

The Culturally and Linguistically Diverse (CaLD) Perinatal Depression Project: Report

A project managed by the
Victorian Transcultural Psychiatry Unit
as a component of the Victorian response to the
National Perinatal Depression Initiative

Victorian Transcultural Psychiatry Unit

2012

Acknowledgments

This report on the Culturally and Linguistically Diverse (CaLD) Perinatal Depression Project was compiled by Kimberley Wriedt, Education and Service Development Consultant at the Victorian Transcultural Psychiatry Unit (VTPU), with valuable consultation and support from colleagues at the VTPU.

Many individuals assisted with the CaLD Perinatal Depression Project by offering their expertise and experiences.

The VTPU would like to thank Brendon Moss for compiling the literature review and coordinating the Consultation Forum, the Consultation Forum presenters, VICSEG New Futures for their assistance with audiovisual materials, and all of those who assisted in the development of the online training component of the project.

The VTPU would also like to acknowledge and thank the following individuals who formed the project Reference Group:

Maya Rivis, Senior Policy Officer, Perinatal Mental Health, Department of Health

Belinda Horton, CEO, PANDA (Post Ante Natal Depression Association)

Carol Purtell, National Perinatal Program Leader, *beyondblue*

Marion Lau OAM, Former Chair, Ethnic Communities Council Victoria (ECCV)

Dr Tram Nguyen, Consultant Psychiatrist, Royal Women's Hospital Melbourne

The Culturally and Linguistically Diverse (CaLD) Perinatal Depression Project

A project managed by the Victorian Transcultural Psychiatry Unit (VTPU) as a component of the Victorian response to the National Perinatal Depression Initiative

Introduction

This report discusses the Culturally and Linguistically Diverse (CaLD) Perinatal Depression Project, which was managed by the Victorian Transcultural Psychiatry Unit (VTPU) and formed part of the Victorian response to the National Perinatal Depression Initiative. The project aimed to provide training for health professionals in working effectively with women from CaLD backgrounds experiencing mental health concerns during the perinatal period. Components of the project included an information and consultation forum, delivery of a face-to-face training program to health professionals across a range of health disciplines, and production of an online training resource for clinicians working with expectant and new mothers. The objectives of the current report are to:

- Provide a background to the project and a review of the literature
- Provide an overview the VTPU's involvement in the CaLD Perinatal Depression Project;
- Discuss outcomes of the training program;
- Provide recommendations for sustainability.

Background to the CaLD Perinatal Depression Project and Project Aims

The National Perinatal Depression Initiative aims to improve prevention and early detection of antenatal and postnatal depression while providing better support to expectant and new mothers who may be experiencing depression. The Australian Government in collaboration with State and Territory Governments aims to develop a National Perinatal Depression Initiative which in turn is to be implemented in accordance with local needs and priorities (Department of Health and Ageing 2009). Key aspects of the initiative are: the introduction of routine screening across universal service systems to identify new mothers at risk of perinatal depression, workforce training and development for perinatal mental health workers, enhancement of follow-up support and care for those identified as having perinatal depression, and increased community awareness of perinatal depression.

Following Victorian Department of Health consultations with various industry representatives, an unmet need to address perinatal depression within culturally and linguistically diverse (CALD) populations was recognised.

The Victorian Transcultural Psychiatry Unit (VTPU) is a state-wide service which supports area mental health services and psychiatric disability support services in working with consumers, carers and communities from diverse cultural backgrounds throughout Victoria. The VTPU was engaged to provide education for health professionals to addresses pertinent issues regarding the provision of culturally responsive services to CALD

women and their families experiencing mental health concerns during the perinatal period. The Victorian Transcultural Psychiatry Unit was contracted to:

1. Establish a reference group who would be able to provide consultation and relevant information to support the development of the training package;
2. Convene a forum to explore health care workers perceived barriers in engaging women from CaLD backgrounds around mental health issues in the perinatal period;
3. Develop and deliver a face to face training package to 200 health care workers occupying roles where they may be working with women from CaLD backgrounds experiencing mental health issues during the perinatal period;
4. Engage a web developer to adapt the face to face training into an online training module and resource portal, to make the training resource readily available to the sector.

Literature Review

Policy context

The Victorian Government is committed to providing mental health services that are accessible and appropriate to all members of Victoria's diverse community (Department of Human Services, 2006). However, research in Victoria has shown that CALD communities consistently have lower rates of access to mental health services in general (Stolk, Minas, & Klimidis, 2008). Based on an analysis of the 2001 Victorian Census data and records of contacts with Victorian mental health services for individuals across the state between 2004 and 2005, Stolk et al (2008) determined that whilst the population born in non-English-speaking countries (NESC) comprised approximately 20% of the population, NESC mental health service users comprised only 13% of community clients and 15% of inpatients (Stolk, et al., 2008). These findings are consistent with research in other settings that has demonstrated lower rates of access and lower rates of treated prevalence for individuals from CaLD backgrounds. In order to explain this under-representation of individuals from CaLD backgrounds it has been postulated that the persisting lower rates of access to mental health services by CaLD communities may be due to lower rates of mental illness in these communities. This however is not consistent with research over several decades across diverse settings that indicate community prevalence of low prevalence disorders is similar across cultures (Harrison et al., 2001; Klimidis, McKenzie, Lewis, & Minas, 2000; Stolk, et al., 2008).

