

**“Understanding the Complexities of Perinatal and Infant Mental Health” on  
Thursday 24th and Friday 25th November 2022  
University Campus in Valletta**

Time of intervention 9.20 am to 9.30 am

The Parent-Infant Mental Health Alliance (PIMHA) Malta is an independent, non-governmental and non-profit organisation, which supports expectant or new parents with mental health difficulties during pregnancy to the first year postnatal in their recovery journey and in their relationship with their baby/infant to minimise adverse child outcomes.

The focus will be on assessment and management of complex perinatal mental illnesses to encompass the mother, father and the baby. Particular attention will be given on the first few years of a baby’s life and the most important early parent-child relationship and how long term negative effects for the developing child can be reduced.

In addition to local speakers, we will be having two international experts in this field, Dr Rina Gupta, a Consultant Perinatal Psychiatrist, and Dr Ellen Auty, Consultant Clinical Psychologist, both working within specialised perinatal and parent-child services in the UK.

We are hoping to have a diverse audience consisting of different healthcare professionals working with mothers, fathers, babies and family units in Malta.

**Dr Ethel Felice**  
**Members of the Parent Infant Mental Health Alliance**  
**Colleagues and friends**

Before I start my contribution to this Conference, I would like to commend you, Ethel, and your team for your tireless endeavours and initiatives, to give visibility the importance of Parent Infant Mental Health.

Dear Ethel, you have come a long way. I am so amazed with your tireless enthusiasm and passion, when discussing your vision of the continuous development of a Perinatal Mental Health Team, within our general hospital, and beyond, to support mothers, and fathers, to ensure that the best start in life is effectively given to their infants.

I am so pleased to note that, although there is still much to be done, the Perinatal Mental Health Team is successfully and continuously raising awareness of the need to address the health of the mother, the father, and the baby.

I am even more pleased, that you are insisting and working to continue to persuade, for the need that perinatal mental health should be addressed holistically.

This means that we should not perceive perinatal mental health from the physical and medical perspective only, but it should also address a child's wellbeing from a social, intellectual, and emotional perspective.

I still recall with pride, our collaboration some years ago, when the Solihull approach was introduced in Malta, through the provision of actual training to a diverse group of professionals aiming at improving and strengthening the parent infant mental health team.

This initiative was undoubtedly very important in training more professionals in this important area of work in Malta.

We all appreciate the fact that perinatal mental health is crucial in ensuring the health and well-being of both the parents and the baby.

UNICEF has called the first 1000 days of life, as a unique period of time when the foundations for optimum health and development across the baby's life are established. These first 1000 days of life include the time from a woman's pregnancy and her child's second birthday.

UNICEF and other international agencies agree that during the first 1000 days, the baby needs loving, caring, secure and stable relationships. These are vital for a child's development.

It is through such relationships that babies learn to think, understand, communicate, show emotions, and behave, even from an early age in their lives.

It is generally accepted that the first 1,000 days are a time of tremendous potential on one side, but of enormous vulnerability on the other.

How well or how poorly parents and children are nourished and cared for during this time has a profound impact on a child's ability to grow, learn and thrive.

A negative environment, for example, having stress caused by violence in the home, can affect infants. Parents who are experiencing domestic violence may disrupt the essential attachment with its parents. This could cause a lifetime of instability.

During these last days Malta was once again shocked with the horrendous killing of yet another mother who was a victim of domestic violence.

Research also shows that infants in such violent environments may develop poor sleeping habits, eating problems and higher risk of physical injury.

I consider this stage in life as a crucial window of opportunity to see, not only to the immediate needs of the infant, but also to support the parents to ensure their infant's development and growth. Proper investment in parent infant mental health, can help society address a multitude of disadvantages.

I believe that through investing in this area our society can become more resilient and can enjoy a better way of life and wellbeing.

You, are therefore most crucial professionals, who can effectively help our society become more meaningful and prosperous.

You, are therefore entrusted with not only the most precious time in an infant's life, but even more so, you are the catalysts to ensure the wellbeing of our society.

This is recognized and acknowledged by many international covenants.

The United Nations' Agenda 2030 Sustainable Development Goals specifically address maternal and child health. In fact, Goal 3 insists on a number of very important targets that are set to be achieved by 2030.

The United Nations Convention on the Rights of the Child, which is the most widely ratified Human Rights treaty in history, and which is currently ratified by 196 , member states, also sets the holistic wellbeing of children as a Child Human Right.

