

Title: Supporting men who are experiencing paternal postnatal depression (PND)

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Abstract: Paternal postnatal depression (PND) is a condition that negatively affects fathers to a largely similar extent as mothers. Despite this, it is not commonly understood in society, which translates into a lack of support for fathers in healthcare settings. Fathers' PND experiences are different from those of mothers with PND, including anger, denial, and increased suicide risk. The impact of paternal PND is not only limited to fathers, with the condition being linked to depression in mothers, and issues around the psychological wellbeing of children. Nurses may face barriers in their knowledge of paternal PND due to a lack of historic research, but can use their own professional skills, incorporating NMC values, alongside the lived experiences of fathers, to provide support and care to depressed fathers. Using a family-centred approach is of benefit when supporting fathers with PND, and can reduce stigma and support fathers disclosing depression and help-seeking.

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Supporting men who are experiencing paternal postnatal depression (PND)

Aims and intended learning outcomes

This CPD is aimed primarily at nurses, including mental health nurses, in order to increase their awareness of paternal PND. It may also be relevant to health visitors, midwives, and GPs, who might consider supportive interventions for men with, or at risk of, PND. After reading this article and completing the time out activities, you should be able to:

1. Understand the extent of PND in fathers;
2. Explain why knowledge of paternal PND is relevant for mental health nurses;
3. Be able to identify factors contributing to PND in men;
4. Recognise how nurses can support men and their families to seek help for paternal PND.

Introduction

The changing context of fatherhood

In contrast to historic parenting norms – where women were largely responsible for childrearing and household labour and men worked outside of the home to provide financially (Oakley, 1972) – contemporary parenting roles have undergone historic shifts since the 1970s (Eerola & Huttunen, 2011). Today, while fathers are still often socialised to be financially responsible for their families (Ewald et al., 2020), they are increasingly expected to contribute to childcare within the home as active parents. Yet, whilst many fathers wish to have greater emotional involvement with their children than they experienced with their own fathers (Finn & Henwood, 2009), research also suggests that the transition to fatherhood can be difficult for some fathers.

Fatherhood is a major life transition for men – described as “a rollercoaster” (Baldwin et al, 2019) – including mixed feelings of relief and bewilderment (Al Tarawaneh et al, 2020). Challenges for contemporary fathers include ongoing pressure to be financially responsible for their new families,

learning to care for a baby, or getting used to new identities as a father. However, whilst many fathers quickly overcome initial difficulties, research increasingly suggests that new fatherhood can trigger mental health problems in some fathers. This article focuses on paternal postnatal depression (PND) as a condition, including its extent, risk factors, and impact, in order that nurses and other professionals can identify and support new fathers with PND.

Section One: Postnatal depression in men

The current situation for fathers experiencing mental illness:

Factors that are known to shape fathers' mental health during the postnatal period include challenges around their role(s), negative feelings, and the identity around fatherhood (Baldwin et al., 2018). Interventions for fathers experiencing mental health difficulties have included psychosocial approaches (e.g. antenatal education or groups; Rominov et al., 2016), couple interventions (e.g. covering partner support; Rominov et al., 2016), text messaging support (Fletcher et al., 2017), telephone helplines (Fletcher et al., 2020), and antenatal and promotional guides by health visitors with both parents (Baldwin et al, 2022).

Despite such interventions there is no universal support service for UK fathers. Screening has been found to be beneficial in some research (Schuppan et al., 2019), with the Edinburgh Postnatal Depression Scale (EPDS) having been validated for fathers (Matthey et al., 2001). However, this is not routinely used and fathers are not routinely screened, meaning fathers' needs often remain unmet by services. Fathers feel they do not receive the support they want, emotional support being one example (Mayers et al, 2020). Regarding witnessing traumatic births, fathers identified feeling unimportant postnatally and within services (Daniels et al, 2020). In particular, they felt that services prioritise the mother (Hambidge et al, 2021).

Nevertheless, there are services fathers can access. The National Institute for Health and Care Excellence's (NICE, 2022) guidelines on the treatment and management of depression in adults

suggest a range of treatment options which should consider patient preferences and severity of depression. These include medication, guided self-help, group or individual Cognitive Behavioural Therapy (CBT). Fathers can approach their midwife or health visitor for referrals to other support (Institute of Health Visiting, 2020) and there are a range of father-specific support services, such as the charities that are listed at the end of this paper in Time Out Seven.

