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AN INTERNATIONAL AWARD-WINNING INSTITUTION FOR SUSTAINABILITY



INTERNATIONAL PERINATAL MENTAL HEALTH SEMINAR 2023

2ND MARCH 2023 | AUDITORIUM, KULLIYAH OF NURSING

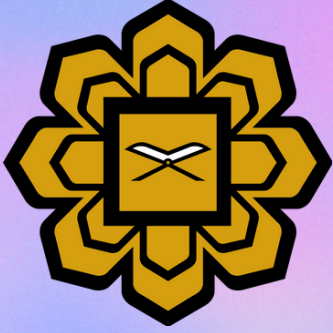


organised by:

Department of Special Care Nursing, Kulliyyah of Nursing, IIUM

in collaboration with:

UK-South East Asia Maternal Mental Health Partnership



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BACKGROUND

Approximately 20-24% women are affected by mental health disorders during their pregnancy and after the childbirth. Perinatal Mental Health disorders include a range of disorders and symptoms, including but not limited to depression, anxiety and psychosis. These mental problems have been found to complicate to maternal normal function as an individual, birth outcomes, breast-feeding, mother–infant interactions, as well as affecting child’s behavior and emotional negativity, and suicidal and infanticidal.

Despite increasing evidence of the seriousness of perinatal mental health disorders, the number of individuals affected, and the impact of such disorders on infant growth and development, perinatal mental health has not become a component of the primary health care system in many parts of the world, including Malaysia.

Efforts are needed to develop policies that include perinatal mental health. It is believed that mental health professionals in rich countries can advocate for perinatal mental health within their own health systems and tackle issues on the global mental health agenda.

Therefore, this seminar plans to bring in the international and renown academics from United Kingdom to further advocate on the need of policies that include perinatal mental health within the existing healthcare system.

TENTATIVE PROGRAMME

- 08.00am Registration
- 08.30am Arrival of the guests
- 08.45am Welcoming speech by the Master of Ceremony
Br. Akmal Ibrahim
- 08.50am Du'a Recitation by Dr. Azmir Ahmad
- 09.00am Montage
- 09.15am Opening Remarks by
Prof. Dr. Ahmad Hafiz Zulkifly
Deputy Rector (Responsible Research and Innovation)
- 9.25am Photography session
- 09.30am Speaker 1
"The perinatal mental health care pathways in Scotland"
Prof. Helen Cheyne
*Royal College of Midwives (Scotland) Professor of Midwifery
Deputy Director, Nursing Midwifery and Allied Health Professions
Research Unit, University of Stirling*
- 10.00am Tea Break
- 10.30am Speaker 2
"Perinatal mental health research in Malaysia: where are we?"
Assoc. Prof. Dr. Siti Roshaidai Mohd Arifin
*Senior Lecturer, Kulliyah of Nursing
International Islamic University Malaysia*
- 11.00am Speaker 3
"Methodological challenges in perinatal mental health research"
Prof. Fiona Harris
Professor of Mental Health, University of the West Scotland

TENTATIVE PROGRAMME

-
- 11.30am Q&A
- 12.00pm Lunch and Zuhr prayer
- 02.00pm Speaker 4:
"Assessing antenatal anxiety: what are our roles?"
Prof. Dr. Ramli Musa
*Kulliyah of Medicine,
International Islamic University Malaysia*
- 02.30pm Speaker 5:
"Developing a screening tool for antenatal anxiety"
Prof. Helen Cheyne
*Nursing Midwifery and Allied Health Professions
Research Unit, University of Stirling*
- 03.00pm Speaker 6:
"Securing grants for cross-country research projects"
Prof Margaret Maxwell
Professor of Health Services and Mental Health Research
Director, Nursing, Midwifery and Allied Health Professions
Research Unit, University of Stirling.
- 03.30pm Q&A
- 04.00pm Presentation of gift to the speakers
- 4.15pm Closing Remarks by
Dr. Muhammad Kamil Che Hasan
Dean, Kulliyah of Nursing
- 04.30pm Disperse

ORGANISING COMMITTEE

PATRON

DR. MUHAMMAD KAMIL CHE HASAN

ADVISOR

DR. NURASIKIN MOHAMAD SHARIF

CHAIRMAN

ASSOC. PROF. DR. SITI ROSHAIDAI MOHD ARIFIN

TREASURER

**MADAM ASMAWATI BINTI CHE ISMAIL
SR. NORHASLINA ABD HAMID**

SECRETARY

DR. LEE SIEW PIEN

SPECIAL TASK

**DR. ANIAWANIS MAKHTAR
SR. RAMLAH MAMAT**

TECHNICAL AND PREPARATION

**BR. MUHAMMAD FARHAN MAHMUD
BR. DANIEL IRFAN ISMAIL**

INVITATION AND PROMOTION

**DR. AMIRAH FATIN IBRAHIM
DR. SITI HAZARIAH ABDUL HAMID
SR. NUR HIDAYAH MAZLAN**

REGISTRATION, ATTENDANCE AND CERTIFICATE

**DR. SHARIFAH MUNIRAH SYED ELIAS
DR. MUZAITUL AKMA MUSTAPA KAMAL BASHA**

FOOD AND LOGISTIC

**DR. HALIZA HASAN
SR. NADIA GZALI**

PHOTOGRAPHY

**ASSOC. PROF. DR. SITI MARIAM MUDA
BR. DANIEL IRFAN ISMAIL**

SPEAKER'S PROFILE

Helen Cheyne is Professor of Maternal and Child Health Research and Deputy Director of the Scottish Government Chief Scientist Office funded Nursing, Midwifery and Allied Health Professions Research Unit (NMAHP RU at University of Stirling). She originally trained as a nurse before going on to become a midwife in Glasgow in 1980. She worked as a midwife in the city of Glasgow, where there were some of the highest levels of deprivation in northern Europe for 20 years, during which time she became involved in developing maternity services for women and babies. At this time she was also involved in research on pre eclampsia and was part of a research team on one of the first randomised controlled trials of midwife-led maternity care. She joined the NMAHP Research Unit at University of Stirling in 2000 and has gone on to develop and lead a successful programme of research in maternal and child health and wellbeing including trials and large-scale research projects. She led the national survey of women's experience of maternity care in Scotland in 2013 and 2015. More recently, along with Prof Maxwell she has developed a programme of research in perinatal mental health including working with colleagues in SE Asia on Maternal Mental Health. She currently coordinates the UK Professors in Midwifery and Maternal and Infant Health network that brings together the leading midwife and related academics from higher education and the National Health Service in the UK. She is a member of the Scottish Perinatal Mental Health Programme Board and chair of the evaluation sub group. She is an Honorary Fellow of the Royal College of Midwives.



