

CASE STUDY:

EMPOWR (Evaluating Mental health and Perinatal Outcomes in Women of Refugee background)

Major barriers exist in identifying and accessing care for mental health disorders in women of cultural and linguistically diverse and refugee backgrounds including stigma, cultural and language barriers, with pregnancy a high risk, vulnerable life stage for these women. Up to 20 per cent of women are affected by perinatal mental health disorders (MHDs) with significant effects on women, their families, their children's development and personal and societal economic burden.

At increased risk of MHD are migrant and refugee women who may have experienced significant trauma and often do not have family support and do not understand the health system.

Timely diagnosis and management is vital and evidence-based guidelines recommend routine antenatal screening, yet this does not always happen. Many difficulties in accessing mental health care in pregnancy exist for women of refugee backgrounds including stigma, and cultural and language barriers. Technology can provide an efficient and effective method to overcome some of these barriers.

About this project

The Evaluating Mental health and Perinatal Outcomes in Women of Refugee background (EMPOWR) is a project that involved screening 120 women from refugee backgrounds during the perinatal period and comparing the results with another 120 women from culturally and linguistically diverse backgrounds. The study was conducted at a weekly antenatal clinic which focuses on providing maternity care to women of refugee and migrant backgrounds.

At the first antenatal visit with a midwife, women were provided with an iPad and asked to complete the Edinburgh Postnatal Depression Scale [EPDS] and the service developed psycho-social assessment on the digital platform iCOPE developed by the Centre of Perinatal Excellence [COPE]. The EPDS and psycho-social assessment were available in English as well as translated versions of the most common refugee and migrant languages of the clinic: Arabic, Burmese, Dari, Dinka, Farsi, Hazaragi, Khmer, Pashto, Tamil, and Vietnamese.

“Many difficulties in accessing mental health care in pregnancy exist for women of refugee backgrounds including stigma, and cultural and language barriers.”

Our Partners



Our Associate Partners



Midwives accessed a clinical report via the secure iCOPE website during the antenatal visit, were then able to discuss results with the woman, and initiated referral based on co-designed referral pathways developed for the study. Relevant referrals made to either the GP or Monash Health's Refugee Health and Wellbeing Service could include a copy of the report.

Impact

The screening program was found to be acceptable to women because it made them feel cared for; encouraged them to talk about their feelings and helped them to understand normal changes that occur in early pregnancy. Women also said they would recommend it to people in their community. The translated measures on the iPad helped women to feel they had more privacy when answering questions, which allowed them to be truthful in their responses. Women valued completing the screening in their own language, suggesting sensitive questions were answered truthfully.

This project demonstrated that evidence-based screening could be undertaken with this vulnerable group who live within the Monash Partners' catchment area. This project provided further testing of a screening tool resource in audio and written versions in the most common refugee and migrant languages. Clear referral pathways were developed.

With one in four women who give birth in Australia born overseas, this project will pave the way for simple models of screening, referral and management that can be integrated into routine care. This new approach will ultimately help health providers across Australia give expectant mums the best possible care. Models of maternity care that provide for the complex needs of socially disadvantaged women could improve uptake of referral and treatment services as could more personalised assistance through case management or patient navigators.

“This project will ultimately help health providers across Australia give expectant mums the best possible care.”

Further information

For further information email Associate Professor Jacqueline Boyle, jacqueline.boyle@monash.edu

This project was supported by Monash Partners through a Cabrini Health grant.

1. Willey, S.M.; Blackmore, R.P.; Gibson-Helm, M.E.; Ali, R.; Boyd, L.M.; McBride, J.; Boyle, J.A.; “If you don't ask ... you don't tell”: Refugee women's perspectives on perinatal mental health screening, *Women and Birth*, 2019 2. Willey, S. M., Gibson-Helm, M. E., Finch, T. L., East, C. E., Khan, N. N., Boyd, L. M., & Boyle, J. A. (Accepted/In press). Implementing innovative evidence-based perinatal mental health screening for women of refugee background. *Women and Birth*. <https://doi.org/10.1016/j.wombi.2019.05.007> 3. Lang, A. Y., Bartlett, R., Robinson, T., & Boyle, J. A. (Accepted/In press). Perspectives on preconception health among migrant women in Australia: A qualitative study. *Women and Birth*. <https://doi.org/10.1016/j.wombi.2019.06.015> 4. Willey, S., Blackmore, R., Gibson-Helm, M., Ali, R., Boyd, L., McBride, J., & Boyle, J. (2018). ‘If they don't ask; I won't tell’: Perinatal mental health screening for women of refugee background. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 58(S1), 37-38. 5. Boyle, J., Willey, S. M., & Abbasova, G. (2018). Supporting better outcomes for migrant and refugee women. *O&G magazine*, 20(1), 1.

Our Partners



Our Associate Partners