Access issues

It is now recognised that individuals from CaLD backgrounds may not access mainstream mental health services in multicultural Western communities because of a range of factors. This includes characteristics of CaLD communities themselves including lack of mental health literacy, stigma that may vary across and within cultural groups, and differences in explanatory models of mental illness and treatment strategies (Kleinman, Eisenberg, & Good, 1978; Klimidis, et al., 2000). Furthermore, mainstream mental health services may not be accessed if the service provided is not responsive to the needs of the individual and their family. This has been an area of particular focus in recent years, as mental health services endeavour to improve their cultural responsiveness in

order to respond to diverse communities. As defined in the “Cultural responsiveness framework - Guidelines for Victorian health services (2009)” cultural responsiveness describes “health care services that are respectful of, and relevant to, the health beliefs, health practices, culture and linguistic needs of diverse consumer/patient populations and communities. That is, communities whose members identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home” (Rural and Regional Health and Aged Care Services, 2009)

Barriers to care

Women from CaLD communities with perinatal depression (PND) who require mental health care represent a group with particular and specific needs, and are similarly under-represented in treatment services. Barriers to accessing services and continuing with treatment in mainstream services can be understood within the context of low rates of access to mental health care in general. Furthermore there is specific evidence that women from CALD communities with PND face particular barriers to accessing appropriate care that are multifaceted and include:

- Language difficulties (Nahas & Amasheh, 1999a; Teng, Robertson Blackmore, & Stewart, 2007)
- A lack of knowledge of service systems and complex healthcare systems of host country (Teng, et al., 2007)
- A general misunderstanding of perinatal depression amongst CALD communities (Teng, et al., 2007)
- Embarrassment, stigmatization, or fear of being thought of as an unfit mother (Ahmed, Stewart, Teng, Wahoush, & Gaagnon, 2008)
- Lack of proximity to formal (services) and informal (family) support systems (Ahmed, et al., 2008; Teng, et al., 2007)

Women from CaLD backgrounds affected by PND may not understand their distress and the benefits of seeking professional assistance. Many cultures do not perceive pregnancy, childbirth or indeed PND within the Western medical model, resulting in lower access to early intervention and detection services, and possible dismissal or denial of symptoms related to PND (Dennis & Chung-Lee, 2006; Nahas & Amasheh, 1999a; Teng, et al., 2007). Even women who can identify distress may not seek help due to poor mental health literacy, or limited knowledge of available health services and supports (Dennis & Chung-Lee, 2006; Teng, et al., 2007).

Stigma and lack of validation of symptoms by community members and family also impact on help seeking behaviour (Dennis & Chung-Lee, 2006; Teng, et al., 2007). This was also very clearly recognised as a key issue from the perspectives of various professionals working in perinatal care who gave feedback during a focus group held at St Vincent’s Hospital, April 5 2011.

Risk factors

It is recognised that from a biopsychosocial perspective there are multiple risk factors that increase the vulnerability of a mother to develop PND, irrespective of cultural background. Major predictors of postpartum

depression include: a previous history of depression, depression and anxiety during pregnancy, stressful life events and limited social support (Robertson, Grace, Wallington, & Stewart, 2004).

Individuals from CaLD backgrounds have diverse experiences of migration that may increase their vulnerability to high prevalence mental disorders such as depression. The process of migration, preparation leading up to migration, and post migration stress all play a role in how an individual will adapt to the transition of moving to a new culture (Bhugra, 2004). Several studies have shown that rates of high prevalence mental disorders, including anxiety and depression, are elevated among migrant groups (Bhugra, 2004; Gillam, Jarman, & White, 1989). Many reasons are cited for the increase in the frequency of such mental disorders amongst individuals from CaLD backgrounds, including patterns of migration by those who have faced forced migration, the stress and experience of loss and trauma prior to and post-migration. These issues may lead to increased marginalisation within the host community (Bhugra, 2004). In the context of the acculturation process, extended family supports are often abandoned in the move to the host country leaving women isolated during the perinatal period (Teng, et al., 2007). Stressful life events and poor social supports are particularly pertinent issues for recently arrived immigrant mothers, who may be vulnerable to developing PND (Ahmed, et al., 2008; Nahas & Amasheh, 1999b).

Project Activities

The following sections of this report will discuss the project under each of the project activities.

Reference Group

The VTPU contacted a range of services and individuals to seek their involvement in the CaLD Perinatal Depression Project Reference Group, in order to seek a diverse range of opinions from leaders in the perinatal mental health field. The VTPU CaLD Reference Group was comprised of six members who represented a range of services active in perinatal mental health:

- an acute inpatient mental health service (Mother Baby Unit)
- the Post Ante Natal Depression Association (PANDA),
- the Department of Health and Ageing,
- beyondblue
- the Ethnic Communities Council of Victoria (ECCV)

The members met quarterly to be updated on the project progression and offer input. The members were also approached for assistance as needed outside these meetings. All but one of the members participated for the entire duration of the project.

Forum

A one-day consultation forum was coordinated by the VTPU to invite representatives and individuals with experience and knowledge in the field to identify issues, strategies, needs and gaps in CaLD perinatal mental health provision to compliment the literature review, and inform the training program component of the project regarding practical issues facing workers in the field. The forum was held on the 5th April 2011 at St Vincent's Hospital, and attracted 60+ participants from across Victoria. Services represented at the forum included Community Health Services, the Parent Infant Research Institute, Clinical Mental Health Services, Psychiatric Disability and Support Services, Child and Family Health Services, Department of Health, and Tertiary Education and Research. An induction to the project and the role of the VTPU was provided, which was followed by a number of presentations delivered by researchers in the field (See Appendix 1 for Forum Program). In order to identify the pertinent issues to be addressed in the training program, forum participants were allocated to groups to discuss these needs.

Training Program: "Cultural Responsiveness in Perinatal Mental Health: Working effectively with women and their families from culturally and linguistically diverse backgrounds"

Target Group

To address the identified key issues regarding perinatal mental health problems amongst CaLD women, the training was open to a diverse audience comprising all health professionals who provide care for women during the perinatal period, including midwives, maternal and child health workers, mental health nurses, mental health professionals and allied health professionals.

