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Paternal perinatal mental health difficulties: An evidence review commissioned by the National Childbirth Trust¹

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Introduction

- For all the fulfilments it can bring, becoming a father can involve extensive and sudden transformations and ample possibilities for challenge, anxiety and emotional extremes. It ought not to be surprising that evidence indicates it can regularly lead to significant mental health challenges. These have can have significant implications for the wellbeing of fathers themselves as well as that of their families.
- Although paternal perinatal depression and anxiety have been acknowledged and studied by the scientific community for some decades (Wee et al., 2011), perinatal depression remains more commonly understood as associated with motherhood in academic research, healthcare systems and broader society. In the last decade, the mental health of new fathers has begun to attract greater attention among practitioners, policy makers and media, amid campaigns for mental health screening of fathers and the conception of International Father's Mental Health Day (Hodkinson and Das 2021).
- This review presents evidence from a range of academic studies, covering prevalence, contexts, risk factors, consequences and recommendations.

Prevalence

- Evidence suggests paternal perinatal depression affects around 10% of new fathers (Gialo et al 2012; Paulson and Bazermore, 2010), making new fathers during perinatal period significantly more likely to suffer from depression and anxiety than the average for men (Freitas et al., 2016).
- Prevalence has been found to vary somewhat from study to study and according to country, with particularly high rates reported in the United States, though it should be noted that the amount of evidence varies significantly between countries (Cameron et al., 2016; Paulson and Bazermore, 2010).
- While perinatal depression can affect fathers at various points during the process of having a baby, some studies indicate prevalence may be higher in the post-partum period. For example, a meta-analysis of 43 different studies by Paulson and

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Bazermore found that depression among fathers 3-6 months after birth was 26% (Paulson and Bazermore, 2010; also see Cameron et al 2016).

- It is important to note that such figures often centre upon depression or depressive symptoms, and that if a broader range of mental health challenges were to be included, including anxiety-related disorders, overall prevalence would likely be higher (O'Brien et al., 2017). This is compounded by evidence that mental illness in men tends to be underdiagnosed and underreported (ibid.).

Symptoms and experiences

- Studies indicate a range of negative feelings and symptoms associated with paternal perinatal anxiety and depression, from acute feelings of separation, loneliness or withdrawal, to acute worries, fatigue, irritability or anger, with significant implications for relationships and wellbeing (see section below).
- Familiar symptoms of depression are often used in identifying post-partum depression in fathers, including an ongoing depressed mood, diminished interest and pleasure in most activities, unintentional weight gain or loss, fatigue, psychomotor agitation or retardation, insomnia or hypersomnia, feelings of worthlessness or inappropriate guilt, lack of concentration, indecisiveness, and in serious cases, recurrent thoughts of death and suicide ideation (Scarff 2019).
- While symptoms may sometimes be consistent with such measures, studies indicate that depressed fathers - and men in general - may sometimes exhibit distinct symptoms also. Madsen (2019), for example, outlines how, while broader understandings of depression centre on inward symptoms, fathers with depression may be somewhat more likely than mothers to also experience outward symptoms such as a low impulse control or stress threshold, aggressiveness or anger. Fathers' symptoms may also be more likely to result in alcohol or substance abuse or other forms of risky behaviour (also see O'Brien et al 2016). These gender-distinct symptoms, it is argued, should be included by those seeking to screen for depression in new fathers (Madsen 2019; O'Brien et al 2016). It is equally important, however, to bear in mind that screening for symptoms of depression may not identify related forms of mental illness such as anxiety.
- Evidence also indicates that some experiences and impacts can be quite specific to the role and situation of new fathers. A survey of experts by Freitas et al., (2016), for example, draws attention to role confusion among new fathers, specific anxiety about their ability to father effectively, disengagement from caregiving, conflicts between ideals of masculinity and self-perceptions, grief for the loss of their previous lifestyle as a result of having a baby, and transformations in their relationship with partner. Meanwhile Scarff (2019) emphasises specific issues relating to the baby, including difficulties with father-baby bonding and/or excessive worries about the baby's health or about harming the baby that are consistent with obsessive compulsive disorders.
- There is also evidence of the potential for fathers' symptoms to spiral as the impact on relationships with close family and others generates negative feedback loops. Bronte-Tinkew et. al., (2007) emphasise disengagement, negative interaction with family members and perceived lower quality of the relationship with the partner as common, while Ramchandani et al., (2011) outline how negative behaviour towards relatives may then lead to further negative feelings. Hodkinson and Das (2021) found that a descent into spirals of guilt and self-blame in relation to the impact of fathers'