PROFESSOR HELEN CHEYNE

*Royal College of Midwives (Scotland)
Professor of Midwifery
Deputy Director, Nursing Midwifery and
Allied Health Professions Research Unit,
University of Stirling*

SPEAKER'S PROFILE

Dr. Siti Roshaidai is an Associate Professor at Kulliyah of Nursing, International Islamic University Malaysia. She obtained her Bachelor's Degree from University Science Malaysia, Master's Degree from University of Malaya, and PhD from University of Stirling, United Kingdom. She has keen interest in issues related to maternal mental health, postnatal wellbeing, and qualitative study. Dr. Roshaidai was awarded with the High Impact Responsible Research Awards (Medical and Health Sciences) in the Research & Innovation Appreciation Day 2022 and in the IIUM Takrim 2020. She also is the recipient of Top 30 Contributors to IIUM's Research Performance in three consecutive years (2020-2022). She has held several administrative positions in the university including Deputy Dean, Head of Department and Islamization of Human Knowledge Coordinator. Dr. Roshaidai has published in various indexed journals, secured several national and international grants and consultation projects, and has reviewed book, conference papers and journal articles. Dr. Roshaidai is also a member of the Board of Advisers for the International Forum for Wellbeing in Pregnancy (IFWIP), professional member of Postpartum Support International, and member of Malaysian Nursing Association and Qualitative Research Association Malaysia. Apart from teaching and supervising Master and PhD students, Dr. Roshaidai has been actively involved with flagship activities at the university level.



**ASSOC. PROF. DR. SITI ROSHAIDAI
MOHD ARIFIN**

*Department of Special Care Nursing
Kulliyah of Nursing
International Islamic University Malaysia*

SPEAKER'S PROFILE

Fiona Harris is Professor of Mental Health Research at the School of Health and Life Sciences, University of the West of Scotland and Honorary Professor of Anthropology and Health at the University of Stirling. She leads and/or collaborates on research related to mental health and living with long-term conditions with an emphasis on addressing the social determinants of mental health. She has an interest in developing methodological innovations in evaluating complex interventions, particularly in applying theory-driven approaches to process evaluations & in nesting

qualitative research within clinical trials. She has particular expertise in qualitative research methods and their application to understanding outcomes in complex interventions. Her most recent work explores innovations in service delivery that address the complex care needs and challenges to self-care for those living with multimorbidity. Fiona has an MA (Hons) in Sociology and Social Anthropology from the University of Aberdeen and a PhD in Social Anthropology from the University of Edinburgh. Her work history ranges from international development consultancy in Southeast Asia to research related to healthcare delivery and organisation both Scotland and internationally. This includes research on the delivery of maternity care in remote and rural localities in Scotland.



PROFESSOR FIONA HARRIS

*Professor of Mental Health
University of the West of Scotland*

SPEAKER'S PROFILE

Prof Dr Ramli Musa is a consultant psychiatrist at Department of Psychiatry, International Islamic University Malaysia (IIUM). He was the founder chairman of Pahang Mental Health Association (PAMHEC) and the advisor for Parents Support Group (Persatuan Ibumama Anak-anak Istimewa Pahang) (PIANiS); an NGO for parents with special children support group.

He received a few accolades including Outstanding Research Quality Award (Health and Allied Sciences) for 2 consecutive years

(2012 and 2013), University Best Researcher Award; Best Fundamental Research Grant Scheme (FRGS) (Social Science) 2015, winner in the 14th International Conference and Exposition on Inventions by Institutions of Higher Learning (PECIPTA 2015), Commercial Potential Award; winner for The Best Project FRGS 2/2011 by Ministry of Higher Education, Malaysia Technology Expo 2018.

Being passionate in research, he established a database of all the translated and validated questionnaires in Malaysian language and a website called the Mental Health Information and Research (MaHIR). He is a member of the editorial board of a few journals namely ASEAN Journal of Psychiatry (ASEAN Federation for Psychiatry and Mental Health AFPMH), Open Journal of Epidemiology (OJEpi). <http://www.scirp.org/journal/ojepi/>, Journal of Community Medicine and Public Health Care (CMPHC), Journal of Clinical Pathology and Forensic Medicine (JCPFM) and Guest Editors: "Advances in Psychopharmacological Treatment". Current Drug Targets. Bentham Science Publishers.



PROFESSOR DR. RAMLI MUSA

*Kulliyah of Medicine
International Islamic University Malaysia*

SPEAKER'S PROFILE

Margaret Maxwell is currently Director of the Chief Scientist Office funded Nursing, Midwifery and Allied Health Professions Research Unit (NMAHP RU), a post she took up in 2016. The NMAHP RU is based across two host Universities (University of Stirling and Glasgow Caledonian University) and comprises approximately 35 members of staff and supports approximately 30 PhD and Clinical Doctorate students at any one time. She is also Professor of Health Services and Mental Health Research at the University of Stirling, within the Faculty of Health Sciences and Sport. Her first degree is in Sociology and her PhD was in Medical Sociology, focusing on General Practitioner (Doctor's) & women's experiences of the management of depression in primary care. She has been involved in health services research for over 30 years, focusing on quality and delivery of care and the management of long term conditions and common mental health problems. She has been involved in several European research collaborations tackling suicide, depression, and mental health in the workplace, and has evaluated several national programmes for improving mental health and long term conditions. She is currently working with colleagues in SE Asia on Maternal Mental Health. Her long career in health services research has led to substantial knowledge and experience in mixed (qualitative and quantitative) research methods, including Implementation Science and Realist Evaluation.



PROFESSOR MARGARET MAXWELL

*Professor of Health Services and Mental
Health Research
Director, Nursing, Midwifery and Allied
Health Professions Research Unit,
University of Stirling.*

PROGRAMME DETAILS



Prof. Helen Cheyne

University of Stirling

"Developing a Screening Tool for Antenatal Anxiety."

"The Perinatal Mental Health Care Pathways in Scotland."



Assoc. Prof. Dr. Siti Roshaidai

International Islamic University Malaysia

"Perinatal mental health research in Malaysia: where are we?"



Prof. Fiona Harris

University of the West Scotland

"Methodological challenges in perinatal mental health research."



Prof. Dr. Ramli Musa

International Islamic University Malaysia

"Assessing antenatal anxiety: what are our roles?"



Prof. Margaret Maxwell

University of Stirling

"Developing a Screening Tool for Antenatal Anxiety."

"Securing grants for cross-country research projects."

