Psychiatria Danubina, 2019; Vol. 31, Suppl. 3, pp 613-614 *Conference paper*

THE WIDER EFFECTS OF PATERNAL POST NATAL DEPRESSION: AN OVERVIEW

Ciara Mahon[1] & Mark Agius[2]

[1]*Sidney Sussex College, University of Cambridge, Cambridge UK*

[2]*Centre for Mental Health Research in Association with the University of Cambridge, Cambridge, UK*

SUMMARY

Paternal Post Natal Depression (PPND), although becoming more prevalent, is still poorly recognised. Unfortunately, its effects and negative outcomes have not been as widely researched as that of maternal postnatal depression. PPND can affect the fathers parenting style and lead to a negative effect on their child's behaviour and social development. Furthermore, depressed fathers may feel unsupported and this can lead to problems with the marital relationship and be associated with concurrent maternal postnatal depression. Moreover, support services and interventional therapy come at a cost to the health service and therefore treating PPND can impact the economy. Identifying the effects PPND has is important as implementing reliable screening measures and better education may prevent negative outcomes.

Key words: *Paternal Postnatal Depression – postpartum – depression - Edinburgh Post Natal Depression Scale - marital relationship*

* * * * *

INTRODUCTION

It is estimated that paternal postnatal depression (PPND) occurs in 4% to 25% of new fathers during the first postpartum year (Stadtlander 2015). However because PPND is poorly researched and recognised, its true prevalence may be under reported. There are no available definitions of PPND and no clear set of diagnostic criteria in aiding clinicians to asses for it. Nevertheless PPND is receiving more attention as its prevalence and negative outcomes are becoming better understood. Apart from the obvious effect on the father, PPND has been linked with poor child development, increased healthcare costs and can have a damaging effect on the relationship with the mother.

AIMS

The two main aims of this review are:

- To review the available literature on paternal postnatal depression;
- To identify the wider effects PPND can have on the mother, the child and to evaluate its cost to healthcare.

METHOD

The literature review was undertaken by a comprehensive search of PubMed and Cochrane Library databases. I searched for the terms paternal, postnatal, depression, child and relationships within titles and abstracts in different combinations. The search was limited to studies posted before November 2018 (last search: 20 November 2018). The search elicited 114 results from PubMed and 7 results from the Cochrane Library. Additional studies were also identified by reviewing the reference lists of all retrieved studies.

The inclusion criteria for the article selection was that they were written in English and provided data on the impact of paternal postnatal depression.

RESULTS

PPND in fathers can present in a multitude of ways. Symptoms include indecisiveness, withdrawal, frustration, partner violence, negative parenting behaviours and alcohol and substance misuse. In turn these can have effects on the family dynamic which will be reviewed.

Effect on the Mother

Approximately half of all fathers with PPND have partners with maternal postnatal depression (Goodman 2004). It is difficult to elicit whether the paternal depression influenced the mental health of the mother or whether it was the other way around. Low marital relationship satisfaction is significantly correlated with the onset of PPND (Nishimura 2015). Furthermore, a correlational study with 54 fathers diagnosed with depression and 99 fathers without depression reported that the depressed group reported higher levels of criticism and lower levels of affection from their partners (Kumar 2018). Overall this led them to be less confident in the future success of their relationship. This highlights that clinicians need to be aware of changes in the marital relationship when screening for PPND and to explore them further. Furthermore it suggests that interventions such as couples therapy may be important in treating PPND and minimising its effects on the relationship.

Effect on Child

Paternal postnatal depression can negatively affect the child's social, behavioural and cognitive development. A large population-based study showed that PPND was

associated with adverse emotional and behaviour outcomes in children aged 3.5 years, and increased risk of conduct problems in boys (Ramchandani 2005). This result remained even after controlling for maternal and postnatal depression and later paternal depression. This may lead to children having difficulties in school and potentially participating in antisocial behaviour later on in life. Another study identified that fathers who were distressed during the postnatal period, and had high levels of hostile parenting styles, which led to behavioural challenges in children between the ages of 4 and 5 years old (Kumar 2017). This may be a causal mechanism for the changes in behaviour and so therapies focusing on parenting style may help in treating the fathers with PPND.

