple such as watching your favourite comedy on TV or petting your cat or dog. or they can be challenging and give you a sense of achievement.



Activity: How do I relax and renew?

The following is a list of activities that might be enjoyable for you.

STEP 1: Tick the ones you want to try and add your favourite things to do to the list.

STEP 2 Now make time to do one each day!



Soaking in the bathtub	Planning my career	Listening to music
Going for a holiday	Recycling old items	Relaxing
Going on a date	Going to a movie	Jogging, walking
Collecting things (coins, shells, etc.)	Reading magazines or newspapers	Repairing things around the house
Buying household gadgets	Lying in the sun	Planning a career change
Laughing	Thinking about my past trips	Having a barbecue
Thinking I have done a full day's work	Hobbies (stamp collecting, model building, etc.)	Spending an evening with good friends
Planning a day's activities	Meeting new people	Saving money
Doing embroidery, cross stitching	Rearranging the furniture in my house	Going to the gym, doing aerobics
Remembering the words and deeds of loving people	Thinking how it will be when I finish school	Going to church, praying (practising religion)
Practising karate, judo, yoga	Thinking about retirement	Recalling past parties
Working on my car (bicycle)	Eating	Wearing sexy clothes
Having quiet evenings	Taking care of my plants	Card and board games
Going swimming	Doodling	Exercising
Collecting old things	Going to a party	Thinking about buying things
Playing golf	Playing soccer	Flying kites
Staying on a diet	Having family get-togethers	Riding a motorbike
Making love	Playing squash	Going camping
Singing around the house	Arranging flowers	Going bike riding
Losing weight	Going to the beach	Thinking I'm an OK person
A day with nothing to do	Having class reunions	Sketching, painting
Going to clubs (garden, sewing, etc.)	Travelling abroad, interstate or within the state	Going ice skating, roller skating/blading

Thinking about my good qualities	Remembering beautiful scenery	Reflecting on how I've improved
Driving	Entertaining	Going sailing
Thinking about getting married	Going bird-watching	Singing with groups
Flirting	Playing musical instruments	Doing arts and crafts
Making a gift for someone	Buying CDs, tapes, records	Watching boxing, wrestling
Planning parties	Cooking, baking	Going hiking, bush walking
Staying on a diet	Sewing	Buying clothes
Working	Going out to dinner	Discussing books
Sightseeing	Gardening	Going to the beauty salon
Early morning coffee and newspaper	Going to a footy game (or rugby, soccer, etc.)	Exchanging emails, chatting on the internet
Watching my children (play)	Going to plays and concerts	Daydreaming
Planning to go to school	Thinking about sex	Going for a drive
Listening to a stereo	Refurbishing furniture	Watching TV, videos
Thinking I have a lot more going for me than most people	Getting out of debt/paying debts	Walks on the riverfront/foreshore
Buying gifts	Travelling to national parks	Completing a task
Sleeping	Playing tennis	Eating gooey, fattening foods
Kissing	Photography	Going fishing
Thinking about my achievements	Writing books (poems, articles)	Having discussions with friends
Flying a plane	Reading fiction	Acting
Thinking "I did that pretty well" after doing something	Writing diary/journal entries or letters	Thoughts about happy moments in my childhood
Reading non-fiction	Taking children places	Dancing
Going on a picnic	Being by myself	Meditating
Playing volleyball	Having lunch with a friend	Going to the hills
Thinking about having a family	Cleaning	Splurging
Playing cards	Solving riddles mentally	Having a political discussion
Going canoeing or white-water rafting	Seeing and/or showing photos or slides	Thinking about becoming active in the community
Doing crossword puzzles	Shooting pool/Playing billiards	Dressing up and looking nice
Thinking religious thoughts	Buying things for myself	Talking on the phone
Going to museums, art galleries	Buying new furniture	Doing something spontaneously
Lighting candles	Playing with my pets	Going crabbing
Having coffee at a cafe	Listening to the radio	Getting/giving a massage
Saying "I love you"	Surfing the internet	Buying books
Taking a sauna or a steam bath	Going skiing	Playing cricket
Going bowling	Doing woodworking	Fantasising about the future
Doing ballet, jazz/tap dancing	Debating	Playing computer games
Having an aquarium	Making lists of tasks	Erotica (sex books, movies)
Going horseback riding	Going rock climbing	Knitting/crocheting/quilting
Doing something new	Making jigsaw puzzles	Going window shopping

	Thinking I'm a person who can cope		Thinking about pleasant events		

10. Review

To measure any benefits you get from this package it is good to have a record of where you are at the start and where you are when you have finished.

