



**Press Release –**

**21 June 2021**

**International Father's Mental Health Day - 21 June 2021.**

The Psychological Society of Ireland (PSI) Special Interest Group in Perinatal and Infant Mental Health (SIGPIMH) promotes clinical practice, education and research regarding the health and development of parents and infants from conception and pregnancy through to five years postpartum, within both the discipline of Psychology in addition to interdisciplinary cooperation with other medical and allied health professions. The SIGPIMH is committed to supporting the mental health and well-being of all families throughout the perinatal period.

The following document is released in recognition of International Father's Mental Health Day, Monday 21 June 2021.

**Fathers are vulnerable to mental health difficulties in the perinatal period. Over 10% of Irish fathers likely experience mental health difficulties in the perinatal period.**

**Fathers' mental health difficulties can present in irritability and withdrawal.**

**Fathers Mental Health impact the well-being of their children across many domains.**

**Restrictions such as lack of partners at hospital appointments has been reported to impact father's mental health.**

## **Services for supporting father's mental health are essential in protecting their wellbeing and that of their children and partners.**

### 1. Introduction

The events of the last year have had a profound impact on our society. Never before have families needed such support to cope with a global event, and concurrently had access to community and formal supports thwarted so comprehensively. The implications for the mental health of our nation is yet to be understood. Fathers Mental Health Day provides a unique opportunity to highlight needs and importance of fathers. Father's protective role within the family and for the well-being of future generations cannot be understated. The support they therefore receive is all the more salient in the current climate. The Special Interest Group in Perinatal and Infant Mental Health have developed the current report in order to highlight the importance of father's mental health, and need for a recognition of fathers needs in the development of future services.

### 2. Paternal Mental Health

While contemporary views of perinatal mental health are often focussed on mothers, fathers or partners can also be vulnerable to experiencing paternal perinatal mental health difficulties (Matthey et al., 2003; Paulson & Bazemore, 2010). An Irish study indicates a 12% prevalence rate of perinatal mental health difficulties in a sample of Irish men (N=100) (Philpott & Corcoran, 2018). This reflects meta-analytic data indicating prevalence rates range from 8.4% to 13.3% (Cameron et al., 2016; Paulson & Bazemore, 2010).

If untreated paternal perinatal mental health difficulties can impact the whole family system including children's behaviour, attachment and socioemotional development (Giallo et al., 2013). Children of those experiencing these difficulties are also at higher risk of depression (Weissman et al., 2006), delays in cognitive development (Grace et al., 2003), and behavioural difficulties (e.g., sleep patterns and antisocial behaviour) (Goodman et al., 2011).

Presenting symptoms often look different for paternal perinatal mental health difficulties in comparison to maternal perinatal mental health difficulties. For example, depression may often be hidden through expressions of withdrawal, anger and irritability (Cochran & Rabinowitz, 2003) which can result in diagnoses being unrecognised or undiagnosed (Singley & Edwards, 2015). Furthermore, men are less inclined to seek help with perinatal mental health difficulties due to stigma and the belief that these difficulties are more associated with women (Addis & Mahalik, 2003).

### 3. Experiences of fathers during COVID-19 restrictions

The view of fatherhood and their role in pregnancy and birth has drastically shifted over the last few decades (Lista & Bresesti, 2020). In the developed world this century up to 96% of fathers are now present at their child's birth (Moran et al., 2021). However, the father's role in pregnancy and birth has undergone major reshaping due to the maternity restrictions put in place during the COVID-19 pandemic (Lista & Bresesti, 2020). Fathers in Ireland and other countries across the world were denied entry to maternity appointments and barred from visiting labour wards (Coulter & Richards, 2020).

While research supports a father's involvement from early in a child's life (due to its association with improved socio-emotional and cognitive development) (Redshaw & Henderson, 2013), the maternity restrictions put in place were a backwards step in the journey to include fathers in the maternity process (Khashu et al., 2020) as fathers across the world have been unable to take part in the important moments during pregnancy (Diamond et al., 2020). An Australian study looked at partners experience of maternity care during the pandemic and the key themes extracted from the data were feelings of stress, isolation and uncertainty (Bradfield et al., 2021).

Due to limited research focusing on a father's experience of the COVID-19 maternity restrictions, several studies have been put in place to rectify this. Monash University, in Australia are looking for fathers to participate in an online questionnaire to share their experience of hospital appointments, the birthing process, and the year following birth (D'Souza & Borgkvist, 2020). Furthermore, the FINESSE study (Fathers in Neonatal Environment Shaping Salubrious Experiences) is looking to recruit fathers of babies who spent time in a neonatal unit during the COVID-19 pandemic. This research will evaluate their experiences and perceptions to better support fathers of babies in neonatal units in the future (Family Included, 2020).

