

Perinatal mental health of women from culturally and linguistically diverse (CALD) backgrounds

A guide for primary care health professionals

Women from CALD backgrounds are particularly vulnerable to developing emotional distress or mental health disorders in the perinatal period and they often do not receive the care they need.¹



BACKGROUND

Australia has a culturally and linguistically diverse population with approximately 27 per cent (six million) of the estimated resident population of Australia being born overseas.² In 2010, 28.1 per cent of women who gave birth in Australia were born in countries other than Australia.³ In the coming years, Australia's population is likely to remain strongly multicultural, multi-faith and multi-lingual.

For many, migration to Australia is a choice, while others are forced to flee from their country of origin. People migrate for a variety of reasons, such as to study, to seek work, or to avoid political or religious persecution. Migration experiences vary significantly for each person.

¹ beyondblue, 2011; Collins, Zimmerman & Howard, 2011; O'Mahony, Donnelly, Boucahl & Este, 2012

² Australian Bureau of Statistics, 2012

³ Li, Zeki, Hilder & Sullivan, 2012

⁴ beyondblue, 2011

⁵ Buss, Entringer, Swanson & Wadhwa, 2012

MIGRATION, THE WELLBEING OF MOTHERS, INFANTS AND THEIR FAMILIES AND HEALTH CARE ACCESS

Promoting the emotional and mental health of all women in the perinatal period enhances the general health and wellbeing of both mothers and infants.⁴ There is increasing evidence linking maternal stress with adverse fetal outcomes and negative effects on child health and development.⁵ However, early identification and appropriate management during this crucial period can have significant benefits for the mother, infant and other family members.

Particular challenges facing immigrant families include:

- learning a new language
- adjusting to new ways of life and carrying out everyday tasks in an unfamiliar environment
- financial hardship, unemployment and housing difficulties
- social isolation and the absence of usual female family supports
- experiencing discrimination based on race or ethnicity
- understanding and navigating health, education and other social services.

"I had only been living here for a short time... I rang the numbers I was given, but I was transferred to other areas many times and I began to feel scared. I was given information in English and I never looked at it because I knew I would not understand it."

Women from CALD backgrounds are less likely to seek early medical help for emotional and mental health problems for a range of reasons.

The woman and her family may:

- feel shame and stigma about experiencing emotional and mental health problems
- believe in the healing power of cultural and religious traditions
- value self-reliance and be reluctant to trust authority figures
- be unfamiliar with the health care system, the roles of professionals and the services available
- have limited English language skills
- be financially disadvantaged or ineligible for subsidised care.

Health professionals and services may:

- be inexperienced in working effectively with women and families from CALD backgrounds
- not be able to access suitably-trained interpreters
- lack connections with organisations that could facilitate timely referrals.

At times of increased need, women may turn to other non-medical supports, such as:

- faith-based organisations, religious leaders or traditional healers
- ethnic and multicultural organisations
- migrant and refugee services.

These culturally-meaningful supports are highly valued among CALD communities. Building positive relationships between your service and these groups can lead to more immigrant and refugee women accessing appropriate health care.

"What would have made a big difference, was knowing what resources were available for me and how I could access them. These choices would have helped me not to feel so helpless and lonely as a young mum in a foreign country."

ADJUSTING TO LIFE IN AUSTRALIA

On arrival in Australia, immigrants, refugees and their families undergo a period of adjustment, or 'acculturation'.⁶ The process of re-shaping one's personal identity can be a source of stress in its own right and is different for each individual. It is influenced by an individual's:

- personal resilience and access to family and social supports
- age and life experiences
- level of education, employment opportunities and socioeconomic status
- engagement with host and heritage cultures.

A society that supports the expression of multicultural identities, beliefs and practices assists individuals to adjust and bolsters their mental health. Different members of the same family, including the children of immigrants, may adapt differently and become more or less attached to traditional values and those they encounter in the wider community. Women from diverse backgrounds have a range of expectations about perinatal and maternity services.

"In our country, women who are going to give birth are treated unequally. Those who are well-off get more attention, but here... it fills your heart with joy. There is no distinction; doctors and nurses care for everyone, from every background, whether you have money or not."



⁶ Berry, 2007

THE REFUGEE EXPERIENCE AND MOTHERHOOD

Refugees are likely to have experienced lengthy periods of deprivation and uncertainty – in camps, precarious urban settings or immigration detention – and may need assistance to acquire everyday skills relevant to a new environment.

Common refugee experiences include:

- multiple bereavements
- adopting the children of deceased relatives
- trauma and torture, including psychological, physical and sexual violence
- inadequate medical care during previous pregnancies, traumatic birthing experiences, death of infants and/or older children
- separation from family members who may have provided support during pregnancy and childbirth and with infant care
- poor general health, including nutritional deficiencies and infectious diseases
- dangerous migration journeys and uncertain visa status
- limited educational and work opportunities in host country
- fearing for the safety of family members.