struggles on their families had often prolonged and exaggerated initial negative feelings.

Circumstances, Causes and Risk Factors

- The prevalence of mental well-being issues among those negotiating the process of becoming or adjusting to life as a new father ought not be surprising, given the intense emotional highs and lows, potential for stressful or traumatic events and sharp life transformations that having a baby involves, even where pregnancy, birth and postnatal life proceed comparatively smoothly (Hodkinson and Das 2021). Becoming a parent entails significant biographical disruptions (ibid.), forcing adjustments in role, identity and everyday life and with significant implications for wellbeing (Bury, 1982; Charteris-Black and Seale, 2013).
- Specific risk factors that have been found to be associated with paternal PND, however, include (but are not limited to): perinatal depression in the child's mother (Cameron et al., 2016; Kim and Swain, 2007; Paulson and Bazemore 2010); lack of social and support networks (Kim and Swain, 2007; Wee et al., 2011); relationship difficulties with the child's mother (Anding et al., 2019; Roubinov et al., 2015; Wee et al., 2011); perinatal loss, birth trauma or low birth weight/hospitalisation (Anding et al 2019; Field 2018); unemployment or low income (Anderson et al., 2005; Bergstrom, 2013; Roubinov et al., 2015); unplanned or unwanted pregnancy (Bruno et al., 2020; Scarff, 2019; Field 2018)

Masculinities and fathers' positioning

- These specific risk factors, though, need to be understood within the broader contexts of paternal disruption (above) and the gendered expectations society can place on new fathers. Several studies highlight the contribution of masculine pressures to the emergence or escalation of paternal wellbeing difficulties (Bronte-Tinkew et al., 2007; Clare and Yeh, 2012; Kim and Swain, 2007; Milner et al., 2019).
- Hodkinson and Das (2021) show how, during so potentially transforming and traumatic a time, fathers can find themselves positioned - by society, health workers, online resources and others - as supporters rather than full participants; offered little father-oriented information, preparation and support, and under pressure to be stoic, male support-providers.
- Other studies indicate that fathers can feel a strong sense of separation from key moments in the perinatal process as a result of their marginal positioning (Kowlessar et al., 2013) or that fathers' status as supporters can prompt them to disregard their own experiences, including those that might have implications for their wellbeing, perceiving these as invalid when the focus should be on their partner (Daniels et al 2020; Darwin et al., 2017; Hodkinson and Das 2021; Rinehart and Kiselica, 2010).
- Masculine supporter expectations entail pressure to conform to norms of self-sufficiency and stoicism even whilst facing intense difficulties and obstacles, making it particularly difficult for new fathers to acknowledge struggles or seek help (Rochlen et al., 2010; Primack et al., 2010; Rabinowitz and Cochran) and potentially contributing to the exacerbation of difficulties. The issue of fathers' challenges seeking help presents difficulties in identifying, diagnosing and exploring paternal perinatal anxiety and depression (Fletcher et al., 2020; Goldstein et al., 2020).