Enrolment in the training was therefore promoted via a number of means. Training flyers were distributed to the Perinatal Emotional Health Program (PEHP) Workers network, the *beyondblue* Perinatal Depression Stakeholders distribution list, and the VTPU contact lists, which includes Area Mental Health Services, Psychiatric Disability Rehabilitation Support Services, and Cultural Portfolio Holder's across Victorian specialist mental health services. An overview of the project was presented at the "Making a Difference – Managing psychosocial risk factors during pregnancy in acute and community care" conference on the 31st August 2011. This conference was attended by approximately 250 individuals including community health staff, mental health workers, indigenous workers, child protection workers, enhanced maternal and child health nurses and midwives. Content focused on the management of psychosocial risk factors of vulnerable families and women with complex issues in the antenatal period. A presentation of the project also occurred at the VTPU's quarterly Cultural Portfolio Holder meeting on the 1st September 2011, links to training were advertised on both the *beyondblue* and VTPU websites, and identification and direct contact of relevant perinatal support services via community directories was undertaken.

Curriculum Development

As the training was open to a diverse audience comprised of health professionals from various backgrounds, a generic curriculum was developed to capture the key issues in culturally responsive service systems and orientate the program to address the key issues raised during consultations. The curriculum for the *Cultural Responsiveness in Perinatal Mental Health: Working effectively with women and their families from culturally and linguistically diverse (CaLD) backgrounds* face-to-face training program incorporated four major elements of culturally responsive mental health:

- Culturally responsive service systems
- Working effectively with interpreters
- Culturally responsive frameworks in mental health
- Recovery-oriented treatment

These training areas were selected as relevant based on:

- Existing VTPU training materials and resources which have been evaluated for their effectiveness in facilitating learning on issues associated with cross cultural mental health assessment (Stolk, et al 2011)
- Challenges and knowledge gaps identified by the health professionals who attended the VTPU CaLD Perinatal Project forum;
- Relevant literature on perinatal health issues in the field;
- Feedback given by members of the reference group.

Delivery

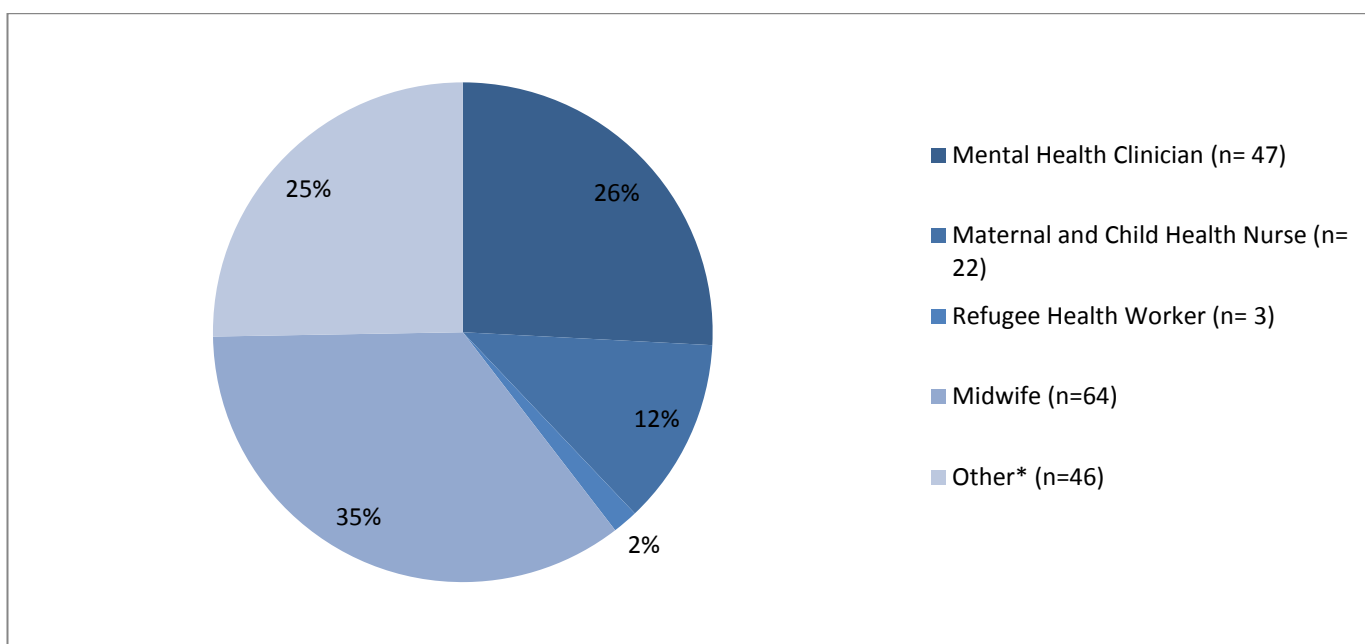
The *Cultural Responsiveness in Perinatal Mental Health: Working effectively with women and their families from culturally and linguistically diverse (CaLD) backgrounds* training program was developed as a full day (9:30am - 4:45pm), interactive session. Nine face-to-face training sessions were held over October and September 2011, and were delivered in both metropolitan and rural regions. Four metropolitan sessions were delivered at the VTPU office at St Vincent's Hospital, Fitzroy, and five rural sessions were held in Ballarat, Bendigo, Traralgon, Wangaratta, and Geelong. All sessions were facilitated by VTPU staff, with two staff members facilitating each session. In total seven VTPU staff members were involved in the delivery of the training. All had extensive involvement in the development of the curriculum and attended a preparatory session in order to ensure consistency of approach across the sessions. Following the initial training session some minor modifications were made to the presentation but no further amendments were made for the duration of the training. No fee was charged to the participants for the training and participants were provided with certificates of attendance on completion.