THANK you

INTERNATIONAL PERINATAL MENTAL HEALTH SEMINAR 2023





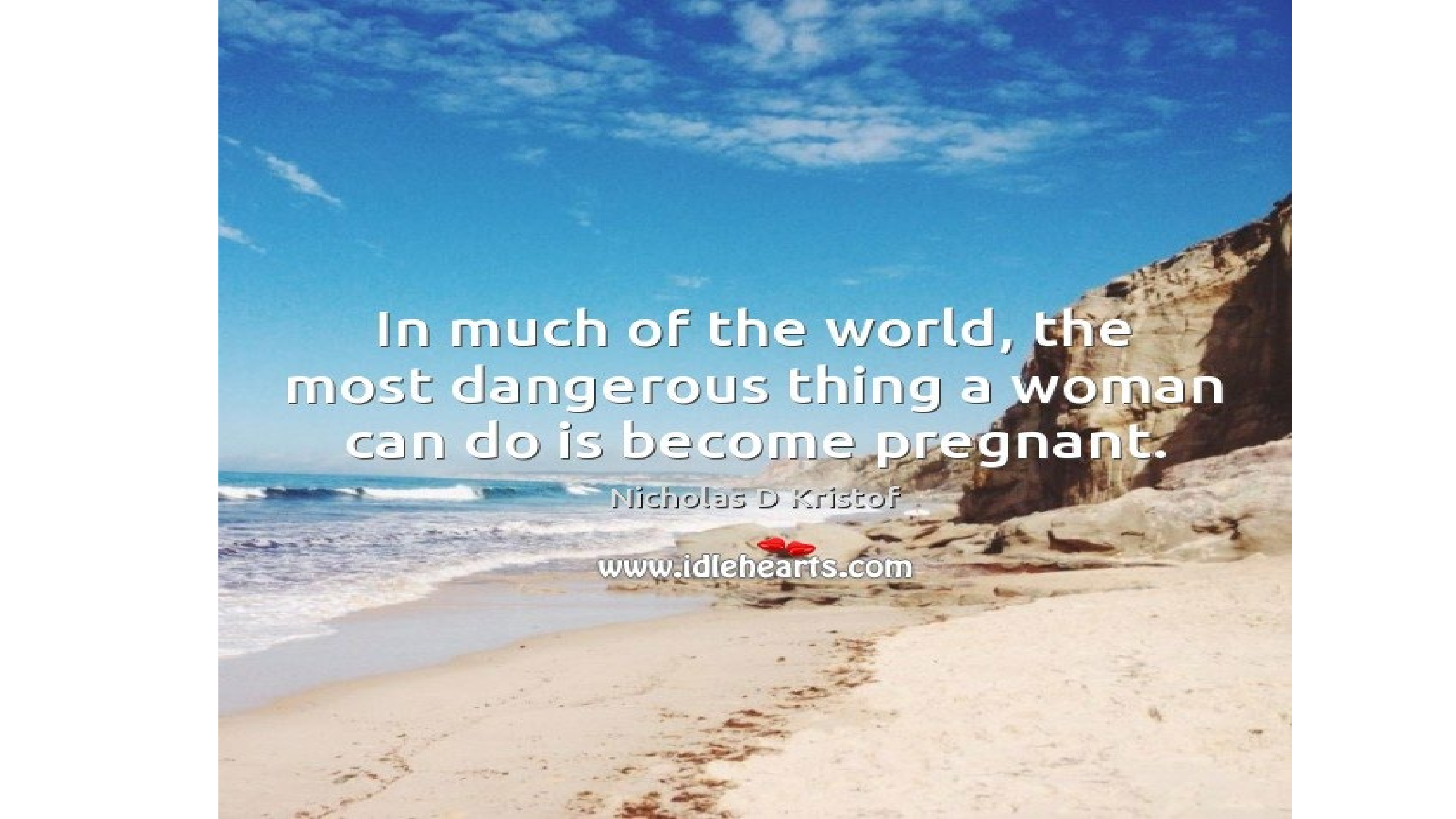
LEADING THE WAY
KHALIFAH - AMANAH - IQRAT - RAHMATAN LIL-ALAMIN
LEADING THE WORLD



AN INTERNATIONAL AWARD-WINNING INSTITUTION FOR SUSTAINABILITY

PERINATAL MENTAL HEALTH RESEARCH IN MALAYSIA: WHERE ARE WE?

Assoc. Prof. Dr. Siti Roshaidai Mohd Arifin
Department of Special Care Nursing
Kulliyyah of Nursing
International Islamic University Malaysia
2ND MARCH 2023 | WEDNESDAY



In much of the world, the
most dangerous thing a woman
can do is become pregnant.

Nicholas D Kristof

www.idlehearts.com

Introduction



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INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
Garden of Knowledge and Virtue

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Fertilization

Birth

GESTATION

Preterm

Term

Postterm

0

2

8

20

28

37

38

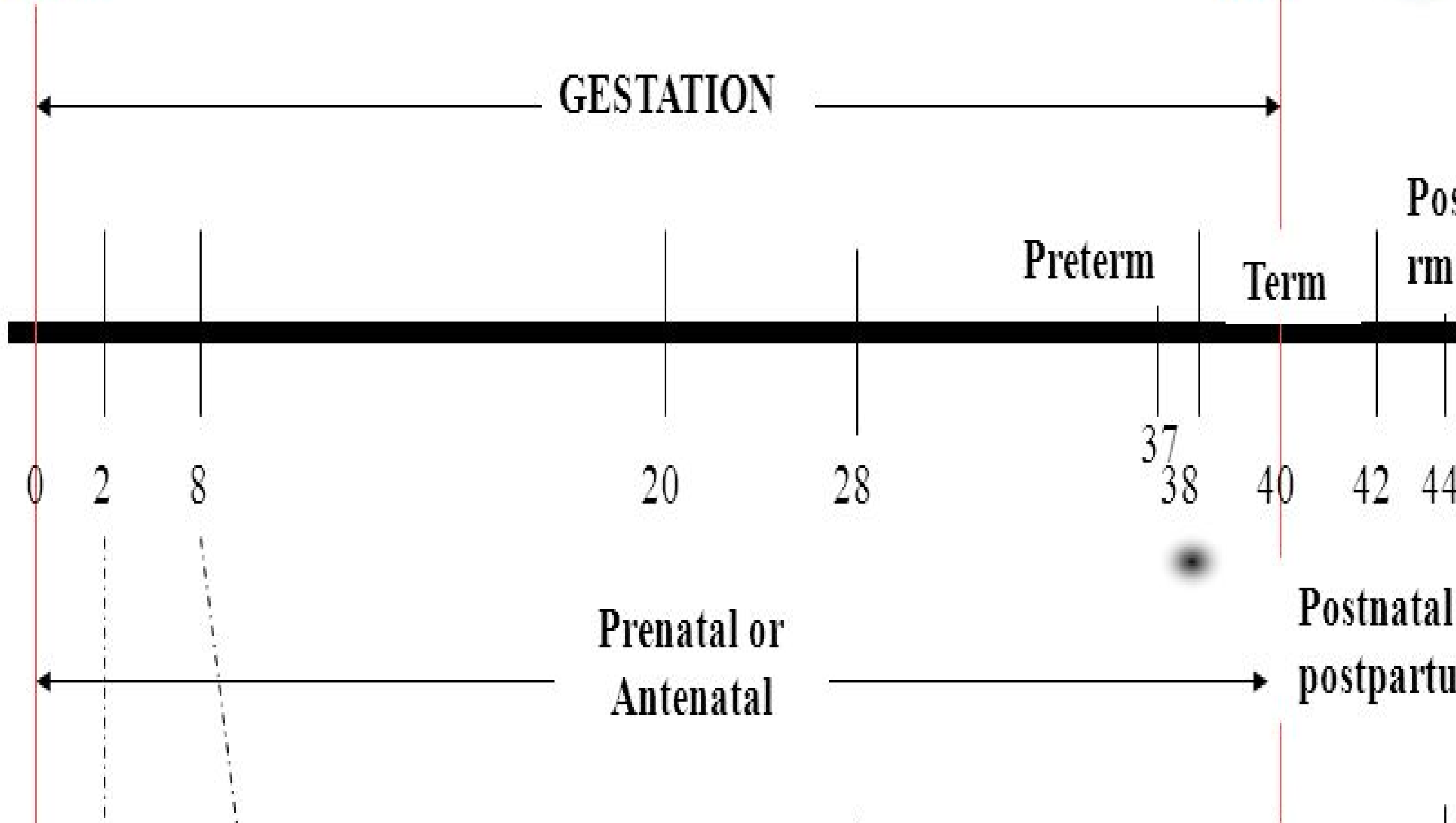
40

42

44

Prenatal or
Antenatal

Postnatal or
postpartum





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Perinatal period & Mental Health

