

A REPORT OF A ROUNDTABLE EVENT HELD ON 11TH SEPTEMBER 2015 UNIVERSITY OF LEEDS

Fathers' mental health and wellbeing
during and after pregnancy:
A White Rose Collaboration
in Gender and Perinatal
Mental Health



Introduction

The mental health of men is an increasing public health concern in England and other high-income countries. Mental health is one area in which gender differences exist. Men and women manifest their mental and emotional distress differently [1] and men are less likely to contact health services because of depression [2]. When men do contact health services, they tend to be less likely to discuss psychological problems [3].

Perinatal depression (i.e. during the period from conception to one year after birth) is thought to affect 10-15% of women [4-6]. There is growing evidence that approximately 5-10% of men also experience perinatal depression [7] and that a father's depression can have a specific and persisting detrimental effect on both the mother-father relationship and the well-being of the child [8-11]. Having a father who is depressed at 8 weeks postpartum has been found to double the risk of behavioural and emotional problems in children at 3.5 years of age [9]. Yet, to date, research on the experiences of perinatal depression, how it is manifested, its time course, and the barriers and facilitators to seeking and accessing help, have primarily focused on women.

Perinatal depression in mothers and fathers is moderately correlated and it may be that prevention and intervention should be focused on the couple rather than the individual [7]. Indeed, it has been recommended that perinatal services for women are designed to be 'father-inclusive' [12], consistent with recognition in national UK and international policy of the need to involve and support fathers during pregnancy, the postnatal and transition to parenthood [13]. Father-inclusive services are however not yet evident in perinatal practice [14].

Considering the different needs of men and women in both the planning and delivery of NHS services to meet the legal requirements of the Public Sector Equality Duty will remain a crucial factor in service

planning in the future. The Duty (part of the Equality Act 2010) places statutory responsibility on all NHS organisations to take account of any evidence that men and women have different needs, experiences, concerns or priorities when developing policies and services.

White Rose University Consortium Collaboration Researchers across the Universities of Leeds, York and Sheffield have been supported by funding from the White Rose University Consortium to establish a collaboration in perinatal mental health and gender. Details of the team are provided in Box 1. A key aim of our work will be to provide clear guidance on whether (and how) perinatal services and resources need to be adapted so that they are more effective in, accessible to, and acceptable for fathers and male partners.

Included in the activities of the collaboration (Box 2) was a national one-day roundtable symposium to bring together different stakeholders in the area of fathers and perinatal mental health. This report summarises the findings of that event.

Box 1. White Rose team members:

Dr Zoë Darwin, Principal Investigator, Research Fellow in Maternal Well-Being and Women's Health, School of Healthcare, University of Leeds

Dr Paul Galdas, Co-Investigator, Reader in Nursing, Department of Health Sciences, University of York

Dr Sharron Hinchliff, Co-Investigator, Senior Lecturer School of Nursing and Midwifery and Deputy Director of the Centre for Gender Research, University of Sheffield

Dr Dean McMillan, Co-Investigator, Senior Lecturer in Mental Health Services Research, Mental Health and Addiction Research Group, Department of Health Sciences, University of York

Professor Simon Gilbody, Co-Investigator, Professor of Psychological Medicine and Health Services Research, Mental Health and Addiction Research Group, Department of Health Sciences, University of York

Professor Eve Roman, Co-Investigator, Professor Epidemiology, Epidemiology and Cancer Statistics Group, Department of Health Sciences, University of York

Dr Liz Littlewood, Co-Investigator, Research Fellow, Mental Health and Addiction Research Group, Department of Health Sciences, University of York

Professor Linda McGowan, Co-Investigator, Professor of Applied Health Research, School of Healthcare, University of Leeds

Dr Kate Reed, Co-Investigator, Senior Lecturer in Medical Sociology, Department of Sociological Studies, University of Sheffield

Box 2 Objectives and proposed activities of the collaboration:

Objectives:

- i. Establish a cross-disciplinary virtual centre of excellence in gender and perinatal mental health by bringing together experts in men's health, psychosocial aspects of reproductive health, and mental health across the Universities of Leeds, Sheffield and York.
- ii. Harness the potential of an existing prospective, longitudinal cohort (Born and Bred in Yorkshire, BaBY) to conduct essential pump-priming work that will explore how mental health during pregnancy and after the birth is understood and articulated by fathers.
- iii. Obtain further external funding through NIHR to develop and evaluate effective, accessible, and acceptable perinatal resources for male partners.