Evaluation of the “Cultural Responsiveness Training in Perinatal Mental Health: Working effectively with women and their families from culturally and linguistically diverse (CaLD) backgrounds” training program

Participants

In total, 213 participants registered to attend the training, with 174 signing in on the day as having attended a training session. The breakdown of the roles in which the participants were employed in is shown in Figure 1 below. The majority of participants came from midwifery or mental health backgrounds. The category “Other” included a diverse range of roles, such as Perinatal Emotional Health Worker, Early Childhood Worker, Clinical Educator and Manager. Please note that some participants selected more than one role so numbers do not equal total number of participants.

Figure 1: Participant Role/Professional Background



Instrument

An Evaluation Tool was developed by the VTPU to gather feedback from participants and to identify learning outcomes following participation in the training (See Appendix 2). The Evaluation Tool was completed by participants immediately following their participation in the training. The Evaluation Tool was comprised of nine questions, and included both open and closed questions. Closed ended questions utilised a five-point Likert scale to identify how relevant/useful participants had found the information presented during the session. Feedback on each session was also sought from the facilitators.

Analysis

One hundred and sixty-one completed evaluation forms were returned. Responses were analysed using a mixture of qualitative and quantitative techniques. Short answer responses were analysed using a qualitative analysis approach, whereby responses were coded to identify the most dominant response themes and sub themes (participants responses could contain more than one theme). Quotes from short answer responses will be used to compliment this where relevant. Percentages were used to indicate response patterns to close-ended questions.

Findings

Following the analysis of responses provided by participants in the Evaluation Tool, three main themes surrounding the learning outcomes of the training session were identified. These themes, with their associated sub categories, will be discussed.

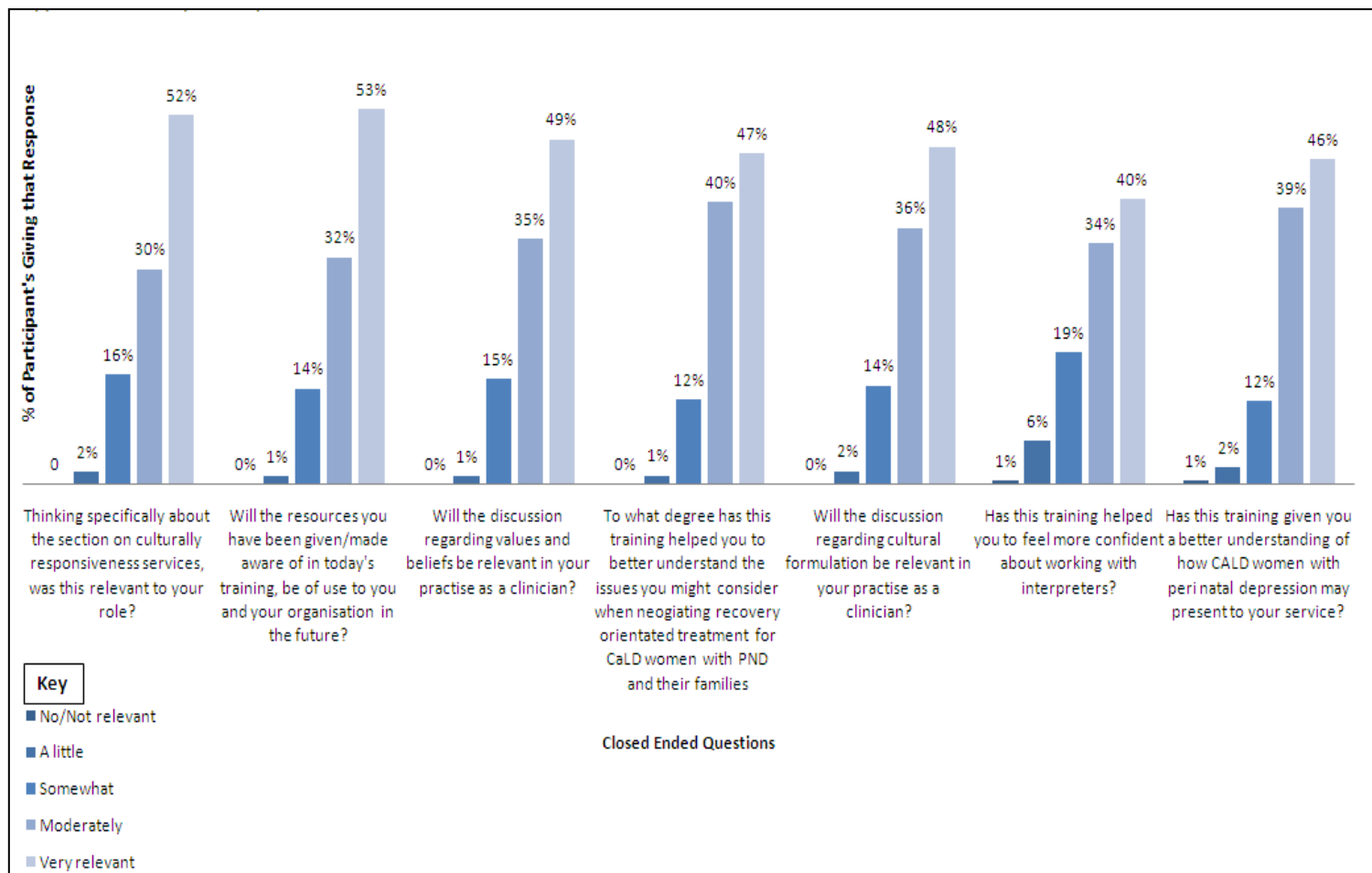
Theme 1: Relevance to the target workforce

The theme *relevance to the target workforce* related to the participant responses regarding how interesting, helpful, or relevant the information presented was to their roles, as well as what particular information or activities were of most assistance.

Numerical data from closed-ended responses:

Relevance of the information was in part captured in closed-ended questions and is represented in Figure 1 on the following page.