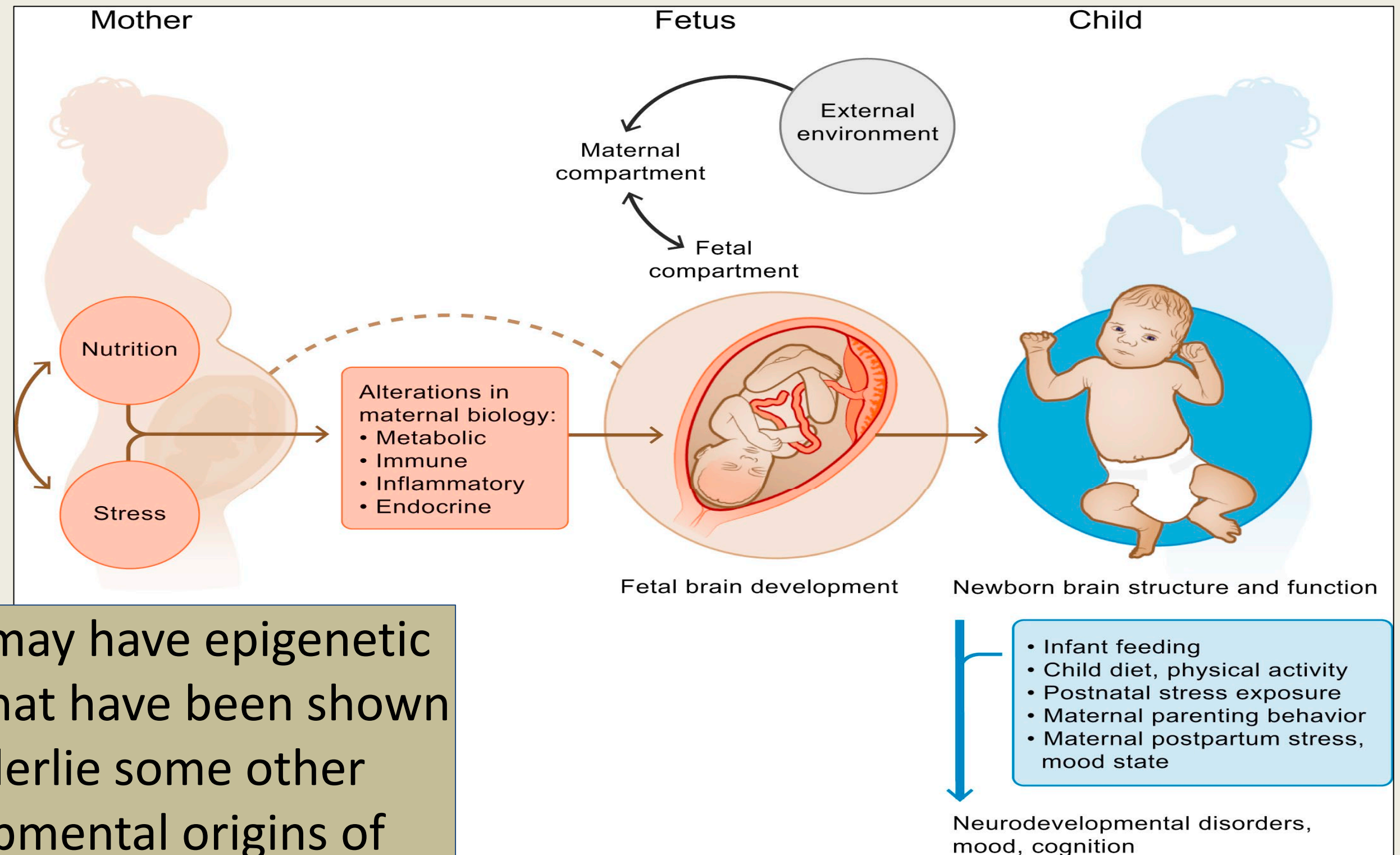
Pregnant -
1 year
postnatal

Vulnerable
period

Negative
consequences

Depression and anxiety during pregnancy

The function of the placenta is altered → control the exposure of the fetal brain to hormones, neurotransmitters → affect brain development.

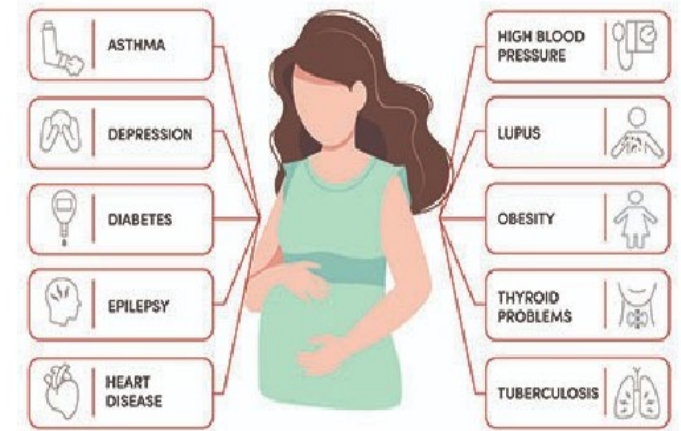


Child → may have epigenetic changes that have been shown to underlie some other developmental origins of vulnerability to disease

Factors contributing to perinatal mental disorders



Health Problems In Pregnancy



Perinatal mental disorders

Baby blues

**Adjustment
disorder**

**Perinatal
depression**

**Anxiety
disorder**

**Postpartum
psychosis**

**Perinatal
Obsessive
Compulsive
Disorder**

**Perinatal Panic
Disorders**

**Postpartum
post-traumatic
stress disorder**

In low- and middle-income countries...



