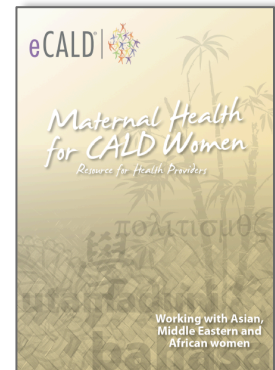




Welcome to the **eCALD® Services** CALD Cultural Competency Training Programme newsletter. **CALD** refers to **Culturally and Linguistically Diverse**. Since 2010, WDH B **eCALD® Services** (contracted by the NRA - Northern Regional Alliance on behalf of the Ministry of Health) have developed CALD training resources for the DHB, primary care and NGO health workforces in the Auckland region and since 2015, nationally. We are proud to say we have produced and rolled out seven CALD training modules in both face-to-face and self-paced online formats. *To-date 18,000 health practitioners have completed the modules.*

We are launching a NEW Supplementary Resource
“Maternal Health for CALD Women: Resource for Health Providers: Working with Asian, Middle Eastern & African women”



This Culturally and Linguistically Diverse (CALD) Maternal Health online (HTML), PDF downloadable, and hard copy resource is for health providers. It provides a general guide and essential culture-specific knowledge and cultural approaches for health practitioners who work with CALD women from Asian, Middle Eastern and African backgrounds. It contains research material and guidelines with case scenarios.

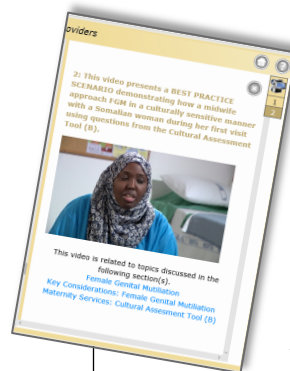
*Researched and written by Dr Annette Mortensen and Sue Lim.
 Produced by Waitemata District Health Board, eCALD® Services (2016).*

What is the purpose of this resource?

The purpose of this resource is to support services working with women during pregnancy, birth and the postnatal period develop the knowledge, skills and attitudes needed to provide culturally appropriate maternal health care for CALD women and their families.

What this resource aims to do:

- Promote culturally appropriate services and support for CALD women transitioning from pregnancy and birth to parenthood.
- Promote maternal care best practice for CALD women.
- Improve pregnancy, birth and postnatal care for CALD women and their babies by increasing health provider’s understandings of:
 - The cultural beliefs, health practices and perspectives of CALD women towards pregnancy, birth, postnatal care, parenting education and nutrition.
 - Culturally appropriate approaches to addressing emotional distress and perinatal depression in migrant and refugee-background mothers.
- Improve perinatal mental health care and support for CALD women with increased understanding by health providers of the:
 - Transition period to new parenthood and the social, cultural and religious factors, which shape emotional responses to parenthood for CALD women and their families.



- Culturally appropriate approaches to addressing emotional distress and perinatal depression in migrant and refugee-background mothers.
 - Cultural factors’ that impact on postpartum depressive symptomatology.
- Provide culturally appropriate approaches and assessment or screening tools for health providers to improve maternal health outcomes for CALD women and their families

Who is this resource for?

This resource is for all health providers who contribute to the care of women during pregnancy, birth and the postnatal period including: Lead Maternity Carers (LMC), hospital midwives, general practitioners (GPs), obstetricians, neonatologists, paediatricians, Well Child/Tamariki Ora (WCTO) nurses, public health nurses, practice nurses, allied health professionals, psychiatrists, mental health nurses and other mental health practitioners.

The resource serves as a reference for the online Maternal Health for CALD Women resource and complements the CALD Cultural Competency Training Programme.

Viewers are recommended to have completed the CALD 1 Culture and Cultural Competency online or face to face course as a pre-requisite.