CONCEPTS OF HEALTH AND ILLNESS

There is considerable variation across cultures about ways to:

- describe, understand and respond to emotional distress and mental health problems, including more severe forms of mental illness
- understand pregnancy, childbirth, parenting and the human body, including reproductive anatomy and physiology.

Some examples include:

- cultural, spiritual or religious understandings of illness
- physical expressions of psychological distress
- using traditional or Western medicines or preferring to combine them
- resting in bed for an extended period of time following birth, while the infant's care is provided by female relatives and friends
- requesting or avoiding certain foods
- conducting rituals believed to enhance the wellbeing of the mother and infant
- handling the infant in particular ways, such as not touching the infant's head
- excluding the father for particular time periods or from certain activities

- specific expectations about breastfeeding, resuming sexual relations and family planning.⁷

Culturally responsive health care:

- addresses the service barriers encountered by women from CALD backgrounds
- respects cultural, linguistic and religious rights
- is relevant to individual health beliefs, practices and preferences.

"It's our culture to involve the whole family. Don't just look at the woman with the emotional problem, include everybody, don't leave anyone out. They may need support and information as well."



⁷ Queensland Health, Queensland Government, 2007

Culturally responsive practice

Core components	Key practice points
<p>Examine your own cultural beliefs and values and avoid making assumptions about the woman based on what you know about her culture or religion.</p>	<ul style="list-style-type: none"> • Reflect on your beliefs and values in relation to: <ul style="list-style-type: none"> – emotions, mental health problems, treatment and recovery – pregnancy, birthing, infant care and parenting – family dynamics, gender roles and personal autonomy. • Consider how your beliefs and values impact on your work with people from culturally-diverse backgrounds. • Show respect, dignity and consideration for the cultural and religious beliefs of the woman and her family. • Develop trusting relationships.
<p>Communicate effectively and provide the woman and her family with appropriate information.</p>	<ul style="list-style-type: none"> • Consider the need to: <ul style="list-style-type: none"> – adapt the style of your verbal and nonverbal communication – enquire about literacy levels both in their preferred language and in English – provide written information in simple English or translation – check their understanding and assist them to apply the information that you provide. • Know when accredited interpreters with health experience are required and how to work effectively with them.⁸
<p>Understand the woman in the context of her culture, family and social circumstances.</p>	<ul style="list-style-type: none"> • Ask her about: <ul style="list-style-type: none"> – her cultural background – her relationships with her partner and other family members, based here and overseas – who provides her with emotional support – her housing, transport, child care and other social support needs – her experiences of race-based discrimination and barriers to using medical and social services. • Consider the needs of her partner, carers and other family members, including children, and refer where appropriate.
<p>Include the woman in decisions about her care, integrate her preferences and assist her to access the health care she needs.</p>	<ul style="list-style-type: none"> • Respect her right to privacy and confidentiality. • Be mindful that the woman may self-censor if she is interviewed with other family members present. • Support her decision to involve a trusted person in her care. • Enquire about how comfortable she feels about working with female or male health professionals and, where possible, accommodate her preference. • Encourage her to ask questions and let you know if she is uncomfortable. • Inform her about: <ul style="list-style-type: none"> – services, options and costs – other services, such as relationship counselling, parenting support and mental health services.
<p>Advocate within services for CALD inclusive policies and practices and engage with the local community.</p>	<ul style="list-style-type: none"> • Address service barriers that affect CALD women. • Understand the local population including the immigrant and refugee groups settling in the local area. • Connect with local council, migrant, refugee, ethnic, multicultural and faith-based programs and services.

