Recognising new fathers with depression

PHILIP BOYCE MB BS, MD, FRANZCP
JOANNE ROBINSON BA, DipEd, MMHN, GradDipPsych

Men may experience similar psychosocial stresses to women in the transition to parenthood and are also at increased risk of developing depression and/or anxiety at this time.

MedicineToday 2013; 14(11): 56-58

The focus of perinatal psychiatry has been on maternal well-being during the perinatal period, in recognition of women's high risk of developing psychiatric disorders at this time, especially depression or anxiety.[1] Although disorders such as puerperal psychosis can be attributed to the physiological changes associated with pregnancy and parturition, the high-prevalence disorders of depression and anxiety arise as a consequence of psychosocial stresses.[2] More attention is now being paid to how new fathers cope over this time as they are confronted with similar psychosocial stresses that put them at risk of developing depression and anxiety.[3]

Professor Boyce is Professor of Psychiatry in the Discipline of Psychiatry, Sydney Medical School, The University of Sydney, and Head of the Westmead Perinatal Psychiatry Clinical Research Unit and the Statewide Outreach Perinatal Service. Ms Robinson is Clinical Nurse Consultant for the Statewide Outreach Perinatal Service, Westmead Hospital, Sydney, NSW.

THE TRANSITION TO FATHERHOOD

Although most men find becoming a father a fulfilling and rewarding experience, this life transition is associated with significant changes to role, lifestyle, interpersonal relationships and socioeconomic situation. These changes include:

Role change. Taking on the role of 'father' involves a change in life focus. In recent years the father role has become more demanding as societal expectations have changed, with fathers now expected to be more actively involved in parenting than those of previous generations. This can be difficult for some men who may not have experienced 'good' paternal role models themselves.[4]

Lifestyle change. New fathers spend less time in the social and recreational activities linked with being a single male. These activities can be an important source of social support ('male bonding') and can buffer against the impact of life stressors. The loss of these sources of support can increase men's vulnerability (especially as men generally have sparser support networks than women) in the period until they are able to form new social networks, often with other new fathers.

Changes in the intimate relationship with their partner, from a two-person to a three-person relationship. This can be difficult for men with low self-esteem, especially when the new baby replaces them as the focus of their partner's attention. It can be even more difficult if the woman loses sexual interest, as often happens in the first few months postpartum.

Financial pressure and stress associated with being the main 'breadwinner'. The pressures of balancing work with family

life can be an additional stress, especially if there is pressure to 'succeed' at work.

Longitudinal studies on the adaptation of men to the transition to fatherhood are limited, and those that have been done have had inconsistent findings, with some, but not all, showing an increased rate of depression.[4,5] Our study of first-time fathers found, for instance, higher rates of distress for men during their partner's pregnancy and no increase in the development of depression in the postpartum period.[4,6] However, a recent meta-analysis showed high rates of depression in men in the three to six-month postpartum period.[5] Importantly, the meta-analysis found a moderate positive correlation between maternal and paternal depression.

WHY IDENTIFY NEW FATHERS WITH DEPRESSION?

Although research has conflicting results, it is clear that the transition to fatherhood is stressful for men and a time when depression and/or anxiety can develop. The recognition and appropriate treatment of men with depression or anxiety at this time is important for three main reasons.

The first reason is the impact of depression on men's overall interpersonal, recreational and work functioning. Maintaining a man's ability to function at this time is important as his contribution is often necessary for the family to be able to adequately nurture the newborn child.

Second, we need to consider the effect of a man's depression on his partner, especially if he is unable to provide her with emotional and practical support. A lack of support is one of the major reasons that women experience postnatal depression. If a man is unable to support his partner as a result of his depression then she is at risk of developing postnatal depression.[7]

Third is the effect of paternal depression on the developing infant. Recent studies have demonstrated that paternal depression can have an adverse impact on infant development, with the infants of depressed fathers having behavioural difficulties and poor emotional and cognitive development.[8,9]

WHICH MEN ARE AT RISK?

Although GPs should consider the possibility of depression and/or anxiety among all men during the perinatal period, there are three groups of men who require particular vigilance, as discussed below. GPs should be assertive in asking about symptoms of depression or behaviour that might reflect an underlying depression, such as increased alcohol intake or poor functioning. Indicators of poor functioning include consultations for minor ailments, sleep disturbance or fatigue; poor work functioning (including requests for sickness certificates); and expressing difficulties about coping with work or managing at home.

Men with a history of depression and/or anxiety. Depression and anxiety are liable to relapse following life event stress. Many men have a history of depression and anxiety and are therefore at risk of a relapse following the stress of the transition to parenthood. It is important to review men with previous depression or anxiety at the time of childbirth and to enquire specifically about relapse or any worsening of their symptoms. This applies equally to men who are taking antidepressant medication and those who have received psychological treatment, as both may be at risk of relapse.

Men with a vulnerability to developing depression. Men who have significant background risk factors for depression are particularly vulnerable during this life transition. Important risk factors to keep in mind are unemployment, alcohol or substance misuse, limited social support, comorbid physical illnesses and a vulnerable personality style with low self-esteem or experience of childhood trauma.