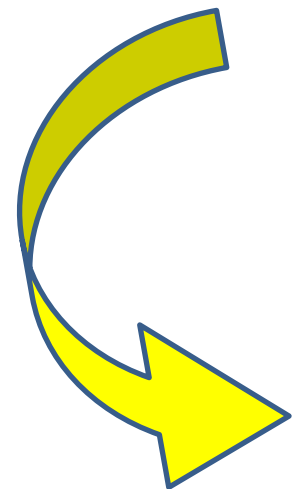
1 in 4 women experiences antepartum depression



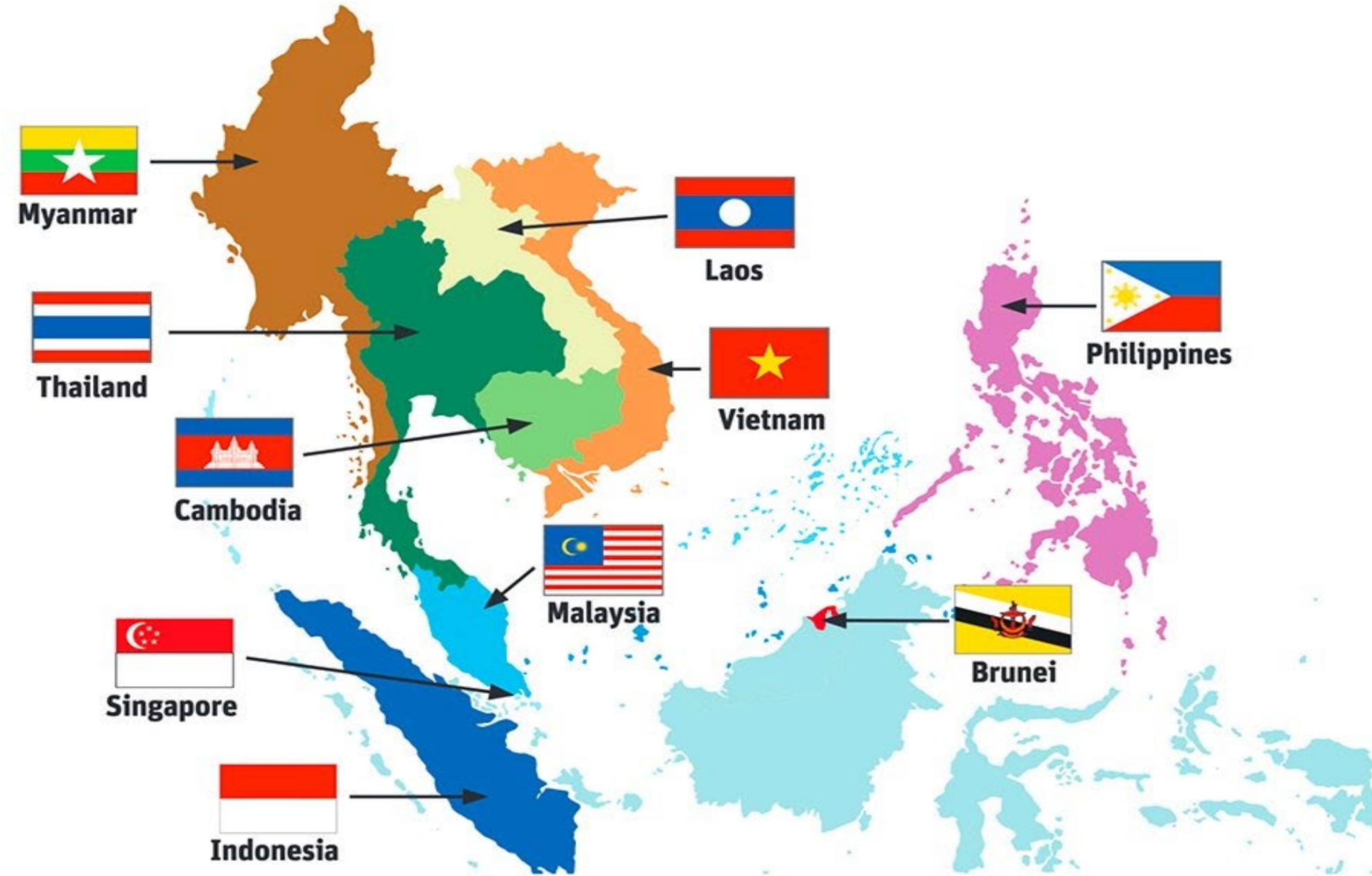
1 in 5 women experiences postpartum depression

South East Asia

Perinatal
mental illness
is poorly
understood

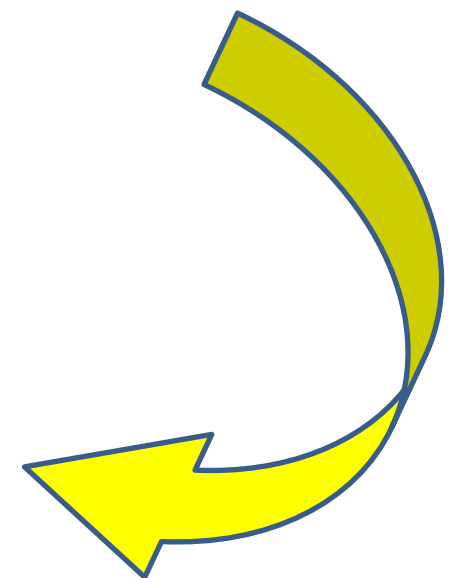


Stigma



Source: ASEAN | GETTY IMAGES/WP graphic

Lack of care
guidance
appropriate to
perinatal
mental health



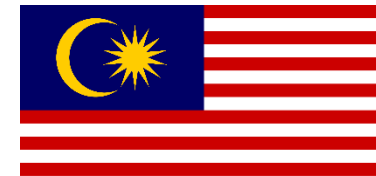
Inequity of access
to skilled mental
healthcare professionals

Prevalence of perinatal mental disorders



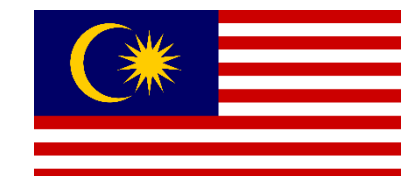
20-24%

Mental illness
during
perinatal



10-13%

Antenatal
depression



4.0-27.3%

Postnatal
depression

(Korja et al. 2018; Earls et al. 2019; Yeaton-Massey and Herrero 2019; Arifin et al. 2018)