Figure 2: Responses to Closed-Ended Questions



As shown above, across all questions, a high number of participants rated the areas as either 'moderately' or 'very relevant' to their roles with:

- A combined total of 82% of participants rating the information regarding culturally responsive services to be either moderately or very relevant to their role;
- A combined total of 85% of participants rating the resources provided in the training would be of moderate or very much of use to themselves/their organisation;
- A combined total of respondents of 85% of participants rating the information on cultural formulation either moderately or very relevant to their practice.
- A combined total of 83.5% of participants rating the discussions around values and beliefs were either moderately or relevant for their practice

Furthermore, as shown above, only a very small number of participants indicated that information was not relevant.

Open-ended responses:

The question “what aspects of the training did you find most useful/interesting”, identified the following four themes:

1) Materials and Resources

The most frequently mentioned response under this question related to materials and resources, and included comments surrounding CaLD practices around child birth practices, assessment information and general cultural competency theory. A number of comments identified that participants had found receiving information on working effectively with interpreters as one of the most valuable learning opportunities of the day.

Example 1: “Learning about cultural models of the illness and explanatory models”

Example 2: “Using interpreters wisely was helpful”

2) Case Studies and Videos

Participant also frequently identified that the case study or videos were useful or interesting medium for learning these issues.

3) Participant Discussion

A number of responses included comments around how the opportunity to hear the experiences of other members in the room, discuss the issues, and network with others was helpful or of interest to them.

Example 1: “...discussions of experiences within the group – allowed me to see different experiences to consider in my work”

Example 2: “Most of the discussions - brought awareness to the need to “look outside the square” and take time to reflect on taking into account what the culture may believe.”

4) Overall Package

A smaller number of participants did not offer a preference for a particular aspect being helpful or interesting, rather finding the overall experience helpful.

Example 1: “I found the entire program really interesting and useful in my practice.”

Theme 2: Future Training Considerations

The theme *future training considerations*, reflected how the training was received by the participants, and how they would like to see the information provided in the future. Responses covered:

1) *Format and Content*

The most dominant response in this section, included comments around timing, for example sticking to breaks, that the information was lengthy, or that breaking the day up into two sessions could be beneficial. Changes to delivery included using more interactive activities and more case studies, running the more interactive case study

activity which was used at the end of the day earlier, more focus on mental health assessment, and more focus on different cultures.

Example 1: "Look at content - rushed through areas due to wanting to deliver whole presentation"

Example 2: "Perhaps to go through more different cultures, especially ones we come across in Australia, more information to learn more about these".

Other comments indicated that the training was repetitive at times or that information could be condensed. A small number of respondents required greater clarification of mental health terminology, whilst others indicated that the information presented was appropriate and that no changes were needed. One person noted that different areas could be more relevant to some than others.

Example 1: "I enjoyed the day and felt it very appropriate."

Example 2: "None - just right. Different areas more relevant to others".

Facilitators observed that issues of repetition and length were often related to the professional background of participants and what it was they expected or sought from the information.

2) Facilitators

A smaller number of comments were related to the facilitators. Practical suggestions, such as microphone use, were also included here. Participant comments related to the skill level of the presenter, as well as having staff trained in the area of PND deliver the training, or inviting guest speakers from CaLD communities.

Example 1: "Perhaps use a local PND worker"

An issue identified by reference group members during planning was the value of 'lived experience' presentations; however the logistics of several presentations over a wide area made it impossible to engage a suitable candidate.

Theme 3: Implications for Practice

The final, and likely most important theme in terms of the outcomes of the training, was *implications for practice*, which contained responses relating to how participants felt the training would impact on their practice.

1) Cultural Awareness:

To the question "*do you think the training will have an impact on how you engage women from CaLD backgrounds in your practice*", of 154 respondents: 153 participants responded that the training would have an impact on their practice and one participant replied no.

Asked to elaborate on how this training would/would not impact on their practice. Overwhelming participant's responses noted it would impact on their practice by instilling an increased awareness of the need to consider

culture when working with CaLD clients; in particular by raising awareness of differing mental health beliefs and beliefs around post partum care, and an awareness of their own culture and manner in which they approach their practice.

Example 1: "I will be more mindful of diversity that I may not have previously contemplated"

Example 2: "Awareness of the traditions/beliefs and needs of CaLD woman and families"

Example 3: "Have a better understanding from their perspective not mine"

A smaller number of respondents reported reinforcing existing knowledge:

Example 1: "It is always good to refresh knowledge and reflect on cultural practice"

Example 2: "Good to spend time considering this... put this higher in my consciousness again"

2) Practice Changes:

A commonly overlapping theme associated with increased awareness of culture was practical changes that participants intended to make when working with clients from CaLD backgrounds. These included asking more questions to find out about their client's understanding of their problem, having more awareness of services and resources that are available, changing processes and approaches to working with interpreters or feeling more confident about working with interpreters

Example 1: To understand and explore and learn about CALD and address issues accordingly"

Example 2: "Better prepared, better quality of care given."

Numerical data from closed-ended questions indicated that 74% of participants rated that the 'working effectively with interpreters' section had helped them to feel moderately or very much more confident in working with interpreters.

Example 1: "I will think more carefully about how to involve an interpreter"

Example 2: "To be more alert to the need of appropriate interpreters and not to rely on written material"

One response that indicated this area of training was not relevant, whilst as shown previously in Figure 2, a small number of others offering lower ratings. Some of those offering lower ratings provided rationales for their ratings:

Example 1: "Already confident as have had training".

Example 2: "Have not had the experiences".

Other practical change applications identified in closed-ended questions (refer to Figure 1) included:

- A combined total of 87% of participants said the training helped them moderately or very much to better understand the issues they might consider when negotiating recovery-oriented treatment for CALD women with PND and their families;
- A combined total of 85% of participants thought the training provided them moderately or very much so with a better understanding of how women may present to their service.

3) Organisational Changes

Another frequent response was awareness that changes to practice need to be complimented by organisational development through implementation of polices and processes in cultural responsiveness.