Effect on Healthcare Costs

PPND, like maternal postnatal depression is associated with an increased cost to the NHS (EdokaI 2011). The mean cost for the depressed father-child dyad was £1103.51 compared with £945 for those without depression. The difference in cost can be attributed to more contact time with the GP and psychologists in the depressed father cohort. There is an increased demand for these services as postnatal depression is becoming more prevalent, and so will result in future increased costs. Nonetheless this study had a low response rate during recruitment and a small sample size, which has contributed to a lack of statistical significance when analysing the economic data. There is a need to further research the effect of PPND on the economy and the cost-effectiveness of its prevention and treatment measures.

CONCLUSION

PPND has only recently been recognised as an important issue in today's society and it is very much under researched compared with maternal postnatal depression.

Considering the number of effects PPND has on the marriage, child's behaviour and economy, there is need to implement screening and intervention programmes to reduce the effects taking place. Currently healthcare services do not provide screening questionnaires to identify postnatal depression in fathers. However the Edinburgh Post Natal Depression Scale used to identify maternal postnatal depression, is a suitable screening tool for fathers in the postpartum period, but with a different cut off criteria (Matthey 2011). The cut off to detect distress is 7/8 in mothers but a lower cut off of 5/6 has been recommended in screening for depressed fathers postpartum. Since the whole family is affected by a father suffering from PND, it makes sense to offer this screening questionnaire at the same time that the mother is assessed, for example during the 6 week baby check. Postnatal depression awareness campaigns may also allow men to disclose their symptoms to their GP because both patient and GP would then be more aware of PPND as a condition and the patient would therefore feel supported. This holistic perspective would also enable intervention measures to consider both parents, helping them to improve their interactions with each other and their offspring in order to minimise negative effects. To enable this, clinicians need to be educated on the presentation of PPND and be able to detect it in the postnatal period.

Hopefully with the right screening tools and suitable interventional therapy, PPND can be identified early to reduce the undesirable effects on the surrounding family relationships and child's developmental outcome.

Acknowledgements: None

Conflict of interest: None to declare.

Contribution of individual authors:

Ciara Mahon devised the literature search and developed the paper.

Mark Agius supervised the paper.

References

1. *Edoka IP, Petrou S, Ramchandani PG: Healthcare costs of paternal depression in the postnatal period. Journal of Affective Disorders 2011; 133:356-360*
2. *Goodman J: Paternal postpartum depression, its relationship to maternal postpartum depression, and implications for family health. J Adv Nurs 2004; 45:26-35*
3. *Kumar SV, Oliffe JL, Kelly MT: Promoting Postpartum Mental Health in Fathers: Recommendations for Nurse Practitioners. Journal of Pediatric Health Care 2017; 27:479–485*
4. *Kumar SV, Oliffe JL, Kelly MT: Promoting Postpartum Mental Health in Fathers: Recommendations for Nurse Practitioners. Am J Mens Health 2018; 12:221-228*
5. *Matthey S, Barnett B, Kavanagh DJ, Howie P: Validation of the Edinburgh Postnatal Depression Scale for men, and comparison of item endorsement with their partners. Journal of Affective Disorders 2001; 64:175-184*
6. *Nishimura A, Fujita Y, Katsuta M, Ishihara A, Ohashi K: Paternal postnatal depression in Japan: an investigation of correlated factors including relationship with a partner. BMC Pregnancy and Childbirth 2015; 15:128*
7. *Ramchandani P, Stein A, Evans J, O'Connor TG; ALSPAC study team: Paternal depression in the postnatal period and child development: a prospective population study. Lancet 2005; 365:2201-5*
8. *Stadtlander L: Paternal postpartum depression. International Journal of Childbirth Education 2015, 30:11-13*

Correspondence:
Ciara Mahon
Sidney Sussex College, University of Cambridge
Cambridge UK
E-mail: cm785@cam.ac.uk