The extent of paternal PND

Maternal PND has a prevalence in high income countries of approximately 10% (Woody et al, 2017). Likewise, a qualitative systematic review suggests that PND also exists in the lived experience of men (Davenport et al, 2022) and that 8-10% percent of fathers are affected (Cameron et al., 2016; Paulson & Bazemore, 2010). However, men with depression may be less likely to be diagnosed than women (Courtenay, 2011) because healthcare systems favour women (Courtenay, 2011). Fathers also experience stigma in relation to their masculinity and help-seeking (Rominov et al, 2018; Venning et al, 2021). Further, care pathways recommend that mothers are assessed for perinatal mental illness (NICE, 2014), but there is no similar approach for fathers.

A good practice guide into supporting partners in specialist perinatal mental health services has an underpinning principle of 'Think Family' (Darwin et al, 2021). Alongside the mother, fathers potentially encounter professionals during transition to fatherhood, including midwives and health visitors, but also perinatal mental health nurses, paediatric/neonatal nurses, and GPs. Evidence has already suggested that screening is perceived as beneficial by fathers in helping them recognise and disclose their PND (Schuppan et al, 2019), and so it is beneficial to both ask fathers about their wellbeing (Baldwin et al., 2021) but to also be aware of how their PND may be experienced.

Presentation of paternal PND

During the transition to fatherhood, men experience changes that are physical, emotional, and social, which include experiences such as tiredness, weight gain, and a sense of financial

responsibility (Baldwin et al., 2021). They also struggle to manage a home-life balance (Baldwin et al., 2018). More specifically, paternal PND affects fathers through emotions, including anger, shame, powerlessness, confusion, exhaustion, and a sense of isolation (Davenport et al, 2022). Fathers with postpartum depression (another term for PND) experience suicidal thoughts (Pedersen et al, 2021), and fathers' suicide risk presentation increases by about twenty times if they have postpartum depression (Quevedo et al, 2011). Further, some symptoms of PND are not immediately apparent. For instance, fathers with PND perceive financial stress and difficulties assuming their fathering role to be important (Baral & de Guzman, 2021), which has the potential to be minimised as a normal part of becoming a parent.

The effects of paternal PND on the partner and infant

The father's family are very relevant in his PND experience. Paternal depression worsens the impact of maternal PND on infants (Mezulis et al., 2004). A mother's behaviour also changes if the father of her baby is depressed, which is associated with maternal gatekeeping (where the mother controls time with the baby (Thomas & Holmes, 2020). Paternal PND also affects infants and is associated with emotional and behavioural difficulties in children aged three and a half (Ramchandani et al., 2005) – particularly in male children (Ramchandani et al., 2005) – and with psychiatric disorder at age seven (Ramchandani et al., 2008). With this in mind, it would also be useful for health visitors (who support families of pre-school children), school nurses, paediatric nurses, and mental health nurses in CAMHS settings, to consider the mental health of fathers when assessing and managing children's needs, which is particularly supported by Ramchandani et al.'s (2009) observation that positive paternal mental health may improve child wellbeing in the long term.

Time out 1: Write three points about what you have now learned about paternal PND, including the known prevalence, some symptoms, and the effects this might have on the father and others.

Section Two: Risk factors, help-seeking and contemporary fatherhood

Social factors

One consistent factor increasing a father's risk of PND is maternal depression (Nishimura et al. 2015; Chhabra et al, 2020; Ansari et al., 2021). One recent systematic review found that 3% of couples experience perinatal depression at the same time (Smythe et al, 2022). Similarly, when fathers report poor relationship quality, this is also associated with depression (Nishimura et al., 2015, Chhabra et al, 2020), and so taking into account relationship difficulties – which may be disclosed in health settings by either partner – may also suggest paternal depression. Socioeconomically, there are numerous reported risk factors for PND including include unemployment (Ayinde & Lasebikan, 2019; Finnbogadóttir & Persson, 2019), financial difficulties (Barral & de Guzman, 2021; Finnbogadóttir & Persson, 2019), and higher social deprivation (Dave et al., 2010). Poor social support is also linked to paternal PND (Gray et al, 2018). Early fatherhood is associated with detrimental life outcomes (Dariotis et al., 2011), with young fathers experiencing more symptoms of depression than older fathers (Dave et al., 2010; Gray et al. 2018). Thus, offering support to fathers who may be marginalised or disadvantaged, including signposting to welfare support, would be advantageous.

Psychological factors

Psychologically, paternal depression during their partners' pregnancy has been linked to fathers' reported Adverse Childhood Experiences (ACE) (experiencing trauma as children) (Skjothaug et al, 2015). Prenatal depression is also a predictor of PND in fathers (Maleki et al, 2018), suggesting that pregnancy is a time of increased mental health needs for men. This is also experienced on a broader level than PND. For example, Condon et al (2004) noted that fathers found pregnancy the most distressing time. Stress reduces father wellbeing and coping (Russell et al, 2021). Subsequently, negative coping techniques, such as avoidance or detachment, are associated with depression in fathers (Livingstone et al, 2021).