Men whose partner has postnatal depression or psychotic illness. There are significant effects on men's functioning when women are suffering from postnatal depression, particularly if they have limited practical supports. Men often report experiencing stress and fatigue from increased physical demands, such as caring for the baby and a depressed partner.[10]

The situation may become more complex if the woman has to be hospitalised because of severe depression or psychosis. If she is unable to take the infant with her, the burden on the father of managing work, caring for the baby and coping with their partner's depression may leave many men feeling inadequate. Alternatively, if both mother and infant are admitted to a mother and baby unit, the father may experience additional isolation and alienation.

The competing demands on a new father may be even greater when their partner experiences puerperal psychosis. The woman's mental illness, everyday life, becoming a parent, becoming a carer and meeting the needs of the baby all require effective decision-making.[11] How well men cope with these decisions depends on what stressors they face, their vulnerabilities and the resources available to them.

HOW TO RECOGNISE NEW FATHERS WITH DEPRESSION

Men are less likely than women to seek help if they are suffering from depression. It is essential to actively screen new fathers for depression in the postnatal period, particularly those whose partners are experiencing postnatal depression.[5] When a woman is diagnosed with postnatal depression, it is important to ask her how her partner is coping with her being depressed and with the additional demands placed on him. This is particularly important in women with psychotic illness and those who are admitted to hospital. Special effort should be made to engage with the woman's partner, to gauge how he is coping with his partner's illness and to provide an opportunity to talk about his own feelings of depression.[3]

If men present with impaired work performance or request a medical certificate for leave from work because of their partner's depression in the postnatal period then it is important to assess them for the possibility of depression. The ability of men to cope with their partner's depression may depend on many factors. These include their own personality, their relationship with the partner, their social network, the temperament of their infant and the level of antenatal education they received.

HELPING MEN SEE THE BIG PICTURE

Men frequently need help in planning how they will cope with their partner's depression, the baby and the competing demands of life in general. A recent study highlighted that men desire support from professionals, friends and family, and that supportive interventions ideally should cover a range of topics, including education on postnatal depression and practical tips on ways to cope with their partner's depression.[3] Fathers also reported that the most helpful postnatal depression intervention program needs to be flexible and adaptable to individual needs, and that flexible funding is an essential component of such programs.

CONCLUSION

Greater awareness of risk factors for fathers may help health professionals identify and support those who are most at risk, and assist them with the adjustments involved. Pregnancy may provide a window of opportunity to better prepare men who are more vulnerable for the arrival of their child, with clearly recognised long-term benefits for fathers, their partners and their children. MT

REFERENCES

1. Austin M-P, Highet N, Guidelines Expert Advisory Committee. Clinical practice guidelines for depression and related disorders – anxiety, bipolar disorder and puerperal psychosis – in the perinatal period. A guideline for primary care health professionals. Melbourne: beyondblue – the national depression initiative; 2011.
2. Boyce P, Barriball E. Puerperal psychosis. Arch Womens Ment Health 2010; 13: 45-47.
3. Letourneau NL, Dennis CL, Benzies K, et al. Postpartum depression is a family affair: addressing the impact on mothers, fathers, and children. Issues Ment Health Nurs 2012; 33: 445-457.
4. Condon JT, Boyce P, Corkindale CJ. The First-Time Fathers Study: a prospective study of the mental health and wellbeing of men during the transition to parenthood. Aust N Z J Psychiatry 2004; 38: 56-64.
5. Paulson JF, Bazemore SD. Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis. JAMA 2010; 303: 1961-1969.
6. Boyce P, Condon J, Barton J, Corkindale C. First-Time Fathers' Study: psychological distress in expectant fathers during pregnancy. Aust N Z J Psychiatry 2007; 41: 718-725.
7. Boyce P, Hickey A. Psychosocial risk factors to major depression after childbirth. Soc Psychiatry Psychiatr Epidemiol 2005; 40: 605-612.
8. Fletcher RJ, Feeman E, Garfield C, Vimpani G. The effects of early paternal depression on children's development. Med J Aust 2011; 195: 685-689.
9. Ramchandani P, Stein A, Evans J, O'Connor TG. Paternal depression in the postnatal period and child development: a prospective population study. Lancet 2005: 2201-2205.
10. Letourneau N, Tryphonopoulos PD, Duffett-Leger L, et al. Support intervention needs and preferences of fathers affected by postpartum depression. J Perinat Neonatal Nurs 2012; 26: 69-80.
11. Allat C. Puerperal psychosis: a carer's survival guide. Canberra: Helen Mayo House; 2011. Available online at: www.wch.sa.gov.au/services/az/divisions/mentalhealth/helenmayo/ (accessed October 2013).

COMPETING INTERESTS: Professor Boyce has received honoraria for speaking from AstraZeneca, Lundbeck and Servier; is a member of advisory boards for AstraZeneca, Eli Lilly and Lundbeck; is a consultant for Servier, and has received research support from Eli Lilly and Servier. Ms Robinson: None.