Proposed activities:

- i. Symposium and project meetings (hosted at the University of Leeds) with applicants and key non-academic stakeholders.
- ii. Convene a steering group comprising key public and patient stakeholders to collaborate and advise on research priorities.
- iii. Develop an online presence to attract potential collaborators.
- iv. Data collection and analysis building on the University of York's BaBY cohort. Conduct and analyse in-depth interviews with approximately 15-20 men, identified through their involvement in BaBY, using maximum variation purposive sampling to seek diversity by sampling according to symptoms during pregnancy; parity (i.e. first-time fathers or not); ethnicity and socio-economic background.
- v. Develop NIHR grant application(s) to secure further funding.

The roundtable on fathers' mental health and wellbeing during and after pregnancy

The roundtable was hosted at the University of Leeds on 11th September 2015, with coverage on Twitter using #whiterosedads. The day was chaired by the lead of the collaboration, Dr Zoë Darwin, who welcomed attendees and highlighted that the purpose of the day was to bring together key individuals to consider the research priorities in the field of fathers' mental health and wellbeing during and after pregnancy. There were over 20 attendees from a range of backgrounds, including academic, NHS perinatal mental health and maternity services, and third-sector and community organisations including Dads Matters

UK, the National Childbirth Trust (the UK's largest parenting charity), NSPCC, and local fathers' groups. The emphasis of the day was on sharing information from practice and research innovations, with opportunities to build networks with key stakeholders. The keynote was given by Dr Paul Ramchandani, a leading expert in fathers' perinatal mental health, followed by six further speakers. There was open discussion following each talk and in a concluding session led by Dr Paul Galdas and Dr Zoë Darwin.

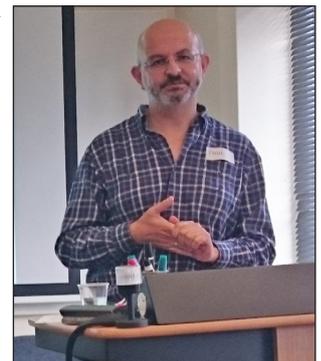
A summary of each of the talks is provided below.

***Keynote: Mental health in the perinatal period; fathers and their families
Dr Paul Ramchandani, Reader at Imperial College and Consultant
Child and Adolescent Psychiatrist in the NHS (Central and North West
London NHS Foundation Trust)***

Paul acknowledged the progress made in postnatal depression in mothers, and success of public health efforts spanning the past 25 years. He reviewed the evidence on paternal perinatal depression (i.e. depression in fathers during pregnancy and the first year after birth), highlighting that fathers are affected by other types of mental health problems but that much of the learning from depression translates to, for example, anxiety.

Prevalence of depression in mothers is approximately double that found in fathers, which is consistent with gender differences in mental health throughout the life course. Looking across existing research, 1 in 20 fathers experience perinatal depression and this is a conservative estimate, being based on assessment using diagnostic interview (rather than self-report of symptoms). Paul reviewed the evidence on the links between paternal perinatal depression and children's outcomes, including the latest findings from the ALSPAC (Avon Longitudinal Study of Parents and Children) cohort which has followed up families since the early 1990s. He described the increased risks faced by children, including emotional and behavioural difficulties, but also noted the need for balanced public health messages around 'risk'.

