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Excellence in Practice

Understanding fathers' mental health and wellbeing during the transition to parenthood

This Good Practice Point provides health visitors with an overview of key aspects relating to perinatal mental health and wellbeing of fathers. This resource aligns with the 2022 NMC Standards for Proficiency for SCPHN Health Visiting, with a focus on Sphere C: Promoting human rights and addressing inequalities: assessment, surveillance, and intervention, in particular C.HV5 & 6. For more information on the perinatal mental health of mothers, and of LGBTQI+ parents, please see our corresponding GPPs.

It is estimated that 1 in 10 fathers are affected by depression during pregnancy and in the first year after childbirth[1], and suicide remains the leading cause of death in men under 50 years of age in the UK[2].

Perinatal mental illness (PMI) encompasses a range of mental health conditions that can affect parents during the perinatal period (preconception to the first two years of baby's life)[3,4]. Recent evidence demonstrates that health visiting has a clinical and cost-effective role in perinatal mental health care[5]. Through their universal reach, health visitors can identify families at risk of, or experiencing mental health problems, and provide effective evidence-based treatments, or facilitate referrals to specialist teams.

The transition to fatherhood involves a multitude of complex changes which makes this a particularly important, yet vulnerable, time in life. Anxiety and depression are the most common perinatal mental health disorders for fathers, but post-traumatic stress disorder / birth trauma, obsessive compulsive disorder, psychosis, bipolar disorder, and schizophrenia also occur[6]. Antenatally, anxiety can affect up to 16% of fathers, with rates increasing after the birth up to 18% by the time baby is 6-9-weeks-old[7]. Depression can affect around 8-10% of fathers during the perinatal period and as many as 50% of fathers may experience depression if their partner also has a perinatal mental health condition[1,8].

A systematic review of 22 studies from eight different countries reported a number of challenges faced by fathers, which included[9]:

Pre-birth / antenatal period

- Specific fears relating to their partner's labour and birth
- Difficulty bonding with their unborn baby

Postnatal period

- Balancing work with the time they spent with their child
- Deterioration in their relationship with their partner, which included reduced satisfaction with their sexual relationship
- Expectations of new fathers not meeting reality, especially in relation to breastfeeding and bonding
- Finding breastfeeding to be more difficult than anticipated, with many struggling to bond with their babies in the early days following birth

Throughout the perinatal period

- Increased worries about the wellbeing of their partner and baby

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Factors that may increase the risk of perinatal mental illness in fathers[6,10]:

- History of depression
- Partner with depression
- Social deprivation
- Poor social and emotional support
- Gender role and associated stress, low emotional expression
- Being a victim of domestic violence
- Low relationship satisfaction / lack of support from partner
- Low income / unemployment
- Unplanned pregnancy
- Young parental age
- Miscarriage, stillbirth or neonatal death

Fathers can play a crucial role in supporting the health and wellbeing of their partners and contribute significantly to their child's development and wellbeing[11]. Although not inevitable, paternal perinatal mental illness is associated with cognitive, emotional, social, and behavioural problems in children[12,13,14].

It is therefore imperative that health visitors engage with fathers, support their transition to fatherhood, and routinely assess their mental health at antenatal and postnatal contacts. Use of Promotional Guides, alongside direct questions about their emotional wellbeing, can support a holistic perinatal mental health assessment[15,16]. Where concerns are identified, additional tools can be used, such as the Patient Health Questionnaire-9 (PHQ-9) or Generalised Anxiety Disorder Questionnaire (GAD-7). While the Edinburgh Postnatal Depression Scale (EPDS) has not been validated for use in fathers in the antenatal period, it is validated postnatally. Scoring of the EPDS differs between mothers and fathers, with there being a lower threshold for fathers of 2 points[17,18].

While many of the common signs and symptoms of PMI can present in any parent, there can be gender-specific differences. For example, fathers' perinatal distress may manifest as hostility, conflict, and anger, or somatic symptoms, rather than the more commonly recognised sadness in maternal perinatal depression[19]. Fathers may withdraw or engage in escape activities such as overwork, excessive smoking, sports, sex, or gambling, and may self-medicate for their depression by drinking alcohol[9,20]. Many of these signs may not be detected by routine screening or evidence-based tools. Therefore, it is vital that health visitors facilitate a wider discussion around emotional wellbeing, and utilise clinical judgement, to inform their assessment.

How health visitors can promote mental health and wellbeing and provide support:

- Explicitly invite fathers to health visitor appointments
- Inform fathers about the role of health visiting in supporting fathers and promoting perinatal mental health, highlighting the support that is available for fathers.
- Routinely ask all fathers about their journey to parenthood, their experiences, and explore feelings and expectations at antenatal and postnatal contacts.
- Offer fathers information about mental health conditions, treatments and coping techniques, ideally in the antenatal period, highlighting the potential differences in presentation of PMI for men. It is also important to include key facts about postpartum psychosis (see Antenatal Toolkit by Action on Postpartum Psychosis.) This can enable access to help early if they notice any signs and symptoms in their partners.
- Be aware of gender-specific differences in fathers' perinatal mental illness to promote early identification and individualised support.
- Routinely ask fathers about their emotional wellbeing at each contact and follow local pathways for additional support where concerns are identified. This may include community resources such as peer support or voluntary organisations, additional health visitor support, GP, talking therapies, medication, or crisis team.

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- Ask sensitively but directly about thoughts of self-harm and suicide. You will not trigger someone to harm themselves by asking them if they are experiencing these thoughts.
- If you are concerned about risk of suicide, make an immediate referral to mental health services, such as Crisis, 999, in accordance with your local emergency perinatal mental health pathway.
- Be aware of father–specific local and national services and resources for advice and support.
- Discuss activities that promote positive mental health and wellbeing, such as: physical activity, healthy diet, rest and relaxation, avoiding negative coping strategies, and explore how the family can support one another.
- Be aware of unconscious bias, attitudes and assumptions and the impact which these can have on practice. Engage in training, reflection and supervision to promote inclusive, individualised, high-quality perinatal mental healthcare for all families.
- When discussing PMI, use accessible, simple language, and professional interpreters as required.
- Seek to understand the lived experience of the baby / child; recognise how parental mental health affects parenting capacity and assess the impact that this has on the child. When risks are identified, follow local safeguarding protocols.
- Be aware of different family structures. All parents have a unique and significant role in promoting their family health and wellbeing, and any person can experience difficulties during their transition to parenthood. Some partners may be fathers, while others may be co-mothers or non-birthing parents. It is imperative that health visitors consider each parent within their unique, individual context, so that care is inclusive of everyone.

To learn more, take a look at the iHV's Fathers and Perinatal Mental Health training programme (bit.ly/3UFDnE5), or contact training@ihv.org.uk

Additional Resources:

- Action on Postpartum Psychosis (APP): bit.ly/3WVJB3m
- Dad Life: bbc.in/4ddd5PS
- DadPad: bit.ly/4cj7Blm
- iHV New dad? You're not alone Factographic: bit.ly/373puJz
- Mind: www.mind.org.uk
- NCT: www.nct.org.uk
- NHS: www.nhs.uk
- The Fatherhood Institute: bit.ly/3ObYeec

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