⁸ Victorian Transcultural Psychiatry Unit [VTPU], 2006

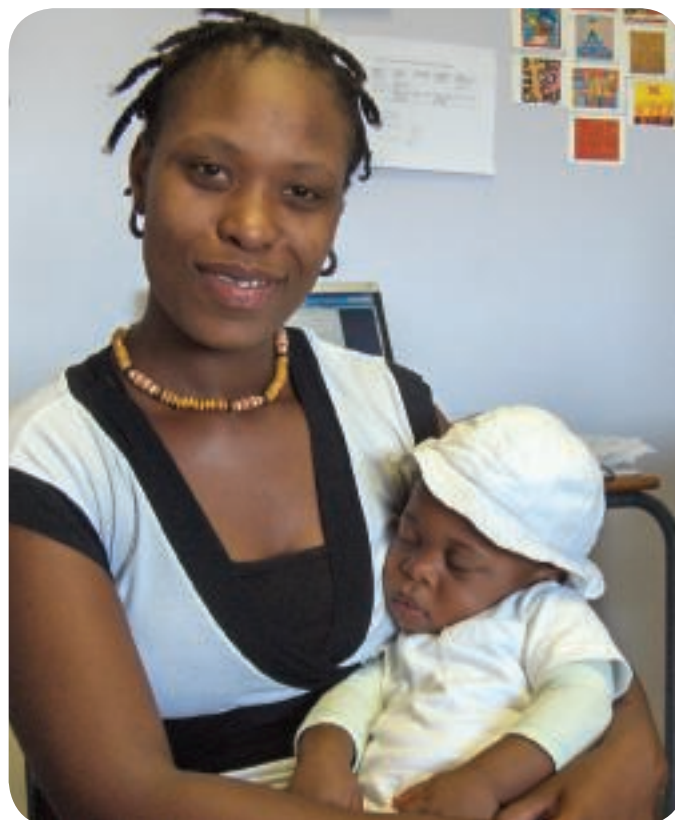
APPROACHES TO CULTURAL ASSESSMENT

Comprehensive information about the psychosocial assessment, treatment and care of all women is available from *beyondblue's* (2011) Perinatal Clinical Practice Guidelines. When undertaking psychosocial assessments with women from CALD backgrounds, health professionals should also consider:

- how women from diverse backgrounds may present with emotional distress or mental health problems. For example, chronic or poorly-localised physical symptoms may be the first indicators.
- ways to involve others with cultural expertise, such as trusted family members, community development workers, bilingual workers and faith leaders.

Approach the assessment in a conversational manner that communicates your curiosity and interest. Some women may be reluctant to disclose personal information. It may take several sessions to undertake a comprehensive cultural assessment.

There are 36 translated versions of The Edinburgh Postnatal Depression Scale (EDPS). Of these, 18 have been validated. The recommended cut off scores should be used with caution.⁹ Considerable care should be taken when administering the tool to women with low English proficiency or limited experience of Australian culture.¹⁰



Cultural assessment

Key areas of enquiry	Helpful questions
Cultural identity	<p>Do you identify as belonging to a particular culture or cultures?</p> <p>What language or languages do you speak?</p> <p>Which do you prefer to use?</p> <p>What kinds of cultural or religious practices did you engage in with your family when you were growing up?</p> <p>What aspects are still important to you?</p> <p>Are you involved in work or other activities with people outside of your cultural group?</p>
Understanding of health and illness	<p>What do you think is happening at the moment?</p> <p>What is causing the problem?</p> <p>What do you think should be done?</p> <p>Who do you think can help you?</p>
Understanding of pregnancy, birth and parenting	<p>Are there any cultural practices that we need to be aware of in caring for you during your pregnancy, during birth or after your baby is born?</p>
Migration history	<p>Where were you born?</p> <p>How and why did you come to Australia?</p> <p>When did you arrive in Australia?</p> <p>Who did you travel with?</p> <p>Was anybody left behind?</p>
Stressors and supports	<p>Who can you rely on?</p> <p>Are there people from your cultural or religious community or other people who could help?</p>

⁹ Department of Health, Government of Western Australia, 2006

¹⁰ VTPU, 2006

INFORMATION AND HELP LINES

For health professionals

Mental Health in Multicultural Australia (MHIMA)
www.mhima.org.au

Victorian Transcultural Psychiatry Unit (VTPU)
www.vtput.org.au

Western Australian Perinatal Mental Health Unit (WAPMHU)
www.kemh.health.wa.gov.au/health_professionals/WA_perinatal_mental_health_unit

For women and their families

beyondblue
1300 22 4636
www.beyondblue.org.au

Children of Parents with a Mental Illness (COPMI)
www.copmi.net.au

Post and Antenatal Depression Association Inc (PANDA)
1300 726 306
www.panda.org.au

INFORMATION RESOURCES

beyondblue has a number of information resources available for health professionals, women and their families. To download PDF files or order hard copies of available information resources please visit www.beyondblue.org.au/resources to access *beyondblue*'s online ordering catalogue.

For health professionals

Clinical practice guidelines for depression and related disorders – anxiety, bipolar disorder and puerperal psychosis – in the perinatal period

Perinatal clinical practice guidelines – Executive summary

Psychosocial assessment and management of perinatal mental health disorders

Fact sheet – Perinatal depression and anxiety

Fact sheet – Puerperal (postpartum) psychosis

Fact Sheet – Bipolar disorder during pregnancy and early parenthood

Factsheet – Perinatal depression and anxiety: Evidence relating to infant cognitive and emotional development

Edinburgh Postnatal Depression Scale (EDPS) and Psychosocial Questionnaire scoring wheel and scoring pad for health professionals

Indigenous Mental Health First Aid Guidelines

DVD – Depression Yarns: Tackling depression and anxiety in Aboriginal and Torres Strait Islander communities

Free accredited online training – Beyond babyblues: Detecting and managing perinatal mental health disorders in primary care

For women and their families

Understanding perinatal depression and anxiety flyer

The beyondblue guide to emotional health and wellbeing during pregnancy and early parenthood

Managing mental health conditions during pregnancy and early parenthood: A guide for women and their families

Dad's handbook: A guide to the first 12 months

beyondblue Guide for Carers: Supporting and caring for a person with depression, anxiety and/or a related disorder

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