Paul introduced some of the work of the pPOD (Perinatal Psychopathology and Offspring Development) research group whose research focuses on how best to prevent mental health problems in children. Paul noted some of the possible pathways between fathers' depression and children's outcomes including marital conflict, the father-child interaction, and the relationship between maternal depression and the father-child interaction. He noted that different pathways require different interventions and that interventions tackling mental health may not lead to improved child outcomes - parenting interventions may also be needed in some families. Paul showed video clips of father-infant interactions to illustrate the team's recent work with fathers using video-feedback to promote positive parenting. He argued the need for family-based interventions and concluded the keynote by urging us not to not view mothers and fathers in isolation.



White Rose Collaboration study on identifying and managing perinatal mental health in fathers using the Born and Bred in Yorkshire (BaBY) cohort

Dr Zoë Darwin and Dr Paul Galdas, White Rose Collaboration

Zoë introduced the qualitative research that is embedded in the White Rose collaboration. The objectives of the research are: 1. To explore how mental health during pregnancy and after the birth is understood and articulated by men of different ethnicities and socioeconomic backgrounds, in first and subsequent pregnancies. 2. To identify views and experiences of help-seeking in relation to perinatal mental health amongst men of different ethnicities and socioeconomic backgrounds, in first and subsequent pregnancies. 3. To explore what makes perinatal mental health resources for male partners accessible and acceptable. The research is currently ongoing, having already interviewed 17 fathers recruited using the Born and Bred in Yorkshire cohort which is managed at the University of York. Zoë and Paul presented emerging findings to-date. Included here were the range of difficulties reported by fathers, the descriptions used in describing their mental health and wellbeing, their experiences of help-seeking, accounts of speaking with other fathers, using the mother/partner as a confidant, views on different forms of support (including peer support and information provided online or in printed form) and views around assessment of paternal perinatal mental health by midwives. Paul related the findings around help-seeking with the wider literature on help-seeking in men. Zoë and Paul acknowledged the interview dynamics, how this varied with setting and between those interviews where fathers were interviewed alone, and those where they were accompanied by partners. Future analysis will also consider differences in language when using a male and a female interviewer. Zoë noted some of the comparisons with interviewing mothers about their perinatal mental health experiences, both in terms of dynamics and concerns raised around routine antenatal mental health assessment. Regarding the latter, similarities included the potential for not 'being honest' and the ethical concerns around introducing assessment without appropriate management in place; key differences included feeling conflicted about whether they were 'entitled' to be recipients of care and the timing of when fathers would come into contact with healthcare professionals, outside ultrasound scan appointments. s would come into contact with healthcare professionals, outside ultrasound scan appointments.



Supporting positive perinatal mental health for fathers during the perinatal period. Dr Abigail Easter, Research & Evaluation Manager, National Childbirth Trust (NCT)

Abby reported on the findings of a recent longitudinal survey conducted by NCT with 869 first-time mothers and 296 first-time fathers in the first two years following the birth of their baby. Key findings were that 38% of fathers were concerned about their own mental health and 73% were worried about their partner's mental health. Abby noted the range of reactions in the media coverage of these findings earlier in 2015 and that whilst most had been positive and welcoming of the survey, some responses had indicated considerable stigma and cynicism around fathers' mental health, highlighting the urgent need for further work in this area.

Abby described some of the ways in which antenatal education provided by the NCT has been developed to include both parents through the use of certain activities. She also outlined a 'Mantenatal' model that is being tested out by the NCT; this a men-only antenatal course designed specifically for fathers. Subsequent discussion welcomed the model being designed and tested and noted to balance recognition of different formations of families – and not wishing to alienate any families where a father figure was not present - with making fathers feel actively involved.



Dads Matter UK.

Chris Bingley, Dads Matter UK

Chris introduced the work of Dads Matter describing why and how the organisation came about, and providing an overview of national perinatal mental health initiatives including the Conception to Age 2 All Action Parliamentary Group and the Maternal Mental Health Alliance. Chris illustrated the scale of the problem of perinatal mental health in the UK, including the costs estimated by the London School of Economics estimated at £8.1 billion for each one-year cohort of births in the UK. Drawing on both personal experience and wider research, Chris clearly demonstrated the need to support fathers whose partners are experiencing mental health problems.