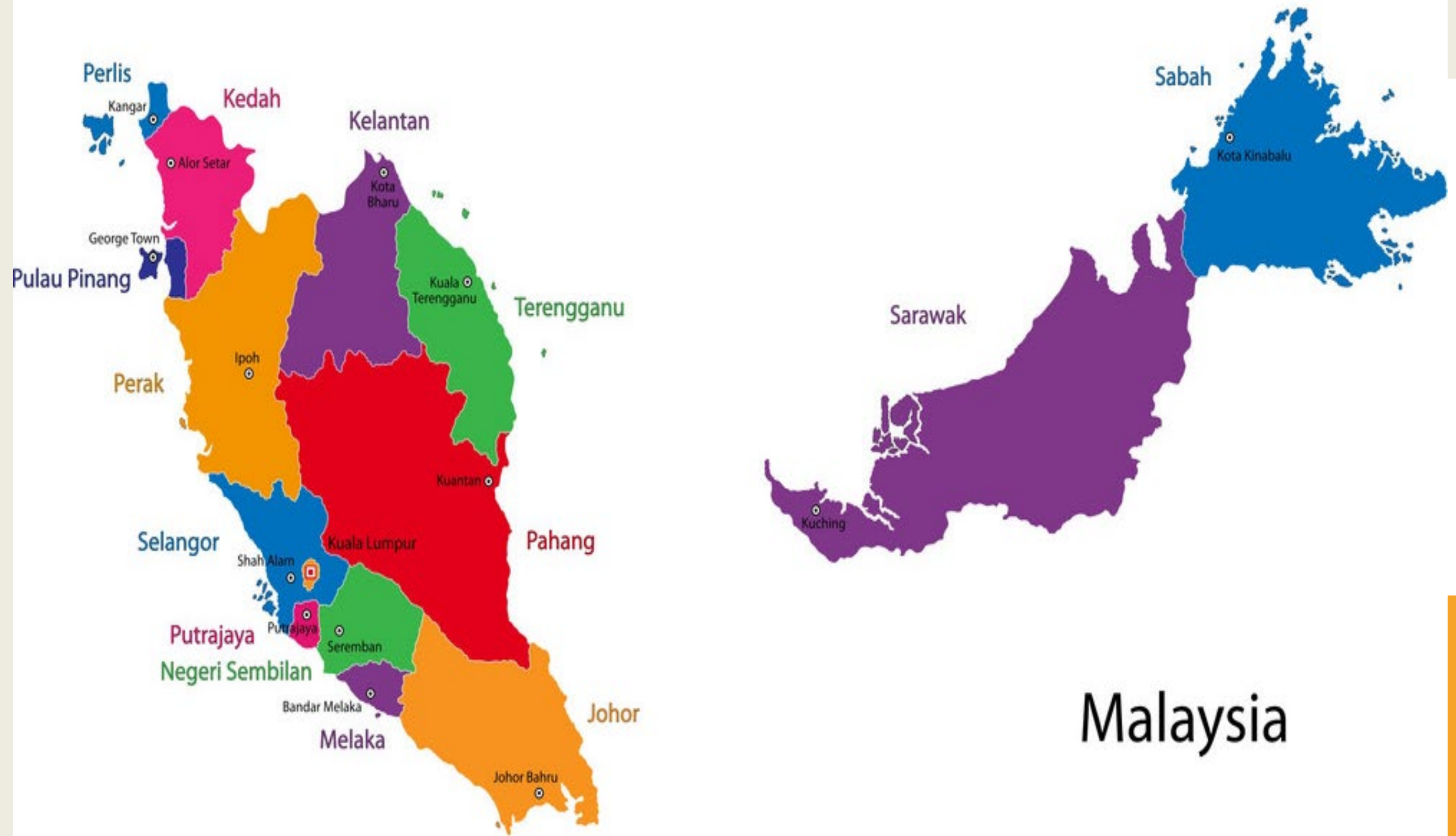
Multicultural
country

Middle-income –
high-income country

Population in
2022: 32.7 million

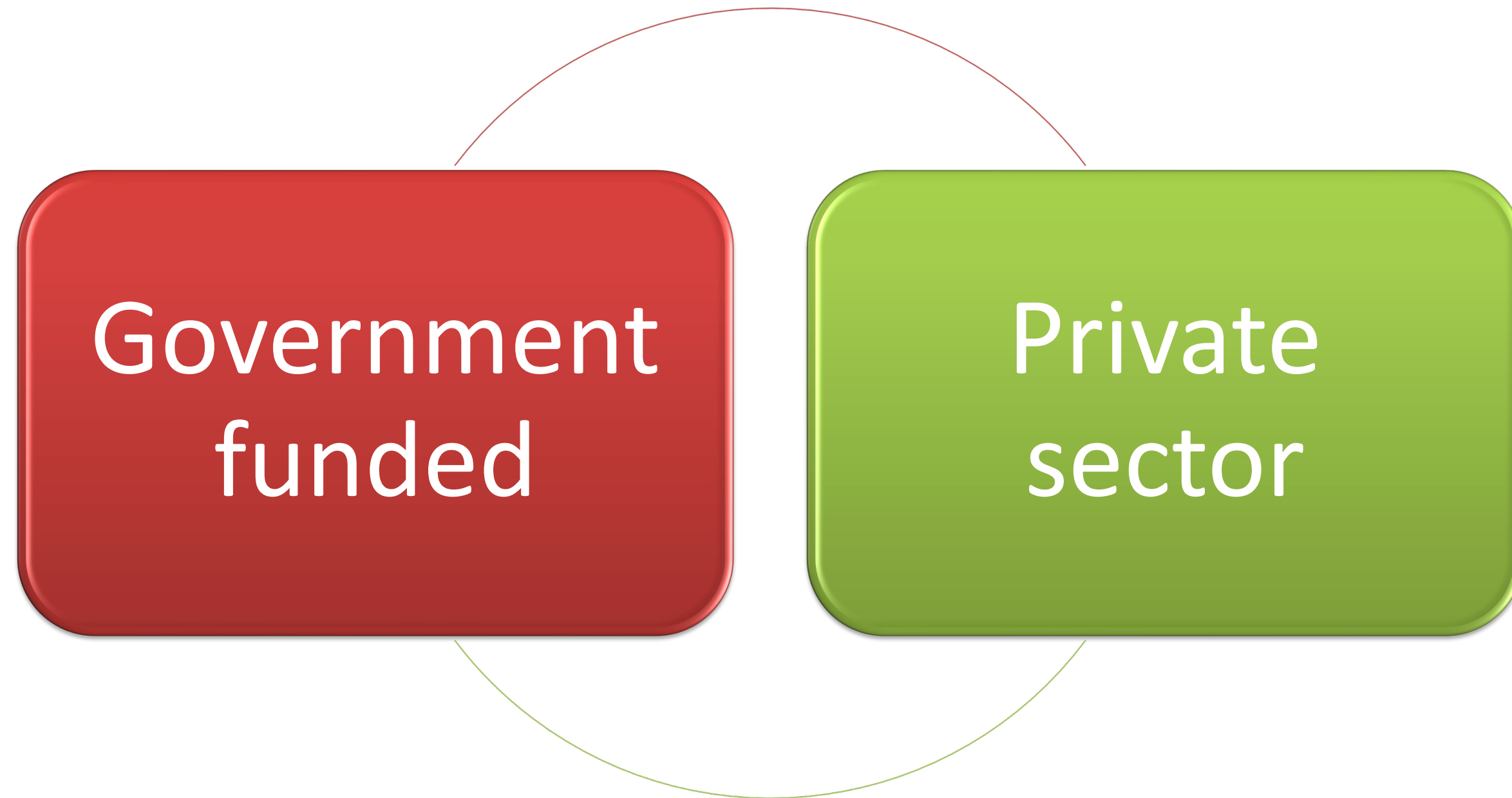
15.7m females

16 births per 1000
population



Malaysia

General healthcare in Malaysia



General healthcare in Malaysia (Gov funded)



General Hospital



District Hospital



Health Clinic



Community Clinic

Psychiatrist - Obstetricians- family medicine specialists- Medical officers-Nurse-midwife

General healthcare in Malaysia (Teaching Hospitals)



General healthcare in Malaysia (Private)



Mental healthcare in Malaysia

Psychiatrist 1: 100,000 (1:10,000)

Clinical Psychologists 1:980,000 (1:5000)

Mental Health Nurses 6:100 000

Counsellor 1:52,000 (1:500)

What are the main issues?