Cultural Perceptions of Perinatal Depression (PND)

Women from cultural backgrounds in which mental illness is stigmatised are hesitant to describe perinatal depressive symptoms in psychological terms. In many cultures there are no words to describe mental illness. It is more likely that in Asian, Middle Eastern and African cultures depressive symptoms will be viewed as social problems or emotional reactions to situations. Women from CALD backgrounds may resist a diagnosis of depression because of the negative cultural associations with moral and mental weakness when their culture values strong, stoic motherhood in the face of the difficulty and hardship. Many fear being labelled “mad” or “crazy”. Women from Asian, Middle Eastern and African backgrounds may exhibit depression through somatic rather than emotional symptoms with the consequence that PND may not be detected in a maternity setting unless culturally appropriate screening tools are used.

Key considerations: Assessing PND in CALD women

Ensure effective communication - Ensure language and communication issues are addressed and professional interpreters are provided when required.

Address cultural diversity - Use cultural assessment tools which recognise the impact of culture and migration or refugee experiences in understanding individual behavior.

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.

Include - Others with cultural expertise, such as trusted family members, community health workers, professional interpreters and bilingual workers.

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

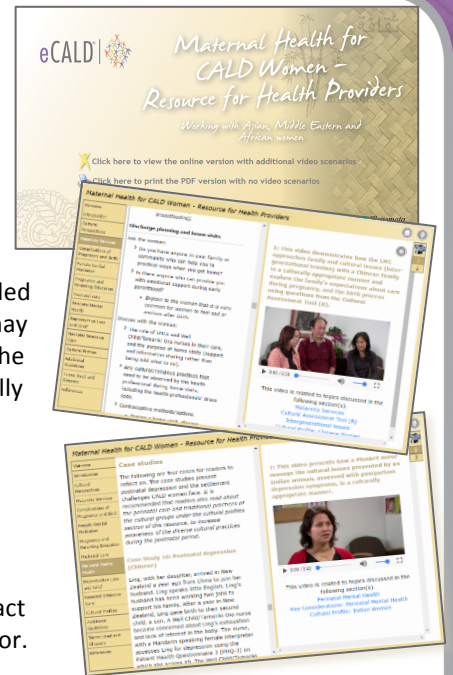
Use - Screening tools that are appropriate such as:

- The Patient Health Questionnaire 3 (PHQ-3) or 9 (PHQ-9)
- The Edinburgh Postnatal Depression Scale (EDPS) which has validated translated versions in the following languages: Arabic, Chinese, Korean, French, German, Japanese, Malay, Portuguese, Punjabi, Spanish, Turkish and Vietnamese.

Refer to the CALD Maternal Health Resource for more information about CALD perspectives on pregnancy, birth and postnatal care and culturally appropriate screening and assessment tools.

This resource is available in three formats:

- PDF downloadable version via**
<http://www.ecald.com/Portals/49/Docs/Toolkits/cald-maternal-health.pdf>
- Paperback version (limited edition) available on request to** cald@waitematadhb.govt.nz
- Online HTML version – for those who have access to the eCALD® user account.**



Tips for Working with Interpreters

- * *Clients and families need to be reassured about interpreter confidentiality.*
- * *Developing good rapport with the interpreter is essential before the assessment.*
- * *The interpreter needs to understand the purpose and nature of the assessment so that they can advise cultural or language anomalies in the client's responses.*
- * *Any inconsistencies in responses can be further explored in a de-briefing with the interpreter.*

CALD Competency Courses

CALD on-line and face-to-face courses

CME/CNE/MOPS accredited

- CALD 1 Culture and Cultural Competence
- CALD 2 Working with Migrant Patients
- CALD 3 Working with Refugee Patients
- CALD 4 Working with Interpreters
- CALD 7 Working with Religious Diversity
- CALD 8 Working with CALD Families – Disability Awareness
- CALD 9 Working in a Mental Health Context with CALD Clients

CALD face-to-face only training course:

- CALD 5 Working with Asian Mental Health Clients

To find out more about the courses, resources and how to access, go to www.ecald.com