

Men get postnatal depression too, and as the mother's main support, they need help

December 7 2018, by Richard Fletcher, Jacqui Macdonald And Louise Newman



Credit: AI-generated image (<u>disclaimer</u>)

England's <u>National Health Service</u> (NHS) this week announced it will offer mental health screening and treatment for new and expectant fathers whose partners are suffering from mental illness. The NHS described this as a "radical action to support families", and it certainly is



an unusual step.

In Australia, screening <u>mothers</u> for <u>mental illness</u> before and after birth is standard, but fathers are not routinely assessed at any point. The idea new fathers could also have mental <u>health</u> issues related to the birth may seem odd. But there is increasing evidence men experience postnatal mental health and adjustment issues that deserve attention.

It is true that the rate of <u>depression</u> for new fathers, <u>estimated at 10%</u>, is around half that of mothers. But that still amounts to more than <u>30,000</u> <u>babies</u> who start life each year with a father who is miserable and irritable on top of the normal fatigue and stress that come with a newborn. This has negative short- and long-term effects on the mother and child.

Father's mental health affects the baby

Of 1,500 men surveyed by mental health organisation beyondblue in 2015, one in four said only mothers could get postnatal depression. Health professionals too can be so focused on the risk to mothers that they overlook fathers' mental health.

But having a stressed and depressed father can have serious implications for infants and relationships. These dads are more likely to be withdrawn and speak with less warmth to their infant. Compared to those who are well, fathers who are depressed are also more likely to <u>use physical</u> <u>discipline</u> on even one-year-old babies and participate less in tasks such as reading storybooks.

We now know this can lead to long-term consequences for the child. Compared to children of fathers without signs of depression, those whose fathers show signs of depression in the first year will have three times the risk of behavioural problems in preschool and twice the risk of



mental health problems once at school.

Leaving aside the effect on children, there are <u>economic costs</u> of fathers' depression, estimated at A\$17.97 million. Further indirect productivity costs add A\$223.75 million to the bill.

And fathers' mental health affects that of mothers. When the predictors of mothers' depression are examined, fathers' mental health <u>stands out</u> among the most influential.

The NHS will not target all fathers with <u>mental health issues</u>, just those where the mothers have depression, anxiety or a more serious mental illness. This strategy may be simply a way for the NHS to dip a toe into the water of fathers' mental health. But there is a logic to the approach in that the relationship between the parents may yield the biggest gain for the health dollar.

Helping fathers will help mothers

Treating these dads has multiple benefits. The emotional and practical support a father can offer to his mentally ill partner <u>can contribute</u> to her healing. Mothers with mental illness <u>identify their partner</u> as their main support.

And his involvement in caring for their infant can have dual benefits. The mother is relieved of some responsibility for the care and the impact of the impaired care by the mother can be lessened. Supporting fathers in this role and improving their confidence in parenting has major benefits.

Deciding to screen fathers is the first step. The hard part will be to engage men in screening and then follow through with treatment when there are many barriers. Fathers have relatively little contact with health



services, they return to work soon after the birth and there is stigma to combat. Many <u>don't recognise their own symptoms</u> of mental ill health.

Australia is ahead of the UK in this regard. Beyondblue has developed <u>effective campaigns</u> that have <u>raised awareness</u> of male depression. With funding from Movember, it has also supported <u>SMS4dads</u> sending texts to fathers during and after the pregnancy. The texts <u>provide information</u> and links to online resources to help fathers develop healthy attachments with their infants and offer support to the mother.

We <u>piloted sending such texts</u> to both mothers with severe mental illness and their partners in rural Queensland. We found that fathers were happy to get the texts for up to six months and commented on the usefulness of the messages.

Australia should screen fathers too

The UK has decided that perinatal mental health, with <u>fathers</u> included, will become an ongoing feature of its long-term national health plan. In Australia, we should also set this as a focus and develop approaches to true early intervention and mental health support that benefit parents and infants.

We should use the opportunities of the upcoming National Men's Health Strategy 2020-2030, the Royal Commission into Mental Health in Victoria and the Productivity Commission's inquiry into the effects of mental health on workplace and community participation. Supporting men in early parenting is a key national strategy in promoting community mental health.

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Provided by The Conversation

Citation: Men get postnatal depression too, and as the mother's main support, they need help (2018, December 7) retrieved 27 April 2024 from https://medicalxpress.com/news/2018-12-men-postnatal-depression-mother-main.html

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