

Mental health of fathers in the perinatal period

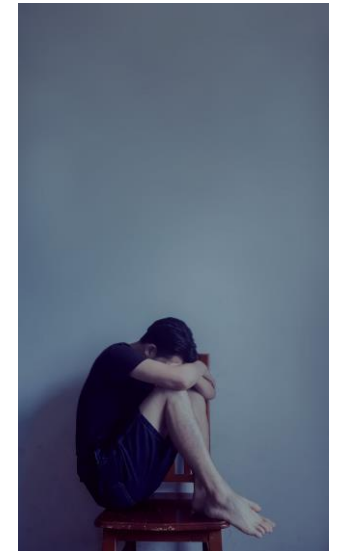
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Why fathers matter?

- ▶ Focus of recent years on maternal mental health in the perinatal period.
- ▶ MH needs of fathers often neglected, inadequately understood and poorly addressed.
- ▶ Recent growing body of research:
 - Importance of fathers and significant others
 - Fathers unaware of possibility of perinatal MH challenges (Das and Hodkinson 2019)
 - Fathers can also experience mental health difficulties in perinatal period (Genesoni and Tallandini 2009).
 - Paternal mental health can effect the child's behavioural, social, cognitive and emotional development. (Ramchandani 2005)



Why should we work with father?



Benefits to the child:

- Greater empathy
- Higher self esteem
- Better relationships
- Higher education
- Fewer behaviour problems
- Lower criminality.

Benefits to the mother:

- Reduction in depression
- Increased breastfeeding
- Improved engagement with antenatal care.



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And the fathers?



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Fathers with close, non violent connections with their children:

- ▶ Live longer (Mansdotter, 2008)
- ▶ Have fewer mental health problems
- ▶ Have fewer physical health problems
- ▶ Are less likely to abuse drugs
- ▶ Are more productive at work
- ▶ Report being happier than fathers who do not have this connection.

(MenCare 2015)

Father-Infant relationship

- ▶ Men's hearts race as fast as women's when they hear a baby scream
- ▶ Fathers can recognise their own infants, blindfold, just by touching their hands – after only an hour spent cuddling them
- ▶ Quality and quantity of baby-father contact has a direct impact on how secure children feel growing up
- ▶ Children who spend more time playing with their dads, are more likely to be sociable when starting school.
- ▶ Babies with strong attachments to their dads tend to have fewer behavioural problems later on
- ▶ Substantial father involvement from at least the first month after birth promotes better language development and better cognition skills (higher IQ scores)

Fatherhood Institute:



Risk factors for men in the perinatal period



- ▶ **Pre existing mental health difficulties** – high anxiety and depressive symptoms during the pregnancy most significant predictors.
- ▶ Fathers own experience of being parented
- ▶ Age – younger greater risk
- ▶ Finances – low income, employment, debt.
- ▶ Poor social and emotional support
- ▶ Couples relationship – only 18-33% report improvement
- ▶ Pregnancy – timing, trauma, stillbirth & miscarriage
- ▶ **Maternal mental ill health**

Fathers and Perinatal Mental Health

- ▶ Anxiety may be the most common mental illness experienced by fathers
- ▶ Fathers report pregnancy as the most demanding period for their psychological reorganisation of self.
- ▶ 1 in 3 new fathers have concerns
- ▶ Overall rates of mental illness 9%
- ▶ These rates rise to 50% if their partner is experiencing mental ill health in the perinatal period.

“HCPs ignoring or failing to ask questions about the PMH of men is problematic considering that they are less likely to seek help for MH problems” (RCOG, 2017)



Mental health difficulties and fathers



- ▶ Refer to poor mental health as stress rather than depression or anxiety
- ▶ Estimates of depression in fathers vary significantly, ranging from 1.2 – 25.5% (probably underestimations) (Goodman, 2004)
- ▶ The peak time for fathers' depression is between 3 and 6 months after the birth (Paulson & Bazemore, 2010)
- ▶ First time fathers may be particularly prone to depression
- ▶ Anxiety and stress frequently co-exist with depression in pregnancy and in the postnatal period in men

Suicide and men

Suicides in Wales

347

suicides were registered in 2021

The suicide rate in 2021 was

12.7

per 100,000



265

Male

76% | 19.7 per 100,000



82

Female

24% | 5.9 per 100,000

Age group with highest suicide rate per 100,000

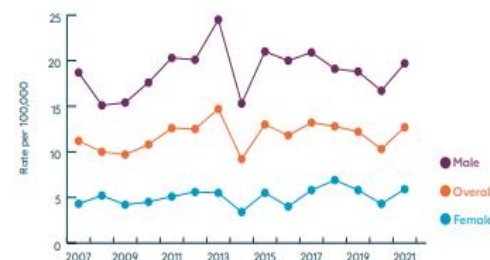


33.5

Male
45-49
years

Many age-specific suicide rates are considered unreliable by the Office for National Statistics (ONS) when they are based on fewer than 20 deaths in an age group. Female age-specific rates are not included here for this reason.

Suicide rate per 100,000 in Wales 2007-2021



Notes about data: Data source - Office for National Statistics (ONS). Suicide refers to deaths where the underlying cause is intentional self-harm and events of undetermined intent. Data represents suicide registrations. Increases/decreases are based on one year of data. These may not indicate longer term trends and may not be statistically significant. Overall rates for male, female and all persons are age standardised. Rates broken down by age group are crude.

Note about fluctuations shown in graph: Smaller populations often produce rates that are less reliable, therefore differences in the number of suicides may have a bigger impact on the rate than in larger populations. The male and female suicide rates for Wales show a volatile pattern due to the relatively smaller number of deaths.

The overall, male, and female suicide rates in Wales have increased in 2021, with delayed inquests from 2020 being held. Rates in 2021 are similar to those seen in 2019.

Males are 3.3 times more likely to die by suicide in Wales than females.

- ▶ The overall, male, and female suicide rates in Wales have increased in 2021, Rates in 2021 are similar to those seen in 2019.
- ▶ Males are 3.3 times more likely to die by suicide in Wales than females
- ▶ Males aged 45-49 highest rate
- ▶ Single leading cause of death in males under that age of 50 in UK.

Father Inclusive practice

- **Key learning point:** Treat dads as individuals not just 'dad' Baldwin (2019)
- Don't assume anything and ensure language is inclusive RCGP (2020)



- ▶ Services & Information addressed to them
- ▶ Information tailored to men
- ▶ Services when they are available
- ▶ To know that support was available for both parents not just mothers.
- ▶ Educate fathers about child development
- ▶ Information around potential mental health problems
- ▶ Early detection and effective intervention.

Finally.....

“With greater attention to the importance of fatherhood and more support for fathers, we could give many more children, whatever their family background and circumstances, a better and healthier start in life”

Khan, 2017



Thank you.



Thank you..... Any questions?

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