- Fathers often are unprepared for perinatal struggles as a result of minimal information, preparation and support at different stages of the process of having a baby. Fathers can find they're ill-prepared, for example, for difficult events such as traumatic births, stillbirths or other complications for either mother or baby (Elmir, 2013; Fägerskiöld, 2008; Jones et al., 2019; Vallin et al., 2019) or for the emergence of mental wellbeing difficulties before or after having a baby. Specialist support for fathers who are suffering from wellbeing difficulties, meanwhile, is patchy and can be difficult to find, while peer support networks for fathers are similarly scarce (Brooks and Hodkinson, 2020; Doucet, 2006);
- The difficulty fathers can have identifying significant wellbeing challenges and seeking help for them is a significant barrier to overcoming the problem (Primack et al., 2010; Rabinowitz and Cochran, 2008; Seidler et al., 2016). Studies indicate a lack of emotional support for fathers within their social networks (O'Brien et al., 2017); and a tendency to communicate emotions through actions rather than verbally (Coates 2008, Robertson, 2007)

Impact on family and children

- As well as being of significant concern with respect to the wellbeing of fathers themselves, evidence suggests that paternal perinatal mental health struggles can have an impact on partners, relationships and children.
- Firstly, studies indicate a relationship between paternal depression and tensions between partners, and the general functioning of families. Ramchandani et al (2011) found an association between paternal depression during the first three months after having a baby and self-reported disharmony between partners or lack of satisfaction with their relationship during this time, while Kouros et al (2014) show how relationship quality or disharmony can spill-over into parenting and interactions with children and that this can be moderated in particular ways by parental depression.
- There is some variability in evidence assessing the relationship between paternal perinatal depression and children's development and it is important to note the difference between correlation and causation, but several studies have indicated a possible relationship (Cui et al 2020; Kim and Swain, 2007; Paulson and Bazemore, 2010; Ramchandani et al., 2011; Ramchandani et al., 2005; Schumacher et al., 2008). A meta-analysis by Gentile and Fusco (2017), for example, found that fathers' experience of anxiety and depression, especially during postnatal period, was positively correlated with hyperactivity and behavioural issues in younger children (also see Fletcher et al 2011; Ramchandani et al 2005). Cui et al., (2020) indicate the link with behaviour difficulties may be at its strongest during early childhood, though, Sweeney and Macbeth (2016) identified a correlation between antenatal and postnatal depression and internalising and externalising behaviours during adolescence.
- Some studies indicate that a greater likelihood of negative forms of behaviour towards children may form part of the explanation for such correlations. Davis et al., (2011) suggest fathers' PND is associated with greater propensity for negative behaviour towards children, such as impatient or angry responses and even spanking, and with reduced positive interaction such as reading or play. Similarly, Wilson and Durbin (2010) show a correlation between paternal depression and a greater propensity for hostility, intrusiveness and disengagement, while instances of warmth and sensitivity became less frequent.

- It is important to note, however, that placing too much emphasis on impacts of parental mental ill-health on children as part of news and information on the subject has the potential to exacerbate feelings of guilt among those already struggling with perinatal mental health issues, so care must be taken in the way such evidence is reported (Das 2019).

Recommendations

- There are numerous ways in which enhanced provision for fathers might have the potential to reduce the chances of serious mental health issues arising during the process of having a baby and enabling more effective support if they do.

Inclusion as co-parents

- Fathers often report feeling excluded or marginalised by health and other support providers during the perinatal process (Deave and Johnson 2008; Kowlessar et al 2014), contributing to a sense that, ultimately, the process of having a baby is about their partner and not them (Daniels et al 2020), and that their own struggles are not legitimate (Hodkinson and Das 2021). In order for fathers and others to take their position and mental health seriously, it would be beneficial for them to be positioned and attended to throughout the process as full participants and co-parents rather than only as supporters on the sideline (Hodkinson and Das 2021). This might include anything from their greater inclusion by health care professionals, ante-natal class-leaders, web sites about parenting and mental health interventions (Bruno et al. 2020; Edward et al. 2015; Freitas et al., 2016; Gentile and Fusco, 2017), to more progressive policies on paternity leave, which would symbolically enhance fathers' importance as well as allowing greater chance to bond with their child from an early point (Kim and Swain, 2007; Scarff, 2019).