Example 1: "Highlights where services can be developed and implementation advantages"

Example 2: "I now have a greater understanding of the need to take the time to define cultural responsiveness and the importance of the whole of organisation approach"

4) Practice Challenges:

Challenges in implementing practical changes were captured in two responses.

Example 1: "Would like to be able to use what I learnt in my practice but women's length of stay in hospital is very short"

Example 2: "Difficult to do this in regional areas due to limited resources"

It should also be noted that the one participant whom responded that the training would not impact on their practice offered following response:

Example 1: "All clients need to be treated as individuals regardless of their CaLD [background]. With each client you should attend with an open and curious mind".

Discussion

Overall, the VTPU CaLD Perinatal Depression Project achieved its objectives in relation to the training program.

The response to training advertising materials was very positive, with a number of sessions reaching target capacity and resulting in the need to create a wait register for interested participants. Whilst target numbers were achieved, it was observed that a number of those registering for the training did not attend on the day. It was acknowledged at the outset of the project that ensuring adequate attendance may be challenging due to the workloads and the logistics of releasing staff for training. The objective of providing training to all disciplines working within perinatal health was also achieved, as shown in the diverse range of health professionals represented in each of the training sessions, including many participants from health backgrounds outside of mental health settings.

Responses to close-ended questions depicted that all aspects of the training was rated by the majority of participants as very relevant/helpful. It was identified when planning the training that there was a need to make the training available and relevant to a wide variety of professionals and services who provided support during the perinatal period (including in particular midwives and maternal child health nurses). The different evaluation response may reflect the diverse roles that participants held. For example, service development/organisational change reflections may have been more relevant to those from management/policy perspectives, while engagement strategies more relevant to direct care level staff. There were benefits and challenges in developing

the curriculum and delivering information to a diverse audience. Consideration and opportunities to clarify mental health terminology, and applications of the information were dependent on the individual practitioner's knowledge, skills, role and service in which they provide care. However, having a diverse group did allow positive opportunities for sharing of experiences and networking across services as was reflected in comments relating to the positive influence of sharing information. This was also noted by the practitioners in their observation of the rich information that emerged during the interactive activities that created an opportunity for interdisciplinary dialogue regarding challenges when working with CaLD women and their families.

A number of comments were raised in relation to the content and format of the training. Compiling a one-day session that captured the complexity of the issues and was relevant to a diverse professional audience was challenging. Working with clients from CaLD backgrounds in a mental health setting raises complex issues. In the past, the VTPU has offered such training via an extensive five module, full day training program. As such, it is difficult to capture this in the limited time frame that a one day face to face training session provides, and this has implications for how future sessions are delivered. Some responses indicated a desire to learn more about specific cultures. One of the learning aims was to use a *framework approach* to sensitive enquiry into a client's culture. However, this response may be valid at a process level in terms of facilitating staff access to culture-specific resources.

It was interesting that some participant's suggested having presenters from perinatal health backgrounds could be valuable. The presenters of the current training came from a range of professional backgrounds (nursing, social work, occupational therapy), and it was articulated at the beginning of each session that further PND specific information was best sought from services who are specifically focused in that area (i.e. beyond blue clinical practice guidelines). Having presenters from this field would be warranted and encouraged. Furthermore, a consumer consultant was sourced in order to have a consumer perspective on the issue, however due to the amount of information that was required to be covered in the training it was unfortunate that the structure could not support the involvement of the consumer consultant.

Lastly, the practical implications of the training for participants, in terms of how the training would assist them to engage with this population, were valuable. Responses highlighted increased awareness of the need to consider culture, increased confidence in exploring culture, and increased confidence in working with interpreters for those with little experience in this area.

The VTPU CaLD Perinatal Depression Project was a worthy initiative that allowed staff to develop awareness and skills for working cross-culturally with perinatal mental health clients. Comments made by those participating in the training indicated that the training was of relevance, provided useful resources and frameworks to improve the quality of care for expectant mothers, improved awareness of cross cultural considerations when working with women from CaLD backgrounds with perinatal depression and related disorders, and increased

understanding of what constitutes culturally responsive organisations. It would appear that there is a need for continued training for perinatal staff in culturally responsive service delivery.

Online training and CaLD perinatal mental health resource portal

'Reality Learning, specialists in scenario-based health and community services training, were contracted to convert the face-to-face training program into an online training module. Access to the online training is open- to all health professionals working in the field. The module runs for approximately 2 hours. The training is currently hosted on the VTPU website. Links to the training are also available on the *beyondblue* website. Hits to the training module are being recorded to track use. It was somewhat difficult to capture the complexities of the issues raised in an online format (a reflective-learning style was used to deliver the face-to-face training). As such, links to further training are provided and encouraged.

In addition to providing health professionals with a non-assessable online training program, the VTPU has also constructed an online resource portal. Visitors to the portal are invited to contact the VTPU to offer suggestions regarding any other available resources that could be added to the site. The portal is located on the VTPU website.

Recommendations for project sustainability

It is noted that funding for this project was not extend beyond three years at the time of writing. The VTPU is funded to work with specialist mental health services in order to improve cultural responsiveness using a capacity building approach. It was identified in this training that there is a multitude of services involved in supporting women in the perinatal period that spans inpatient and community services. Recommendations for future training for this diverse workforce include:

- 1. Apply a sustainable service development approach to future training plans:**

As reflected in the comment, "*highlights where services can be developed and implementation advantages*". Promoting and encouraging organisations to explore service development activities for enhancing cultural responsiveness is warranted. Providing stand alone sessions for staff, whilst helpful to individual clinicians and staff, may not be the best method to promote organisational level changes in services responsiveness for CaLD communities. As a capacity building unit, the VTPU aims to work in partnerships with specialist mental health services, which includes services appointing cultural portfolio holders, and supporting services to take a whole of organisation approach to the development of cultural responsiveness. VPTU works with Cultural Portfolio Holders, who are local 'champions' within their service, and play a driving role in leading and implementing service development strategies.

