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Paternal depression often unrecognised

An estimated 1-in-10 new fathers suffer from the baby blues, but the pink-plastered, mother-centric universe of perinatal care has little to offer them by way of support, pediatricians and mental health experts argue.

They are calling for a more father-friendly approach to perinatal care to improve access to treatment for dads struggling with depression before and after the birth of a child.

Targeted screening and treatment programs for sad dads are virtually nonexistent the world over, largely because of the persisting myth that only mothers experience perinatal depression, says Paul Ramchandani, child psychiatrist and senior research fellow for the department of psychiatry at the University of Oxford in England.

"People think of it as being a separate condition from depression, which it's not," he explains. "It's just depression at a particular time, but now it has this identity that makes it tricky to reach out to fathers."

The prevalence of perinatal depression among men in the United States is about 10%, with "relatively higher" rates of depression occurring in the three- to six-month postpartum period, according to a recent meta-analysis (*JAMA* 2010;303:1961-69).

Canadian data are not available, but international estimates peg the prevalence at between 4% and 25%, says Francine de Montigny, a professor in the department of nursing at the Université du Québec en Outaouais.

The causes of perinatal depression among men, and the full impact the condition has on families and children, are unknown because of inadequate research, says James Paulson, a clinical psychologist and early family and child development researcher at the Eastern Virginia Medical School in Norfolk, Virginia.

But studies have shown that depressed fathers are more likely to hit their children, and that paternal postnatal depression is associated with adverse emotional and behavioural consequences among children as they age (*Pediatrics* 2011;127:612–18 and *Lancet* 2005;365:2201–05)

It's difficult to recruit fathers for research because the majority of men are "tangled up with ideas of masculinity, what they're supposed to be doing or how they should tough it out through difficult times," says Dr. Craig Garfield, a pediatrician and researcher in the department of medical sciences at Northwestern University in Chicago, Illinois.

That sort of bias often extends to the health profession and the public, preventing those who do seek help from getting the support they need, says Paulson. "People ask me a lot whether fathers can really get postpartum depression, and I think there's a sense among men and society in general that this is a time when the woman is carrying and delivering and caring for the baby, and how dare men feel depressed or stressed about it."

Health workers are often dismissive of new fathers' concerns, although that's more a product of institutional blindness, say Richard Fletcher, leader of the Fathers and Families Research Program at the University of Newcastle in Newcastle, Australia.

“Mothers are the clients, and the health system doesn't have a role for fathers. It's the mothers who need to visit the doctor or hospital throughout pregnancy, who are admitted to hospital to deliver, and who are discharged and book the follow-up appointments. In those processes, for the most part, the father is allowed to attend, but he's not the patient.”

That's also reflected in the physical environments of most pediatricians' offices and waiting rooms, says de Montigny.

“In waiting rooms, for example, the only pamphlets and posters you see depicting men are those about violence against women and reporting abuse, and there's nothing positive to counteract that,” she explains. “Fathers tell us they would go to support groups with their spouses, but after a while just sitting there and never being addressed, in a room where everything is pink, they just didn't feel comfortable or welcome anymore.”

More than 80% of fathers will attend at least one pediatrician's appointment with their child a year, even if they may not have or visit a family doctor, say Fletcher. “That's an opportunity that pediatricians really need to open their eyes to in order to develop a relationship with that dad.”

Simple steps that don’t require retraining of physicians include acknowledging and directing questions to both parents, he explains.

Other small changes that should be made include making examination and waiting rooms more guy-friendly by providing a few magazines on topics that interest men or displaying posters with positive depictions of fathers, says de Montigny.

More consistent screening of new mothers for postpartum depression may also, in turn, help identify depressed spouses, Paulson says. “Getting any sort of screening in place in a reliable way is the first step, and then expanding that screening to include fathers is the next.”

“Depression in a family doesn't exist in an isolated way in just one person,” he adds. “When one parent gets depression it affects the entire system and makes the other person more a risk of depression themselves. What this points to is the promise of family-based or couple-based interventions in the future.” — Lauren Vogel, *CMAJ*

Editor’s note: Second of a two-part series
Part I: **Tailored treatment for postpartum depression**
(www.cmaj.ca/lookup/doi/10.1503/cmaj.109-4003).

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