Fathers' help seeking and the partner

Given the repeatedly documented association between maternal PND and paternal PND (Goodman et al, 2008; Paulson & Bazemore, 2010), it is important to recognise the mother's depression as a risk for men. In the continued absence of formal screening, there is an opportunity for professionals to ask fathers about their mental health if they encounter women with perinatal mental health issues, and asking fathers directly is recommended (Baldwin et al, 2021). There are plans by NHS England (2018) to screen fathers (in England) where the mother is receiving perinatal mental health support, but this is not yet implemented and still risks fathers' needs being missed. In terms of signposting, the GP is the preferred professional for fathers' help-seeking for their postnatal mental health (Baldwin et al, 2019), though often when their symptoms are significant (Darwin et al, 2017). Despite this many men may also not be aware of which professionals to turn to or where to go to get help (Baldwin et al, 2019).

Another way that partners influence the father's mental health is through their role in help-seeking. Female partners are fundamental in influencing men to seek help (Norcross et al, 1996) but postnatally, fathers feel their needs are not valid (Darwin et al, 2017). The partners' role is valuable, given they are the closest to fathers, and so may be the first to see they are unwell and influence their help-seeking, as shown through the lived experience of one father who identified his partner as being the one who saved his life (Davenport & Swami, 2022). Conversely, the partners may also not be fully aware of their PND, with health literacy around PND in fathers being limited in comparison to mothers in one UK sample (Swami et al, 2020).

Contemporary fatherhood

Contemporary fatherhood is an often-used term to explain the changing role of fatherhood. Traditionally, the man's role in parenting is viewed as being the financial provider (Ewald et al, 2020), but contemporary fathers want to be increasingly involved with their children (Holmes et al, 2021). Consequently, they feel difficulties balancing their conflicting home and work roles (Baldwin

et al, 2018; Davenport et al, 2022). This may increase stress for men, which is further associated with depression (Philpott et al, 2022).

Families and fathering are increasingly diverse, where fathers can be single, separated, blended, and not living with their child (Waldvogel & Ehlert, 2016). Literature now explores gay fathers and their pathways to fatherhood (Blake et al, 2017), and trans fatherhood (Condat et al, 2020).

Contemporary fatherhood is also experienced in relation to socioeconomic factors. One study into young deprived fathers identified men who adopted to numerous formats of fatherhood including step-fathering (Tarrant, 2021), including involvement with increased social institutions, such as social services, welfare benefits, and housing support (Tarrant, 2021). Therefore, fathers no longer have a predictable social pathway they should follow. Rather, fathers reflect on their own role models (Scheibling, 2020). Feeling good about their parenting is also important, because high status in fatherhood is associated with increased childhood involvement (Fagan, 2021).

Time out 2: Have a discussion with a colleague about how paternal PND may affect how fathers seek help for their condition. What may facilitate this and what may be the barriers? Why?

Section Three: The nurse's role and paternal PND

Professional support of depressed fathers

There are a number of professionals that encounter fathers in their work, with many of them being nurses. This contact may be indirect, such as through the mother or child. The Nursing and Midwifery Council Code (NMC, 2018) recommends that nurses 'listen to people and respond to their preferences and concerns' (p6). However, in the case of fathers suffering mental health difficulties, they feel their needs are not valid in comparison to mothers (Darwin et al. 2017). which may limit their willingness to initiate conversation about their psychological experiences. Listening should also involve broader observations around the visible signs fathers may be suffering from depression,

which may include weight changes, conversation speed, and low energy (National Health Service, 2019). Further signs include social withdrawal or family difficulties (NHS, 2019).

Hammarlund et al (2015) conducted research with paediatric nurses who were interested in the emotional experiences of fathers, but who found paternal depression to be an unclear concept they did not fully understand. Yet the NMC code (NMC, 2018) outlines that nurses should 'accurately identify observe and assess signs of normal or worsening physical and mental health in the person receiving care' (p15). Therefore, in the instance of paternal PND, it is necessary for nurses to quickly establish a trusting and supportive therapeutic relationship with the fathers that they meet, in order to be able to assess his mental health. Further, in cases where this is not within the scope of a nurse's knowledge, they should seek support from other professionals in order that fathers' mental health needs are assessed and met.