Adopted in 1989, this Convention outlines universal standards for the care, treatment, survival, development, protection, and participation of all children. It was the first international instrument to recognise children as social actors and active holders of rights.

I would like to highlight that where children are concerned, we have to adopt a child rights approach.

A rights-based approach acknowledges that children too have rights, and everything we do, needs to meet our obligations to respect, protect and fulfil their rights in their best interests.

This child rights approach is holistic and places emphasis on supporting the strengths and resources of the children themselves and all social systems of which the child is a part of, that is, family, school, community, institutions, as well as religious and cultural.

The European Union is acknowledging that children's health and early childhood development and care must be given priority in addressing child poverty. The Child Guarantee established in June 2020 has embraced health and early childhood development and care, as two of five priorities in breaking the cycles of disadvantage. The European Union has also afforded 3 billion euros to address child poverty emphasising with National Governments the importance of investing in children's health and early childhood development and care. We as a country, being a member of the European Union, have a responsibility in ensuring that parent infant mental health is given the necessary importance.

When I was preparing for my intervention today, I found a myriad of research studies correlating a child's holistic wellbeing with early parent-infant relationships.

**Louise J. Keown** found that higher rates of reported lax disciplinary practices, less efficient parental coping, lower rates of father–child communication and less synchronous mother–child interactions were significantly associated with hyperactivity following statistical adjustment for the effects of conduct problems and other confounding factors.<sup>1</sup>

**Siegleman** reports that anxious and introverted males reported rejecting fathers and mothers. Extroverted females noted loving fathers. Socioeconomic background also played a part.<sup>2</sup>

**Franke** found that children who experience early life toxic stress are at risk of long-term adverse health effects that may not manifest until adulthood.<sup>3</sup>

**Aktar** found that there is a large evidence base on associations between perinatal mental disorders and childhood adverse mental health outcomes, particularly for perinatal depression and antenatal alcohol misuse.<sup>4</sup>

The list of evidence goes on.

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<sup>1</sup> Keown, L.J., Woodward, L.J. Early Parent–Child Relations and Family Functioning of Preschool Boys with Pervasive Hyperactivity. *J Abnorm Child Psychol* **30**, 541–553 (2002). <https://doi.org/10.1023/A:1020803412247>

<sup>2</sup> Siegelman, M. (1965). College student personality correlates of early parent-child relationship. *Journal of Consulting Psychology*, 29(6), 558–564. <https://doi.org/10.1037/h0022703>

<sup>3</sup> Franke HA. Toxic Stress: Effects, Prevention and Treatment. *Children (Basel)*. 2014 Nov 3;1(3):390-402. doi: 10.3390/children1030390. PMID: 27417486; PMCID: PMC4928741.

<sup>4</sup> Aktar E, Qu J, Lawrence PJ et al. Fetal and infant outcomes in the offspring of parents with perinatal mental disorders: earliest influences. *Front Psychiatry* 2019;10:391. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]

We know that the infant's early experiences shape who they become later in life, and this affects their lifelong health, learning and development.

Children need safe and stable housing, adequate and nutritious food, access to medical care, secure relationships with adult caregivers, nurturing and responsive parenting, and high-quality learning opportunities at home, in child care settings, and in schools, in order to develop their full potential.

I would like to call on policymakers and authorities to prioritise the resources to continue to support the mother and infant mental health service. This is of great importance considering the significance of the first three years of an infant's life.

Only then can we ensure fewer mental health problems later in life.

This also must be linked to a holistic set of diverse services where mothers with mental challenges can attend and accede to, with their infants and children, the father and even the grandparents, where necessary, so that the services offered to these women is inclusive and more supported.

Often in this scene, we forget fathers, but today we know that 10% of fathers also suffer from mental health problems during the period of pregnancy and birth of a child. Here too, more resources are needed to address the father's mental health as well.

Investing in parent infant mental health is crucial. It is crucial not only for direct impact on the infant's immediate and long-term wellbeing, but it is also essential if we aspire to live in a society that embraces and provides for everyone.

I would like to end my contribution to this important conference with a quote by Nelson Mandela, the Former President of South Africa, who said, and I quote:

“There can be no keener revelation of a society’s soul than the way in which it treats its children.”

Mandela’s quote is so inspiring, and I do hope it continues to stimulate your thoughts and reflections during this conference.