#### 4. Considerations for Best Practice

Ireland's National Maternity Strategy (2016) outlines in its strategic priorities the importance of focussing on the health and well-being of women and families. Highlighting how crucial a family's mental health, and the supports families receive when experience difficulties, is to outcomes. The subsequent Model of Care of the Specialist Perinatal Mental Health Services further outlines the mechanisms by which the mental health of women is supported within maternity services.

As noted above however the mental health of fathers is also vulnerable in the perinatal period, and has significant implications for the whole family's well-being. Fathers play a crucial and often protective role in the family system, particularly when their partners are experiencing mental health difficulties. International best practice indicates the universal screening of maternal mental health, within the context of integrated care pathways and onward referral to appropriate services (Specialist Perinatal Mental Health Services: Model of Care for Ireland 2017). However, a similar mechanism of screening and service provision for fathers and partners is lacking, despite the considerable implications for the family system (Darwin et al., 2021). In particular the paucity of evidenced based assessments and interventions for fathers has significant implications for fathers well beyond the perinatal period. The development of practice, including the training of clinicians, is crucial in supporting fathers.

New best practice guidelines and increasing research regarding the importance of supporting fathers have indicated the inception of change. A new Good Practice Guide from the NHS (NHS, 2021) for example highlights the need to assess father's mental health and signpost to relevant services where necessary.

## Conclusion

It's clear that providing support to fathers experiencing mental health difficulties is not only crucial to their well-being but to that of the whole family system. The Special Interest Group in Perinatal and Infant Mental Health therefore supports the need for further developments in research, training and interventions which specifically target fathers. We call on clinicians, from primary care to specialised services, to consider the needs of fathers when interacting with mothers and children. For example, portraying an inquisitive stance regarding father's well-being and providing signposting to appropriate services when needed. Crucial to this is a broadening of policy and best practice guidelines within an Irish context to include fathers.

While this paper is written with fathers in mind, we also acknowledge that there are many different family structures in Ireland. Parents in same-sex couples for example are just as important to the family system, and may find it more difficult to engage in services due to concerns regarding discrimination. These parents therefore should also be included in any developments within services, acknowledging their distinctive needs. As with fathers, same sex partners have a different experience of parenting to women who act as primary care givers, and services should work toward incorporating these distinct needs when developing services.

Further information:

The Specialist Perinatal Mental Health Services based in Maternity Hospitals offer specialist supports to women and families in the perinatal period. There are currently SPMHS teams in all the maternity hospitals, most of which have Clinical Psychologists on the team. The mental health midwife is generally the point of contact for women between antenatal care and the specialist team. **Please see the website for the maternity hospitals for further information on specialist services.**

You can also find out more about SIGPIMH via their e- and social media platforms here:

- <https://www.psychologicalsociety.ie/groups/Special-Interest-Group-in-Perinatal-and-Infant-Mental-Health>
- Twitter - @Perinatal\_SIG
- Instagram - @perinatal\_sig

**ENDS.**

**For further information, or to arrange an interview with a member of the SIGPIMH, please contact:**

Darragh Greenalgh

PSI Brand Communications Coordinator

087 755 2409

### **Note to Editor**

- The Psychological Society of Ireland (PSI), with circa 3,800 members, is the professional body for psychology and psychologists in Ireland.
- The PSI Perinatal and Infant Mental Health Special Interest Group (SIGPIMH) was officially launched in June 2015 as a response to the lack of perinatal and infant mental health psychology services within Ireland, when compared to international colleagues.
- The PSI SIGPIMH aims to promote clinical practice, education and research regarding the health and development of parents and infants from conception and pregnancy through to five years postpartum, within both the discipline of psychology in addition to interdisciplinary cooperation with other medical and allied health professions

### **References**

- Addis, M., & Mahalik, J. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, 58(1), 5-14. doi: 10.1037/0003-066x.58.1.5
- Bradfield, Z., Wynter, K., Hauck, Y., Vasilevski, V., Kuliukas, L., Wilson, A.N., Szabo, R.A., Homer, C.S.E., & Sweet, L. (2021). Experiences of receiving and providing maternity care during the COVID-19 pandemic in Australia: A five-cohort cross-sectional comparison. *PLOS ONE* 16(3): e0248488. doi: <https://doi.org/10.1371/journal.pone.0248488>
- Cameron, E., Sedov, I., & Tomfohr-Madsen, L. (2016). Prevalence of paternal depression in pregnancy and the postpartum: An updated meta-analysis. *Journal Of Affective Disorders*, 206, 189-203. doi: 10.1016/j.jad.2016.07.044
- Cochran, S., & Rabinowitz, F. (2003). Gender-sensitive recommendations for assessment and treatment of depression in men. *Professional Psychology: Research And Practice*, 34(2), 132-140. <https://doi.org/10.1037/0735-7028.34.2.132>