Noting the work of Francine de Montigny, Chris flagged that most fathers are the “peer support” for their partner and cited research finding that 42% of mothers first talk to their husband or partner about how they feel. Chris highlighted the deficits in service provision for maternal mental health and need to consider alternative treatment models. Chris presented the arguments for a pragmatic approach to perinatal mental health care including early intervention with peer support volunteers, the use of structured group support, and self-help to reduce the number of women who do not receive the treatment and support that they require.

Mild-moderate perinatal mental health and midwifery

Beverley Waterhouse, Perinatal Mental Health Midwife, Calderdale and Huddersfield NHS Foundation Trust

Bev gave an overview of recent changes to services locally and the nature of her clinical role. Rather than caseloading, the role includes providing training to midwives, providing some direct support to women with mental health problems, and facilitating other types of support, including a support group for women with mild-moderate mental health problems. Bev situated her role alongside the stepped care approach to perinatal mental health and highlighted local estimates on the scale of need across the spectrum of maternal perinatal mental health. Bev spoke through an anonymised case study that demonstrated the complexity and severity of some individuals’ needs, and the challenges facing those working with mothers with perinatal mental health problems.



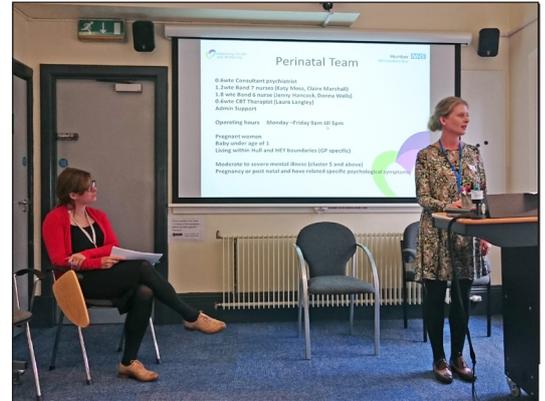
Bev also spoke about some of the resources available when supporting those experiencing mild-moderate distress including the use of mindfulness, of hobbycraft, and directing to online self-help resources that promote mood tracking and cognitive behavioural techniques, as well as community peer support such as that provided on Twitter through #PNDhour. In addition, Bev highlighted the relevance of mental health to all care providers and the need to value attributes such as kindness, just as we value ‘medical’ skills. She emphasised that this does not require specialist training and that all practitioners can make a difference through simple steps such as ensuring that at some point in any consultation they have put down their pen or turned away from their computer and actively listened to the individual and their concerns.

Whilst local estimates and services do not exist for fathers, discussion highlighted the existing workload facing healthcare professionals and services working in maternal mental health, and need for other approaches if identification of fathers’ mental health needs were to be introduced into practice.

Perinatal mental health and specialist services Claire Marshall and Jenny Hancock, Perinatal Mental Health Liaison Team, Humber Foundation NHS Trust

Claire introduced the perinatal mental health team at Humber Foundation NHS Trust, which includes specialist nurses, psychologists and psychiatrists. The team works with mothers experiencing or at risk of moderate and severe perinatal mental health problems. Claire and Jenny presented two powerful anonymised case studies that illustrated the severity of individuals' mental health problems (for example, with puerperal psychosis), together with the possible role of the partner in helpseeking and in engaging with services. Claire and Jenny drew comparisons across different families to argue the need to recognise each family as unique and be flexible in the approach taken, particularly when working in an area of great unpredictability with often urgent timeframes.

Discussion included the challenge of working with families where safeguarding exists, which is relevant to the majority of the cases held by the specialist team.