Caring for fathers and promoting Evidence Based Practice

Nurses should also deliver evidence-based practice (EBP), a concept devised by Sackett et al (2006) as combining the best available evidence, the clinician's expertise, and the experiences of patients. A systematic review on men's experiences of postnatal mental health (Baldwin et al, 2018) recommended that professionals should 'routinely educate expectant fathers about the changes they experience' (p2143), and 'make appropriate referrals for fathers to other professionals' (p2144).

For PND, Holopainen and Hakulinen (2018) recommended prevention, identification, and recognition of symptoms for fathers, and suggested that healthcare professionals should support the needs of fathers with PND, in part due to the disparity between the father's support needs and what is available. Davenport et al (2022) also suggested that professionals (including GPs) acknowledge that depression in men presents atypically in the perinatal period, and that this should be considered when men present with depression. It is also important to note that fathers fear what will happen if they disclose their depression to professionals (Davenport et al., 2022). Therefore, a

transparent, inclusive, but also sensitive inquiring approach should be taken with fathers in relation to their mental health.

Regarding signposting, in addition to the professional agencies such as GPs, midwives and health visitors, and mental health charities for fathers (see Time Out 7) are ideal bodies to represent and support fathers with depression. There are also numerous father mental health advocates who openly share their experiences on social media, who by sharing their difficulties aim to reduce stigma into fathers' mental health.

Time out 3: Read Mark Williams' blog at <https://www.longtermplan.nhs.uk/blog/landmark-move-will-save-lives/> and write your thoughts about the proposal to offer perinatal mental care to fathers/partners

Practitioner expertise around paternal PND is a limited concept because the condition is still emerging and not officially recognised in the same way as maternal PND. However, the involvement and support of professionals assists men's help seeking. A study into the use of antenatal and postnatal promotional guides recommended that if health visitors approach fathers about their mental health, then there is a greater likelihood of them disclosing their needs and engaging with professionals (Baldwin et al, 2022). Additionally, reflecting on the condition as part of ongoing professional development is useful in terms of enhancing a nurse's experience.

The nurse's attitude towards fathers:

The Fatherhood Institute and Fathers Network Scotland's (2018) study, "How was it for you?" identified the exclusion experienced by fathers through being unwelcome. The Fatherhood Institute's further report, "Dads shut out" (2020), highlighted that during the period of coronavirus restrictions, 80% of fathers were excluded from appointments or scans. Notably, the participants for these reports were not all depressed, which suggests that if a large population of fathers feel excluded, then those with depression are likely to suffer increased isolation without support and

encouragement from nurses. An approach based on care and compassion, in addition to reassurance, will validate a father's experience, minimise stigma, and support disclosure and help seeking.

By recognising the patterns of PND, and the impact this has on the family, asking fathers about their wellbeing at any encounter, and offering non-judgemental encouragement and support is suggested as the key point that mental health nurses take away and apply to their own practice. They should do so in accordance with the NMC code to fulfil their professional role within the context of paternal PND, basing care on the best available evidence.

Time Out 4: Try to identify your feelings and attitudes towards fathers who may be experiencing paternal PND and how these might affect your approach to caring for fathers and their families.

Conclusion

This CPD article has focussed on the condition of paternal PND, which occurs to a similar prevalence to mothers. PND in fathers increases suicide risk, affects the wellbeing of the mother, and the development of their children. Currently, it is acknowledged that whilst there are no universal support services for fathers' mental health, asking fathers should be asked by professionals about their mental health experiences, and signposted or referred to further support if necessary. Whilst PND is a condition which affects fathers, nurses have the opportunity in their direct and indirect encounters with fathers to achieve these recommendations. There is a current inequality in father support, and a need for further attention to developing a perinatal care pathway for fathers.

Time out 5: Identify how paternal PND applies to your practice and the requirements of your regulatory body

Time out 6: Now that you have completed the article, reflect on your practice in this area and consider writing a reflective account: www.rcni.com/reflective-account

Time out 7: Enquire if there are local support agencies, such as charities, for fathers in your practice area. Consider the following resources for future encounters with fathers at risk of mental health difficulties:

DadMatters UK: <https://dadmatters.org.uk/>

The Institute of Health Visiting: <https://ihv.org.uk/wp-content/uploads/2015/05/PT-Understanding-your-emotional-health-and-wellbeing-following-the-birth-of-your-baby-fathers-FINAL-VERSION-19.6.20.pdf>

The Fatherhood Institute: <http://www.fatherhoodinstitute.org/>

Key take away points:

- Fathers suffer PND at a similar prevalence to mothers
- PND in fathers increases suicide risk in men postnatally, and negatively impacts the mother's mental health and infant development
- Lack of universal mental health support for fathers suggests a potentially high level of unmet needs
- Men need to be asked about their mental health by professionals who encounter them directly or indirectly in the postnatal period.

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