After you finish the learning package:

Name:	Date:
Do you identify as being an Aboriginal and/or Torres Strait Islander? <input type="checkbox"/> YES <input type="checkbox"/> NO	
What is your current job title:	
1. Please rate the level of your knowledge about perinatal psychosocial screening.	
After	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
	None Small Medium Large Expert
2. Please rate how confident you are doing perinatal psychosocial screening with Aboriginal and Torres Strait Islander women.	
After	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
	Not A little Sometimes Mostly All the time
3. Please rate how comfortable you feel doing perinatal psychosocial screening with Aboriginal and Torres Strait Islander women.	
After	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
	Not A little Sometimes Mostly All the time
4. How effective is your working partnership/dyad with a clinician or health worker?	
After	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
	Not at all A little Sometimes Mostly Very
5. As a health worker do you provide cultural supervision the clinician you work with? OR as a clinician do you receive cultural supervision from a health worker?	
After	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
	No Occasionally Sometimes Mostly All the time
6. As a clinician do you provide clinical supervision of the health worker you work with? OR as a health worker do you receive clinical supervision from a clinician?	
After	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
	No Occasionally Sometimes Mostly All the time
7. Do the results from Perinatal Psychosocial Screening in your area give a score that reflect (equal) the social and emotional health of your Aboriginal Torres Strait Islander women?	
After	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
	Not Occasionally Sometimes Mostly All the time
7. Do you have a clear understanding of the local referral pathways for Aboriginal and Torres Strait Islander women to other services in your area as required?	
After	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
	No A little Some of them Mostly Totally

11. Resources



Resources

Suggested resources that may be useful for you or your clients.

Aboriginal and Torres Strait Islander Specific Resources

Queensland Centre for Perinatal and Infant Mental Health (QCPIMH)

Love yourself, Love bubs - brochure
Caring for bubs - poster (Aboriginal)
Caring for piccaninny - poster (Torres Strait Islander)
Depression can happen to dads too - poster
Bubs loves to play - poster
It's ok to feel like you can't cope with baby.....as long as you know you can always ask for help - poster (Torres Strait Islander)
It's ok to feel like you can't cope with baby.....as long as you know you can always ask for help - poster (Aboriginal)
Our baby our way - poster
Strong families grow strong babies - poster
<http://www.health.qld.gov.au/qcpimh/resources/mhpp-resources.asp>

The Redfern Community Mental Health Service NSW Health

Factsheet 1 Social and Emotional Wellbeing
Factsheet 4 Depression
Factsheet 5 Suicide
Factsheet 6 Self-harm
Factsheet 7 Anxiety Disorders
Factsheet 8 Psychosis
<http://www.slhd.nsw.gov.au/MHealth/cms/content/atsi.html>

Keeping strong - a flyer for Aboriginal and Torres Strait Islander people: beyond blue

http://www.beyondblue.org.au/index.aspx?link_id=7.980&tmp=FileDownload&fid=2008

Friday, 25 March 2011

Deadly Mum's Guide to Feeling Great

© Women's Health Queensland Wide Inc and Aboriginal and Torres Strait Islander Community Health Services Mackay Ltd (ATSICHS Mackay) 2010

http://www.womhealth.org.au/lookingafteryou/Deadly_Mums.pdf

Strong Women Strong Babies Pregnancy Diary NSW Health

http://www.health.nsw.gov.au/pubs/2011/aboriginal_pregnancy_diar.html

Other Resources

Motherhood can make you sad factsheet by Post and Antenatal Depression Association (PANDA)