Education, information and preparation

- As well as greater inclusion in a broad sense, new fathers would benefit from greater practical preparation for all that becoming a father might entail, including understanding of different aspects of the process from the paternal point of view (from realistic, practical information about what to expect at scans, checks and birth, to information about bonding with new-borns and parenting (Bruno et al. 2020; Goldstein et al., 2020; Freitas et al., 2016; Lee et al 2018)), and specifically in relation to their own experiences, challenges and emotions (Kim and Swain, 2007; Roubinov et al., 2014). Dedicated antenatal and postpartum education programmes that are oriented to or fully inclusive of fathers, along with support materials designed for fathers, have been shown to have potential to improve outcomes and experiences (Edward et al., 2015; Goldstein et al. 2020; Lee et al 2018; Roubinov et al., 2014). Such education and preparation also could include an emphasis on the importance of support and encouragement between partners during perinatal period (Freitas et al., 2016; Kim and Swain, 2007; Williams et al., 2012);
- There is also the potential for such programmes to address some of the damaging stereotypes that can lead to or exacerbate paternal mental health difficulties. This includes addressing the stigma that might surround mental health labels and the specific difficulties created by adherence to masculine notions of the new father as stoic supporter-protector (Hodkinson and Das 2021).

- Perinatal services, then, should include fathers in their spectrum of responsibility, both to include them as full participants and enable them to recognise, understand and seek help for mental health difficulties should they arise (Fletcher et al., 2020).

Screening and support

- As well as preparing father better for the process of having a baby and the challenges it might entail, there is a need to identify and provide dedicated support for paternal perinatal mental illness where it does take place, in order to reduce the possibility of difficulties spiralling out of control. Since 2018 in the UK, fathers are automatically screened by the NHS for mental illness if their partner has been diagnosed with mental health difficulties, but research suggests it would be valuable to screen and make support available to all new fathers (Bruno et al. 2020; Davis et al., 2011; Lee et al., 2018) and, ideally, fathers should also be asked about their wellbeing at various points during the perinatal process (Hodkinson and Das 2021). Family-centric diagnostic tools could be useful, since the depression of one parent has a strong impact on another, and because often early symptoms can be more visible to partners (Cui et al., 2020; Gentile and Fusco, 2017)
- The use of digital technologies to supplement other forms of screening and support may be worthy of consideration, including digital systems designed to monitor mental health struggles and/or provide ongoing information and support. In one Australian example, ‘SMS4dads’, text messages are regularly sent to fathers with information on different facets and challenges they might be facing and with links to further online information or other forms of support (Fletcher et al 2017).
- It is also important to train healthcare professionals (and third sector practitioners involved in delivery of post- and ante-natal courses), to enhance understanding of paternal perinatal mental health difficulties and enable them to be more easily identified (Freitas et al., 2016; Bruno et al., 2020; Madsen, 2019).
- With respect to enabling fathers to find treatment and support, key contact points during the perinatal period offer valuable opportunities. Post-natal visits by midwives and health visitors may be worthy of particular focus. Making such visits explicitly more inclusive to fathers, including conversation about wellbeing, may be of value, while consideration might also be given to enabling health visitor support at more flexible hours to enable father involvement (Hodkinson and Das 2021; Lee et al., 2018). Studies emphasise, meanwhile, that cognitive behaviour therapy and psychiatric support and care should be made available and accessible as possible for fathers (Goldstein et al., 2020; Kim and Swain, 2007; O’Brien et al., 2017; Scarff, 2019) and that programmes based on mindfulness may also have value (Bruno et al. 2020).
- Given a tendency for fathers to feel isolated during the post-partum period it is also important to make it easier for new fathers to connect with one another, whether in the form of dedicated mental health support groups that enable the safe exchange of experiences (Bruno et al., 2020; O’Brien et al., 2017), or broader groups centred on spending time with other fathers, either face to face or online. Health care providers and others could be resourced to facilitate such groups and/or to provide information to new fathers about existing groups and networks (Hodkinson and Das 2021).

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