- 2. Appointing CaLD "champions" within non-specialist mental health services:**

Given that the VTPU works specifically with specialist mental health services, appointing similar CaLD “champions” within non-specialist mental health services, to implement continuous learning opportunities for staff could be a positive initiative. This may include maternal health services, the Clinical Nurse Educator program that supports the training of midwives, or staff within the Perinatal Emotional Health Program in rural Victoria.

3. Encourage opportunities for further/accredited training:

The information provided in the training offered staff a basic overview of issues to consider when working with clients from CaLD backgrounds. The training developed for the online program is again introductory. The VTPU recommends that staff working with this population engage in further training to develop their skills in culturally responsive service delivery. The VTPU offer a TAFE accredited mixed mode training course that will be offered to interested participants in order to develop sustainable outcomes.

4. Including a consumer and career perspective in future training:

As discussed earlier, the structure of the training did not support the involvement of the consumer consultant. Inviting a consumer and career consultant to speak at the training would add richness to the information presented and encourage greater participation of consumers and carers in service planning and recovery focussed care

5. Mode of delivery of future training:

- As identified in some respondent's comments, having a presenter from a maternal health background to further strengthen the relevance of the training, particularly to perinatal mental health services, and would be beneficial in planning capacity building approaches. This issue being considered further in planning the following sustainability initiatives. The VTPU plans to hold two additional face to face training sessions in 2012 with the aim of inviting interested services become involved in co-facilitating these sessions.
- It was noted that a number of those who registered for training did not attend on the day. This had implications given that a waiting list was needed for some sessions. Charging a small fee or penalty for non-attendance may assist in encouraging those that do register to follow through with attendance.
- As noted above, the training will also be made available via an online training module, which will compliment other face-to-face training initiatives, as well as make introductory training more accessible.

6. Further research

Whilst participants noted that their practice would be influenced by participation in the training, further research to see how and whether practitioners are able to apply these skills in their practice could be warranted.

Conclusion

This report has summarised the Victorian Transcultural Psychiatry Unit's involvement in the CaLD Perinatal Depression Project, part of the Victorian response to the National Perinatal Depression Initiative. The project provided training to health professionals working with women from culturally and linguistically diverse (CaLD) backgrounds to enhance engagement of CaLD women and families with mental health concerns during the perinatal period. The Project addressed a significant unmet need for culturally responsive mental health training for a diverse range of health practitioners working in the field of perinatal health. The training program was positively received by the majority of the 174 participants who attended. The VTPU has also developed an online training module and resource portal in this area for perinatal mental health orientated staff. Additional resources would be worthwhile to assist the sustainability of this initiative, through the provision of similar service development and training opportunities in the future.

References

- Adewuya, A., Ola, B., Aloba, O., Dada, A., & Fasoto, O. (2007). Prevalence and correlates of depression in late pregnancy among Nigerian women. *Depression and Anxiety*(24), 15-21.
- Ahmed, A., Stewart, D. E., Teng, L., Wahoush, O., & Gagnon, A. (2008). Experiences of immigrant new mothers with symptoms of depression. *Archives Womens Mental Health*(11), 295-303.
- Bhugra, D. (2004). Migration and mental health. *Acta Psychiatrica Scandinavica*(109), 243-258.
- Chandran, M., Tharyan, P., Muliyl, J., & Abraham, S. (2002). Post-partum depression in a cohort of women from a rural area of Tamil Nadu, India. *British Journal of Psychiatry*(181), 499-504.
- Dennis, C.-L., & Chung-Lee, L. (2006). Postpartum Depression Help-seeking Barriers and Maternal Treatment Preferences: A Qualitative Systematic Review. *BIRTH*, 33(4), 323-331.
- Department of Health and Ageing (2009). Framework for the National Perinatal Depression Initiative 2008-09 to 2012-13. Retrieved from <http://www.health.gov.au/internet/mentalhealth/publishing.nsf/Content/perinatal-depression-1>
- Gillam, S., Jarman, B., & White, P. (1989). Ethnic differences in consultation rates in urban general practise. *BMJ*(299), 953-958.
- Harrison, G., Hopper, K., Craig, T., Laska, E., Siegel, C., Wanderling, J., . . . Wiersma, D. (2001). Recovery from psychotic illness: a 15- and 25-year international follow-up study. *The British Journal of Psychiatry*(178), 506-517.
- Kleinman, A., Eisenberg, L., & Good, B. (1978). Culture, Illness and care: Clinical lessons from Anthropologic and Cross-Cultural Research. *Annals of Internal Medicine* (88), 251-258.
- Klimidis, S., McKenzie, D. P., Lewis, J., & Minas, I. H. (2000). Continuity of contact with psychiatric services: immigrant and Australian-born patients. *Social Psychiatry and Psychiatric Epidemiology*(35), 554-563.
- Mezzich, J., Caracci, G., Haoracio, F. J., & Laurence, K. J. (2009). Cultural Formulation Guidelines. *Transcultural Psychiatry*, 46(3), 383-405.
- Nahas, L. V., & Amasheh, N. (1999a). Culture Care Meanings and Experiences of Postpartum Depression Among Jordanian Australian Women: A Transcultural Study. *Journal of Transcultural Nursing*, 10(1), 37-45.
- Nahas, L. V., & Amasheh, N. (1999b). Postpartum Depression: The Lived experience of Middle Eastern Migrant Women in Australia. *Journal of Nurse-Midwifery*, 44(1), 65-74.
- Niska, K., Snyder, M., & Betty, L. (1998). Family Ritual Facilitates Adaptation to Parenthood. *Public Health Nursing*, 15(5), 329-337.
- Oates, M. R., Cox, J. L., Neema, S., Glangeaud-Freudenthal, N., Figueiredo, L., Goreman, L., . . . Group, T.-P. (2004). Postnatal depression across countries and cultures: a qualitative study. *The British Journal of Psychiatry*, 184, s10-s16.
- Posmontier, B., & Horowitz, J. A. (2004). Postpartum Practices and Depression Prevalences: Technocentric and Ethnokinship Cultural Perspectives. *Journal of Transcultural Nursing*, 15(1), 34-43.