<http://www.panda.org.au/>

Factsheets by Beyondblue

The Beyond Babyblues Guide to Emotional Health and Wellbeing During Pregnancy and Early Parenthood

Anxiety disorders (fact sheet 21)

Postnatal Depression (fact sheet 22)

Understanding perinatal depression and anxiety (DL flyer),

What causes depression? (fact sheet 3)
How can you help someone with depression/anxiety? (fact sheet 1), and
Living with and caring for a person with depression or anxiety (fact sheet 2)
Panic disorder (fact sheet 36)
Bipolar disorder (fact sheet 16)
Understanding perinatal depression and anxiety (DL flyer)
<http://www.beyondblue.org.au/index.aspx>

Factsheets by PANDA (Post and Antenatal Depression Association)

Antenatal depression
Caring for someone with Postnatal Depression and
How to help the mother who is not acknowledging PND
Postpartum psychosis
<http://www.panda.org.au/>

Factsheet by Betterhealth Vic

Relationships - when partners become parents
Postnatal depression
http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Psychosis_explained?open Postnatal depression - the family
Anxiety disorders
Panic attack
Psychosis
Bipolar disorder
Self-harm
Suicide and mental illness
Suicide - family and friends
<http://www.betterhealth.vic.gov.au/>

Antenatal and Postnatal Depression Booklet
http://www.womhealth.org.au/factsheets/Antenatal_Postnatal_Depression.pdf

Having a baby © NSW Department of Health 2006
http://www.health.nsw.gov.au/pubs/2006/having_a_baby.html

Other Resources you find

12. References

- ACT Government, 2012. *Social and Emotional Wellbeing*
http://www.healthierwork.act.gov.au/tools_and_templates/health_information/social_and_emotional_wellbeing
- Better Health 2012. *Self-harm.*
[http://www.betterhealth.vic.gov.au/bhcv2/bhcpdf.nsf/ByPDF/Self_harm/\\$File/Self_harm.pdf](http://www.betterhealth.vic.gov.au/bhcv2/bhcpdf.nsf/ByPDF/Self_harm/$File/Self_harm.pdf)
- Beyond Blue 2012a. *Getting Involved.*
http://www.beyondblue.org.au/index.aspx?link_id=94.1546
- Beyond Blue 2012b. *Information on Puerperal (Postpartum) Psychosis.*
http://www.beyondblue.org.au/index.aspx?link_id=94.1559
- Black Dog Institute 2012b. *Bipolar I & bipolar II.*
[http://www.blackdoginstitute.org.au/healthprofessionals/bipolardisorder/bipolaribipolarii.cfm>](http://www.blackdoginstitute.org.au/healthprofessionals/bipolardisorder/bipolaribipolarii.cfm)
- Beyondblue 2012c. *Perinatal Depression and Anxiety: Evidence Relating to Infant Cognitive and Emotional Development fact sheet.*
- Beyondblue 2012d. *Managing mental health conditions during pregnancy and early parenthood: A guide for women and their families.*
- Beyondblue 2012d. *National Perinatal Depression Initiative (NPDI).*
http://www.beyondblue.org.au/index.aspx?link_id=94.1564
- Centre for Rural and Remote Mental Health Queensland, 2009. *Key directions for a social, emotional, cultural and spiritual wellbeing population health Package for Aboriginal and Torres Strait Islander Australians in Queensland.* Queensland Health and the Department of Communities.
- Community Services and Health Industry Skills Council, 2012. *HLT43907 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice).* Commonwealth of Australia, 2012
- Community Services and Health Industry Skills Council , 2012. *HLTAHW402B Assess and support client's social and emotional wellbeing.* Commonwealth of Australia, 2012
- Department of Health and Ageing. 2012. *Definitions.*
<http://responseability.org/site/index.cfm?display=134525#S>
- Gollnick, D & Chinn, P 1990, *Multicultural Education in a Pluralistic Society*, 3rd edn, Merrill Publishing Co, Columbus.
- Kanowski, L., Kitchener, B.A., Jorm AF (Eds) (2008) Aboriginal and Torres Strait Islander Mental Health First Aid Manual. ORYGEN Research Centre, Melbourne.
- Kim Bridge 2012. *Understanding Culture.*
<http://www.shareourpride.org.au/topics/culture/understanding-culture>
- Lowitja Institute, 2012. *Social and Emotional Wellbeing.* 18 October 2012.
<http://www.lowitja.org.au/social-and-emotional-wellbeing>
- Menzies School if Health Research. *Yarning about Mental Health Manual.*
<http://menzies.edu.au/sites/default/files/images/file/AMH/AMH/Yarning%20Manual%20March%202007%20edit%20four%20TN.pdf>
- NSW Department of Health, 2009, NSW Health/Families NSW Supporting Families Early Package - SAFE START Guidelines: Improving mental health outcomes for parents and infants, NSW Department of Health © NSW Department of Health 2009