- Coulter, A., & Richards, T. (2020). Care during covid-19 must be humane and person centred. *British Medical Journal*, 370, m3483. doi: <https://doi.org/10.1136/bmj.m3483>
- Darwin, Z., Domoney, J., Iles, J., Bristow, F., Siew, J. and Sethna, V. (2021). Assessing the Mental Health of Fathers, Other Co-parents, and Partners in the Perinatal Period: Mixed Methods Evidence Synthesis. *Frontiers in Psychiatry*, 11, 585479. doi: 10.3389/fpsyt.2020.585479
- Diamond, R.M., Brown, K.S., & Miranda, J. (2020). Impact of COVID-19 on the Perinatal Period Through a Biopsychosocial Systemic Framework. *Contemporary family therapy*, 1–12. Advance online publication. doi: <https://doi.org/10.1007/s10591-020-09544-8>
- D'Souza, L., & Borgkvist, A. (2020). *Fathers experiences of pregnancy and birth during COVID-19*. Monash University. Accessed through: [https://monash.az1.qualtrics.com/jfe/form/SV\\_cxdi3CxAnFcL685](https://monash.az1.qualtrics.com/jfe/form/SV_cxdi3CxAnFcL685)
- Giallo, R., D'Esposito, F., Cooklin, A., Mensah, F., Lucas, N., Wade, C., & Nicholson, J. M. (2013). Psychosocial risk factors associated with fathers' mental health in the postnatal period: results from a population-based study. *Social psychiatry and psychiatric epidemiology*, 48(4), 563-573.
- Goodman, J. H. (2004). Paternal postpartum depression, its relationship to maternal postpartum depression, and implications for family health. *Journal of advanced nursing*, 45(1), 26-35.
- Grace, S. L., Evindar, A., & Stewart, D. (2003). The effect of postpartum depression on child cognitive development and behavior: a review and critical analysis of the literature. *Archives of women's mental health*, 6(4), 263-274.
- Invitation to fathers: if you had a newborn on a neonatal unit during the covid-19 lockdown, what was your experience.* (2020). Family Included. Accessed through: <https://familyincluded.com/invitation-fathers-neonatal-covid-19/>
- Involving and Supporting Partners and other Family Members in Specialist Perinatal Mental Health Services: Good Practice Guide.* (2021). National Health Service.
- Khashu, M., Adama, E., Provenzi, L., Garfield, C.F., Koliouli, F., Fisher, D., Norgaard, B., Thomson-Salo, F., Van Teijlingen, E., Ireland, J., & Feeley, N. (2020). COVID-19 restrictions and fathers of infants in neonatal care. *British Medical Journal Global health*, 5(4). Accessed through: <https://gh.bmj.com/content/5/4/e002622.responses# covid-19-restrictions-and-fathers-of-infants-in-neonatal-care>
- Lista, G., & Bresesti, I. (2020). Fatherhood during the COVID-19 pandemic: an unexpected turnaround. *Early human development*, 144, 105048. doi: <https://doi.org/10.1016/j.earlhumdev.2020.105048>
- Matthey, S., Barnett, B., Howie, P., & Kavanagh, D. (2003). Diagnosing postpartum depression in mothers and fathers: whatever happened to anxiety? *Journal Of Affective Disorders*, 74(2), 139-147. doi: 10.1016/s0165-0327(02)00012-5

- Moran, E., Bradshaw, C., Tuohy, T., & Noonan, M. (2021). The Paternal Experience of Fear of Childbirth: An Integrative Review. *International journal of environmental research and public health*, 18(3), 1231. doi: [10.3390/ijerph18031231](https://doi.org/10.3390/ijerph18031231)
- Paulson, J., & Bazemore, S. (2010). Prenatal and Postpartum Depression in Fathers and Its Association With Maternal Depression. *JAMA*, 303(19), 1961. doi:10.1001/jama.2010.605
- Philpott, L., & Corcoran, P. (2018). Paternal postnatal depression in Ireland: Prevalence and associated factors. *Midwifery*, 56, 121-127. doi: 10.1016/j.midw.2017.10.00936
- Redshaw, M., & Henderson, J. (2013). Fathers' engagement in pregnancy and childbirth: evidence from a national survey. *BMC pregnancy and childbirth*, 13, 70. doi: <https://doi.org/10.1186/1471-2393-13-70>
- Singley, D., & Edwards, L. (2015). Men's perinatal mental health in the transition to fatherhood. *Professional Psychology: Research And Practice*, 46(5), 309-316. doi:10.1037/pro0000032
- Specialist Perinatal Mental Health Services: Model of Care for Ireland*. (2017). National Mental Health Division: Health Service Executive.
- Weissman, M. M., Wickramaratne, P., Nomura, Y., Warner, V., Pilowsky, D., & Verdelli, H. (2006). Offspring of depressed parents: 20 years later. *American Journal of Psychiatry*, 163(6), 1001-1008.