

Factors affecting implementation of perinatal mental health screening in women of refugee background

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Background

Depression and anxiety during and after pregnancy cause harm to mothers and children. Women of refugee background may be more likely to develop mental illness in pregnancy due to hardship, violence or loss. Australian guidelines tell us to screen for depression and anxiety in pregnancy. Screening aims to pick up early symptoms and identify women who may need support. However, screening is not done at many hospitals. There is little information about how to screen and manage mental illness in pregnancy in refugee women.

Aim: We wanted to find out how best to screen and manage mental illness in pregnancy in refugee women.

Methods: We interviewed 28 health staff and 9 refugee women from different cultures. We read the typed interviews and looked for common patterns.

Results

Nearly everyone thought mental illness screening was important. Health staff talked about their need for training in screening and working with refugee women and about having people in the hospital who could support them to organise health care for refugee women at other services if needed (e.g. refugee health nurse). Women wanted to see the same female staff at each appointment, have support from other women, and useful mental health care. Health staff and women wanted interpreters in-person at clinics and translated screening questions. Health staff thought clear plans for health care and communication between pregnancy care and other health services were important.

Recommendations

Provide information for health staff about screening, guidelines and the screening questionnaire.

Provide information to women at earlier appointments about mental illness, screening and mental health services.

Train health staff to identify refugee or asylum seeker background, and refugee health and mental health needs, and to accurately and sensitively ask the screening questions.

Involve refugee health nurse, bicultural workers and perinatal mental health nurse.

Ensure communication between health services during and after pregnancy.

Encourage staff to do screening (for example, by explaining how screening will help women).

Health staff should explain what screening is, what will happen after, and tell women that interpreters are professional. Health staff should tell women how mental health services can help them and give practical advice.

Include translated screening questionnaires in pregnancy care.

Provide in-person, female interpreters.

Screen at the 2nd pregnancy visit and again in 3rd trimester.

Identify local mental health services.

Do screening in private (not in the waiting room).

Support staff through refugee health or perinatal mental health nurses and team meetings.

Women should see the same doctor, midwife and interpreter at each appointment if possible.

Refer women to social work, women's groups or multicultural language services.

Health staff should talk about screening and follow-up with the family but every woman should complete the questions alone.

Develop clear treatment plans.

Ensure services communicate with each other during and after pregnancy.

Refer women to services best-suited to their needs.

Have on-site services where possible (e.g. social worker or counsellor at the pregnancy or refugee health clinic).

Explain to women why there are different service locations and provide advice around transport.

This information will be used to improve health care for women of refugee background.