NSPCC perinatal services supporting the transition to parenthood Christina Brogden and Trudie Osman, NSPCC Leeds

Christina and Trudie gave an overview of the services provided at NSPCC Leeds including their history of working in the area of postnatal depression and relatively recent shift – in response to users' experiences – to an approach that begins in pregnancy and also includes anxiety. They introduced a new NSPCC service, Pregnancy in Mind (previously known as Parents, Pregnancy and Wellbeing) for which Leeds has been the tester site and the initial groups have recently undergone internal evaluation. Trudie and Christina spoke about how they work to integrate fathers and partners into their services, and that this can include different ways of working and different marketing. They gave examples such as inviting the father to be at the initial home visit and using the father's name rather than referring to him as 'dad'. They also commented on the initial challenge of encouraging fathers to attend groups but that, once there, the experiences have been overwhelmingly positive and further sessions are often requested. Included in the ways that the groups promote the relationship between father and baby were encouraging the father to speak to the bump so that the baby recognises the father's voice, and for the couple to create craft projects together. Christina and Trudie also talked about the format of the group, which includes having some of the session structured and having time at the end where parents can talk informally.



Key discussion points

- The distinction between a) fathers as carers with partners experiencing mental health problems, and b) fathers who themselves are experiencing mental health problems
- The need to recognise the spectrum of mental health and wellbeing
- The potential benefits of using a wellbeing and resilience approach rather than one focused on mental health
- The significance of language and implications for accessibility, including focusing on ‘stress’ and behaviours rather than emotions
- The invisibility of fathers and partners in clinical guidelines
- The challenges of balancing woman-centred and father-inclusive approaches
- The need to be mindful of instances where fathers or partners may pose safeguarding concerns
- The challenges facing healthcare professionals working in perinatal mental health and lack of perinatal mental health support for many women. Linked to this, the need for ways of supporting those experiencing mild-moderate psychological distress to free up services/professionals to work with those with more severe mental health problems
- The scope of the midwifery role and feasibility of assessing fathers’ mental health and supporting fathers, given competing priorities and limited resources

Box 3. List of attendees:

Name	Organisation
Belk, Christine	NSPCC
Bingley, Chris	Dads Matter UK
Brogden, Christina	NSPCC
Carroll, Sue	NSPCC
Darwin, Zoe	University of Leeds, White Rose Collaboration
Easter, Abigail	NCT
Galdas, Paul	University of York, White Rose Collaboration
Hancock, Jenny	Perinatal Mental Health Liaison Team, Humber Foundation NHS Trust
Hanna, Esmee	Leeds Beckett University
Hinchliff, Sharron	University of Sheffield, White Rose Collaboration
Kawarabata, Yuko	NSPCC
Littlewood, Liz	University of York, White Rose Collaboration
Marshall, Claire	Perinatal Mental Health Liaison Team, Humber Foundation NHS Trust
McGowan, Linda	University of Leeds, White Rose Collaboration
Murray, Errol	Leeds Dads group
Osman, Trudie	NSPCC
Pickerden, Claire	White Rose University Consortium
Ramchandani, Paul	Imperial College London and Central and North West London NHS Foundation Trust
Reed, Kate	University of Sheffield, White Rose Collaboration
Reeves, Emily	University of Hull
Susanti, Suryane	University of Leeds
Waterhouse, Beverley	Perinatal Mental Health Practitioner, Calderdale and Huddersfield NHS Foundation Trust
Wright, Julie	Specialist Mental Health Midwife, Leeds Teaching Hospitals NHS Trust

Moving forward building on the roundtable / Next steps for the collaboration

All attendees (listed in Box 3) were keen to continue to be involved with the collaboration. Claire Pickerden, Project Development Manager from the White Rose University Consortium noted the expertise and range of perspectives represented at the event and offered support from the consortium in building the collaboration. The White Rose team will draft proposals for future work for discussion with members throughout all stages of the research, including development, materials for use with the public and with professionals, through to disseminating the findings. Proposals are likely to include research to identify healthcare professionals' perspectives on fathers' perinatal mental health, and development and testing of resources for fathers.

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