Conceptualization of perinatal mental disorders as personal issue

Complex causal factors

A lack of structured knowledge

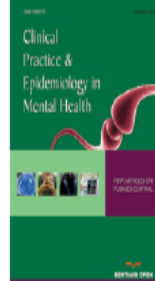
Barriers in seeking help

The lack of a relevant assessment tool

Conceptualization of perinatal mental disorders as personal issue


*Interviewer: How do you think they can help you in terms of reducing your stress?
I don't think so. They are more on the medical line; I don't think they will help in psychology (Mariama, Indian).*

"You can share with them, but it doesn't mean they will understand. Some will just listen to you. Some can give you advice, but not all are relevant, are they?" (May, Chinese).



Clinical Practice & Epidemiology in Mental Health

Content list available at: <https://clinical-practice-and-epidemiology-in-mental-health.com>



RESEARCH ARTICLE

The Malaysian Women's Experience of Care and Management of Postnatal Depression

Siti R.B.M. Arifin^{1*}, Helen Cheyne², Margaret Maxwell³ and Abdilahi Yousuf³

¹Department of Special Care Nursing, Kulliyah of Nursing, International Islamic University Malaysia, Kuantan, Pahang, Malaysia
²Nursing, Midwifery and Allied Health Professional (NMAHP) Research Unit, University of Stirling, Stirling FK9 4LA, United Kingdom
³College of Medicine and Health Sciences, Jijiga University, Jijiga, Ethiopia

Abstract:

Objectives:

Early detection and intervention for Maternal Postnatal Depression (PND) are imperative to prevent devastating consequences for mothers, babies, and families. However, there are no guidelines that explicitly focus on the management of PND in Malaysia. Consequently, it is unclear whether women with PND are receiving proper care and treatment. Therefore, this study aimed to explore Malaysian Women's experience in managing PND symptoms.

Methods:

A qualitative study was conducted among 33 women attending Maternal and Child Health (MCH) clinics in Kuala Lumpur. Data were obtained through a face-to-face semi-structured interview and analysed using framework analysis.

Results:

The women considered PND as a personal and temporary issue. Therefore, professional care was deemed unnecessary for them. Additionally, all Malay women considered religious approach as their primary coping strategy for PND. However, this was not the case for most Indian and Chinese women.

Complex causal factors

Genetics factor

Hormonal changes

Lack of support

Financial constraints

Family problems

Tradition-modernity
conflicts

Transition to motherhood

- *“I was alone; there’s nobody to help me. All were depending on me. The pressure was there. I felt like no one cares” (Adlin, Malay).*
- *“I always think about that [financial problems]. Those things can make me more emotional” (Neeta, Indian).*
- *“My mother-in-law follows the traditional practices strictly. So, I was stressed. That’s why I was stressed. When my baby had jaundice, she [mother in law] showered him with various types of leaves. I’m not that kind of person. I live in the city for quite some times so I can’t follow her way” (Rohana, Malay).*

A lack of structured knowledge

- Women reported the symptoms of having headaches
- HCPs suggested the symptoms of postnatal depression include a reduction in passing urine and bowel movements and increase in blood pressure.
- Women with excellent physical health, coping well, and conforming to their health advice were perceived by HCP as having good mental health.
- Those who did not adhere to a ‘proper norm’ were regarded by the HCPs as having PND.

“When there is increased or decreased blood pressure, that’s the time to ask more” (Hani, Community nurse).

Barriers in seeking help

- Help seeking was shaped by women's ability to recognize the symptoms, and reactions (experienced or anticipated) of others.
- ‘Perceived duty’ → an individual perception of the roles and obligations of a service (HCPs focused more on physical health)
- ‘Culpability’ → whether a service is to ‘blame’ when it fails to meet its obligatory duties or does not do things within the scope of duties (women wanted to seek help-change their mind).
- Accept the HCPs’ failure to address their emotional health

“They didn’t ask about me, not at all. They only asked about my baby” (Kareena, Indian)

“The nurses didn’t ask like, do you have any problem? They just ask about my baby’s health, and then they asked about family planning, that’s all, nothing on emotional things” (Anjali, Indian)

And one more, maybe stigma. It written in the book that they have mental illnesses, so it might be a factor that patients refused to go for counselling and others (Dr M, Medical Officer).

The lack of a relevant assessment tool

- The most common limitations discussed were the unavailability of a suitable tool, time constraint to properly assess the mental health status of women during routine maternal care.
- HCP appeared to believe that the assessment and detection of perinatal mental disorders in Malaysia may not be accurate.

So far, we did not do any screening, except those with known case of mental illness or social problems (Dr. Zati).

Patients also have limited time; they have outnumbered us. We do not have time to interview thoroughly (Dr. Mira).

What had been done?