- Robertson, E., Grace, S., Wallington, T., & Stewart, T.E. (2004). Antenatal risk factors for postpartum depression: A synthesis of recent literature. *General Hospital Psychiatry*(26), 289-295.
- Rural and Regional Health and Aged Care Services. (2009). *Cultural responsiveness framework - Guidelines for Victorian health services*. Melbourne: Victorian Government, Department of Health and Ageing
- Stolk, Y., Minas, H. I., & Klimidis, S. (2008). *Access to mental health services in Victoria: A focus on ethnic communities*. Melbourne: Victorian Transcultural Psychiatry Unit.
- Stolk, Y., Kouzma, N., Chopra, P., Oehm, D., Minas, H. (2011). *Cultural Competence Training in Mental Health: Evaluation of a 6-module course as a component of service delivery*. Melbourne: Victorian Transcultural Psychiatry Unit.
- Teng, L., Robertson Blackmore, E., & Stewart, D. E. (2007). Healthcare worker's perceptions of barriers to care by immigrant women with postpartum depression: an exploratory qualitative study. *Archives of Womens Mental Health*, 10, 93-101.

Appendix 1: Forum Program



Culturally and Linguistically Diverse Perinatal Depression Initiative Forum
April 5th 2011
 Brenan Hall, Aitkenhead Wing, St Vincent's Hospital

PROGRAM

10.00am	Welcome Overview of the day	Brendon Moss Project Manager, CALD Perinatal Depression Initiative, Victorian Transcultural Psychiatry Unit, St Vincent's Hospital.
10.10am	Overview of the National Perinatal Depression Initiative	Nicola Quin A/Manager, Alcohol and Other Drugs Sector, Performance and Improvement. Project Manager, National Perinatal Depression Initiative, Mental Health Drugs and Regions Division, Department of Health.
10.20am	Cultural Responsiveness in Mental Health	Daryl Oehm Manager, Victorian Transcultural Psychiatry Unit, St Vincent's Hospital.
10.40am	What do we mean by "culturally" responsive health services? Reflections from research with immigrant and refugee women and their experiences of maternal depression	Professor Rhonda Small Professor and Director, Mother and Child Health Research, La Trobe University.
11.00am	Perinatal mental health care needs of Arabic speaking Iraqi Australian women	Professor Jane Fisher (Presented by Dr Heather Rowe) Jean Hailes Professor of Women's Mental Health, Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University.
11.20am	Arabic speaking women's views about psychological aspects of prenatal genetic screening services	Dr Heather Rowe Senior Research Fellow, Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University.
11.40am	The National Register of Antipsychotic Medication in Pregnancy (NRAMP) "The first one hundred women"	Heather Gilbert RN Division 1/Research Nurse, Monash Alfred Psychiatry Research Centre, (MAPrc) Alfred Hospital.
12.00pm	Common themes and useful interventions for working in a perinatal mental health setting	Ginny Hartley Senior OT, North West shared care NWAMHS
12.20pm	Ante-natal and post-natal mental health care	Ms Jennifer Ericksen Clinical Psychologist, Austin Health, Parent Infant Research Institute.
12.40pm-1.40pm	Lunch & Networking	
1.40pm-3.00pm	CALD Perinatal Depression Workshop	

Appendix 2: Evaluation Tool

Your name* (optional).....	Date/..... /2011
----------------------------	------------------------

Victorian Transcultural Psychiatry Unit

**Cultural Responsiveness Training in Perinatal Mental Health:
 Engaging woman and their families from culturally and linguistically diverse (CALD)
 backgrounds**

Post-Training Feedback Form

Thank you for participating in today's module. Please rate how *relevant/useful* you found today's sessions and training approaches by circling the appropriate number.

Which best describes your role (please tick)?

- Mental Health Clinician
 Refugee Health Worker
 Midwife
 Maternal and Child Health Nurse
 Other: _____

Morning Session: (Cultural Responsiveness and Working effectively with Interpreters)	No/Not relevant	A little	Somewha t	Moderately	Very
1. Thinking specifically about the section on culturally responsive services, was this relevant to your role?	1	2	3	4	5
2. Will the resources you have been given/made aware of in today's training be of use to you and your organisation in the future?	1	2	3	4	5
3. Has this training helped you to feel more confident about working with interpreters?	1	2	3	4	5

Lunch and Afternoon Sessions: (Values and Sense of Self/Cultural Assessment/Health Beliefs and Postpartum Traditions/Negotiating Explanatory Models)	No/Not relevant	A little	Somewhat	Moderately	Very
4. Will the discussion regarding values and beliefs be relevant in your practise as a clinician?	1	2	3	4	5
5. Has this training given you a better understanding of how CALD women with perinatal depression may present to your service?	1	2	3	4	5
6. Will the discussion regarding cultural formulation be relevant in your practise as a clinician?	1	2	3	4	5
7. To what degree has this training helped you to better understand the issues you might consider when negotiating recovery-oriented treatment for CALD	1	2	3	4	5

.....
women with PND and their families?
.....

8. Do you think this information presented today will have an impact on how you engage women from CALD backgrounds in your practice (please tick)?

Y

No

If yes, how?

9. Overall, what aspects of the session did you find most useful or interesting today?

10. What changes would you suggest to improve this training session in the future?

11. Other comments

Thank you for your participation today and for taking the time to complete this questionnaire.