Mental health of first time fathers – it’s time to put evidence into practice

Recently, there has been an increased global policy focus on the need to improve the mental health and wellbeing of the general population; addressing mental health needs has been highlighted as a priority in European health and its social agenda and by the World Health Organization. In line with this, mental health and wellbeing during the perinatal period is attracting more attention. New parenthood can be stressful, and adjustments to lifestyles, routines and relationships can affect the mental wellbeing of both parents.

Our systematic review on first time fathers’ mental health and wellbeing revealed that fathers wanted more guidance and support to prepare them for parenthood, specifically to better prepare them for subsequent relationship changes with their partner. Fathers need to have access to tailored information and to be equally included in consultations and contacts with relevant health professionals. The findings of this synthesis of the international evidence have important implications for maternity and early years services, with particular reference to the need to consider the mental health and wellbeing of mothers and fathers. The review also highlighted that healthcare professionals need a greater understanding of dilemmas and challenges new fathers face to better support their mental health and wellbeing during this crucial transitional period.

Historically, research on perinatal mental health has focused on women, with clear evidence of the longer-term adverse impacts of poor mental health during and after pregnancy on the woman, her child and the wider family. A recent report concluded that perinatal mental health problems carried a total economic and social long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK. This assessment was based on costs relating to maternal perinatal mental health and included estimates for adverse effects on the child as well as the mother, but not the father. While the actual cost of paternal perinatal mental health problems is currently unknown, it is likely to be similar considerable.

Depression has been reported in 8–10.4% of fathers between the first trimester of their partner’s pregnancy and one year postpartum. Similarly, 16% of men suffer from anxiety in the antenatal period and up to 18% in the postnatal period. In reality, these figures may be much higher as screening tools used to identify maternal mental health problems may be less reliable when applied to men.

As men become fathers, they face some of the same challenges as women relating to adapting to parenthood, with potential negative consequences for their mental health and wellbeing. In a recent UK study by Darwin et al., one father described his experience of increased stress related to new fatherhood as being triggered by “never having any time to relax” and “the non-stop-ness of it”. New fathers report difficulties balancing the competing demands of family, work and their own needs, and struggling with impaired relationships and breakdown in communication with their partners following their baby’s birth. Evidence is now accumulating that poor maternal and paternal mental health similarly impact on a child’s development. Depression in fathers is associated with higher levels of emotional and behavioral problems in children, and poor educational achievement. Despite increasing evidence of perinatal consequences for men’s mental health, fathers continue to report being marginalized by the maternity and early years services. The UK National Institute for Health and Care Excellence guidelines on antenatal and postnatal mental health recommend routine mental health assessment of pregnant and postnatal women; however, no mention is made of the mental health and wellbeing of fathers and no practice recommendations relevant to father’s mental health needs are included in the guidance. That awareness of maternal mental health needs is being addressed by the relevant UK services is commendable; however, men’s mental health needs continue to be neglected, despite them also having to deal with the roles, responsibilities and challenges of new parenthood.

In the absence of inclusion in routine care, men should be directed to other sources of support and advice. Despite this, our review found wide gaps in the provision of services; many fathers did not have access to tailored information resources nor were...
their needs generally acknowledged by health professionals. Evidence from our systematic review adds further support for an urgent review of how we plan, provide and resource maternity and early years services, in order to recognize the impact that pregnancy and birth may have on a father’s mental health, as well as the essential role fathers play in supporting their partner and infant. If the aim of health research is to improve outcomes through the implementation of evidence and use of evidence-based practices, we should ask ourselves why barriers persist to address and recognize paternal mental health needs. Now is the time to use this evidence to change practice towards supporting both parents and provide more equitable care and use of resources.

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References