Mental Health in Perinatal Care Manual

Financial support to conduct research on perinatal mental health

The new screening tool developed and tested

Website initiated- Mama OK

Social media promotion - mom.my

Community engagement project

Integration within UG curriculum

Local and international research collaborations

UK-South East Asia Perinatal Mental Health Partnership

Training module for nurses and doctors

Get NGO participation in teaching & research

Mental Health in Perinatal Care Manual

1

Managing perinatal mental health condition in pre-pregnancy

2

Managing perinatal mental health condition in antenatal

3

Managing perinatal mental health problems in postpartum

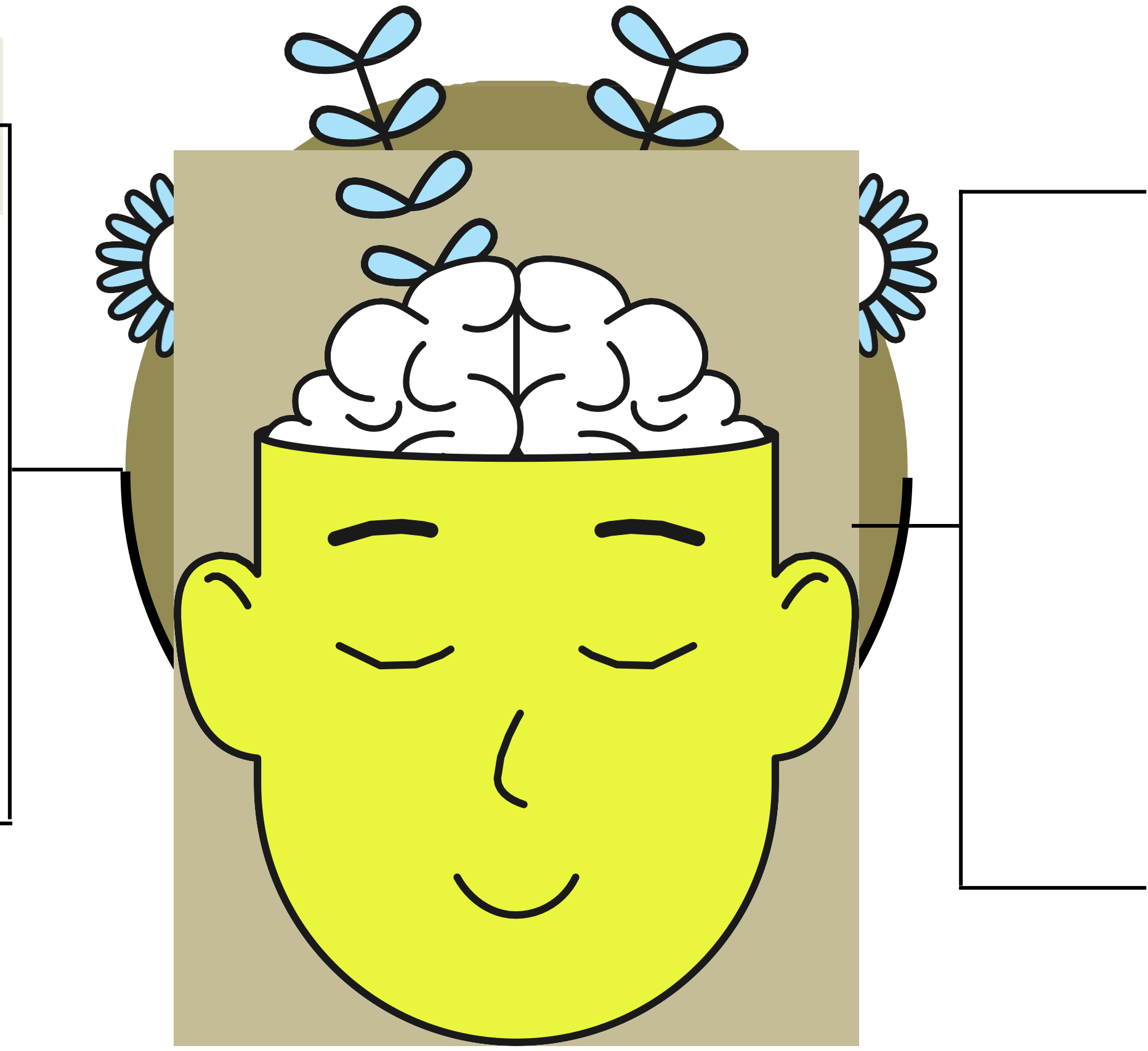
Perinatal Mental Health Conditions

Depression & anxiety

Postpartum Psychosis

Schizophrenia
BPD

Substance Use Disorders



SOP 13: DEPRESSION AND ANXIETY

Assessment	Lab investigations and PE findings	Diagnostic criteria and Differential diagnosis	Care plan		
			Management	Level of personnel	Level of care
<ul style="list-style-type: none"> • Disease Status: Acute/Remission • Functionality e.g work, interpersonal and activity of daily living • Comorbidities: other psychiatric illness or with medical illnesses • Psychosocial risks e.g unemployment, poor social support • Suicidal risks 	TFT (if it has not been done before)	<p>Common Types:</p> <ul style="list-style-type: none"> • Depression • Major depressive disorder • Persistent depressive disorder (dysthymia) <p>Anxiety</p> <ul style="list-style-type: none"> • Generalised anxiety disorder • Panic disorder • Other anxiety disorder <p>Severity:</p> <ul style="list-style-type: none"> • Mild • Moderate • Severe with psychosis or suicidality 	<ul style="list-style-type: none"> • Counsel on risk-benefit of treatment options in pregnancy. • For mild-moderate depression/anxiety with low risk of relapse, aim to achieve remission and complete treatment before pregnancy. • For moderate-severe depression and/or high risk of relapse, counsel on risk-benefit of medications. • If medication is indicated but the patient refuses, offer adequate support, refer to FMS or psychiatrist, or offer intensive psychotherapy if available. 	MO/ FMS/ Psychiatrist	Health Clinic/ Hospital ± specialist
<ol style="list-style-type: none"> 1. Depression and anxiety are common mental disorders. 2. Depression is the leading cause of disability worldwide and is a major contributor to the overall global burden of disease. 3. Depression can lead to suicide and devastating psychosocial adverse effects. 					

Research on perinatal mental health research



Ongoing
Projects



COMPLETED

- Development of a spouse-inclusive framework for digital self-care management of perinatal depression and anxiety (FRGS- 1 Sep 2022-31 Aug 2024)
- A web-based self-help intervention (Mama OK Kit) for Perinatal Depression and Anxiety: The effectiveness and women's experiences ((IIUM-UNISZA-UKM-USIM -1 Sep 2022-31 Aug 2024)
- Improving Maternal Mental Health in Indonesia - Malaysia through Assets Based Approaches (University Muhammadiyah Yogyakarta)

- Research on Review and Mapping of Mental Health and Psychosocial Support Services in Malaysia (Yayasan Hasanah)
- Improving maternal mental health in South East Asia through assets-based approaches. (UK Medical Research Council)
- Postnatal mental illness: towards designing an assessment tool for Malaysian mothers (IIUM-UNISZA-UPSI-USIM)
- Recognition of perinatal depression: Exploring healthcare professionals and women's knowledge and awareness (IIUM)

Community engagement project



What is required?

Women

Personal/community /digital intervention

Spouse/family/peer support based intervention

Perinatal mental health at postgraduate/advanced diploma (midwifery & PHN)

Continuing professional development (CPD) programmes- to target MCH staff

Nursing/Medical education

Clear pathway on the management and referral

Regular training schemes on perinatal mental health

Service/Clinical Practice

Perinatal mental health services

Mother and baby psychiatric units

Mother and baby mental health units

Leverdale Hospital
Glasgow

St John's Hospital
Livingston

Linsey's home
Inverurie, Aberdeenshire



Conclusion



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INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
وَتَرْبِيَةُ النَّارِ بِمَا بَلَّغْنَا
Center of Knowledge and Virtue

LEADING THE WAY
KHALIFAH - AMĀNAH - IGRA' - RAHMATAN LIL-ĀLAMĪN
LEADING THE WORLD



AN INTERNATIONAL AWARD-WINNING INSTITUTION FOR SUSTAINABILITY

There have been significant reforms to perinatal mental healthcare in Malaysia.

Conclusion



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The present public healthcare services in Malaysia do not fully provide perinatal mental health services for pregnant mothers.

Conclusion



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Increased mental healthcare budgetary provisions are needed to address the lack of such services.

Conclusion



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Focused training for staff of MCH clinics might deliver significant improvement in mental healthcare.

Conclusion



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Ministry of Health Malaysia aims to enhance mental health service delivery and to empower the community to care for their mental health.

Women with perinatal mental health issues should be socially supported within their community to perform self-care management.

Conclusion



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Collaboration/ multidisciplinary
research is required

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Thank you!



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