http://www0.health.nsw.gov.au/policies/gl/2010/pdf/GL2010_004.pdf

NSW Department of Health, 2009. *NSW Health/Families NSW Supporting Families Early Package - SAFE START Strategic Policy.*

http://www0.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_016.pdf

NSW Department of Health, 2009. *NSW Health/Families NSW Supporting Families Early Package - maternal and child health primary health care policy.*

http://www0.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_017.pdf

NSW Department of Health, 2009. *SFE and SAFE START Online Training Bulletin. Document Number IB2010_021, Publication date 31-Mar-2010*

http://www0.health.nsw.gov.au/policies/ib/2010/pdf/IB2010_021.pdf

Office for Aboriginal and Torres Strait Islander Health, Australian Government Department of Health and Ageing, 2008. *Mental Health Training for Workers in Aboriginal and Torres Strait Islander Communities Participants Guide.*

https://www.cshisc.com.au/index.php?option=com_content&task=view&id=216&Itemid=189

Perry, 2002. Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture. *Brain and Mind*, 3:79-100,

Post and Ante Natal Depression Association, 2001. *Information Package For women experiencing post/ante natal mood disorders, their families and friends.* Post and Ante Natal Depression Association, Victoria.

Post and Ante Natal Depression Association, 2012. *Postnatal Depression.*

http://www.panda.org.au/images/stories/PDFs/PANDA_FS_Postnatal_Depression.pdf

Queensland Health, 2012. *Aboriginal and Torres Strait Islander Cultural Practice Program, Queensland Health 2012 version 1: Communicating effectively with Aboriginal and Torres Strait Islander people.*

<http://qheps.health.qld.gov.au/atsihb/docs/communicating.pdf>

Queensland Health, 2012b. *Edinburgh Postnatal Depression Scale (EPDS)*, Cox J, Holden J, Sagovsky R. *Br J Psychiatry* 1987; 150: 782-6.

<http://www.health.qld.gov.au/maternity/docs/epds-combined.pdf>

Queensland Centre for Perinatal and Infant Mental Health (QCPIMH) 2010. *Perinatal and Infant Mental Health Universal Psychosocial Screening Module Training Booklet.* State of Queensland (Queensland Health) 2010.

Queensland Centre for Perinatal and Infant Mental Health, 2010. *Perinatal and Infant Mental Health Universal Psychosocial Screening Module Training Booklet.* Queensland Health

Royal Australian College of General Practitioners 2012. *An introduction to Aboriginal and Torres Strait Islander health cultural protocols and perspectives.* www.racgp.org.au

State of Queensland (Queensland Health) 2010. *Queensland MIND (Mental Illness Nursing Documents) Essentials.*

<http://www.health.qld.gov.au/mentalhealth/mindessentialsfinal.pdf>

State of Queensland (Department of Communities) 2008. *Responding to people at risk of suicide: How can you and your organisation help?*

<http://www.communities.qld.gov.au/resources/communityservices/community/documents/responding-to-people.pdf>

Sydney South West Area Health Service Area Mental Health Services, 2012. *What is Social & Emotional Wellbeing?*

http://www.sswahs.nsw.gov.au/MHealth/...1_Social_and_Emotional_Wellbeing.pdf

Training Matrix Framework for Perinatal Depression and Related Disorders" on the Beyondblue website at <http://www.beyondblue.org.au/index.aspx>?

