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Evidence from a systematic review on first time fathers' mental health and wellbeing needs – implications for health visiting practice

Introduction

It is well documented that becoming a parent can be a challenging time for women and men, with the transition to parenthood impacting on aspects of their health and wellbeing during and beyond the perinatal period. Although more focus has been placed on the consequences of maternal mental health for the woman and her child, of more concern recently is evidence that a child's exposure to poor paternal mental health can also have a negative impact on their behaviour and development.

Despite this, evidence of mental health needs in fathers and interventions to support new fathers is lacking.

Why is this important?

Depression in fathers has been associated with higher levels of emotional and behavioural problems in children at around three years of age, particularly in boys (Ramchandani et al 2005). In a later study, Ramchandani et al (2008) also reported an increased risk for psychiatric, behavioural, and conduct disorders in children aged 7 years, if their fathers had been depressed in the antenatal and postnatal periods. A more recent study of over 3000 families in Bristol identified a link between postnatal depression in men, as assessed using the Edinburgh Postnatal Depression Scale (EPDS) and an increased risk of depression in their teenage daughters at age 18 [assessed using International Statistical Classification of Diseases and Related Health Problems, Tenth Revision codes] (Gutierrez-Galve et al, 2018). Fathers' mental health during and beyond the perinatal period is therefore an area that requires greater attention from health professionals.

While the importance of addressing maternal mental health needs are more widely recognised, with routine mental health screening and assessment offered to women during and after pregnancy, men continue to report feeling marginalised and unacknowledged by health professionals during the perinatal period, and report a lack of appropriate information on pregnancy, birth, child care, and balancing work

and family responsibilities (Palsson et al, 2017; Whitelock, 2016; Dheensa et al, 2013; Williams et al, 2011; Backstrom and Hertfelt Wahn, 2009). This paper considers the findings of a recent systematic review on first time fathers' mental health and wellbeing needs, and discusses the practice implications for health visiting services.

The systematic review

We undertook a systematic review of qualitative evidence through the Joanna Briggs Institute to identify and synthesise the best available evidence on first time fathers' experiences and needs in relation to their mental health and wellbeing (Baldwin et al, 2018). The objectives, inclusion criteria and methods of analysis were specified in advance in a protocol, which was published in the JBI Database of Systematic Reviews and Implementation Reports (Baldwin and Bick, 2017). The protocol was also registered with PROSPERO (PROSPERO 2016: CRD42016052685).

The review included 22 studies from eight countries: UK, Sweden, Australia, Canada, USA, Japan, Taiwan and Singapore. The studies were published between 1990 and 2017, and only included resident first-time fathers of healthy babies. Qualitative data were extracted from the included papers using a standardized JBI data extraction tool (Baldwin and Bick, 2017) and research findings were pooled using JBI System for the Unified Management, Assessment and Review of Information (JBI SUMARI). Evidence from the review revealed three main factors which affected first time fathers' mental health and wellbeing during their transition to fatherhood, which were: the formation of the fatherhood identity; competing challenges of the new fatherhood role; and negative feelings and fears relating to it. Fathers reported role restrictions and changes to their lifestyles following the birth of their baby which often increased their levels of stress. Other pressures related to not knowing how to be a "good father" or how to "get it right" or not knowing what to expect from fatherhood. Fathers described difficulties balancing conflicting demands of work and spending time with the baby, deterioration in their relationship with their partner and difficulties in bonding with their new baby. The increased feelings of

stress fathers experienced often manifested as tiredness, irritability and frustration, for which many men used denial or escape activities, such as smoking, working longer hours or listening to music, as coping techniques.

Fathers expressed the need for more guidance and support to prepare them for impending fatherhood, and awareness that having a baby could impact on their relationship with their partner. They also wanted a variety of support systems to include parenting groups, father-friendly resources and father-inclusive services. The main barriers to accessing support were a lack of resources specifically aimed at fathers (so if they sought support, it was not available). Men were often not viewed or treated as equal partners and lacked acknowledgment or involvement by health professionals during their transition to fatherhood. Many fathers felt ignored by health care professionals who were providing maternity and early years care and described feeling like a “spare part” (Darwin et al, 2017; p.10) and made “out to be a complete idiot” (Rowe et al, 2013; p.49).

Based on the review findings, the following recommendations were developed for health care professionals, with a view to enhancing practice:

1. Health professionals should routinely inform and educate expectant first-time fathers about the changes and challenges they may experience during the transition to fatherhood, and offer information on where they could access appropriate resources and support.
2. First-time fathers should be routinely encouraged to attend antenatal appointments and, when present, informed about the importance of attachment and how they can bond with their newborn babies, including “skin-to-skin” contact, discussed with them.
3. Health professionals should provide fathers-to-be with information on labour and birth process, and how they could be involved in supporting their partner.
4. Informing first-time fathers about the importance of their involvement in their child’s development, and how rewarding this could be to them, could encourage new fathers to develop skills and self-confidence in their parenting.

5. Health professionals should focus on couple relationships, including potential changes to sexual relations, and discuss the importance of this with both parents.
6. Health professionals need to be aware of the signs, symptoms of mental health difficulties in new fathers and their coping mechanisms, as they may differ to those displayed by new mothers.
7. New fathers need to be offered adequate support and access to resources aimed at reducing stress and improving mental health. Where necessary health professionals should make appropriate referrals for fathers to other professionals in the antenatal period and postnatal period in order to address their mental health needs.
8. Health services need to adopt a father-inclusive model for supporting new parents so that fathers feel acknowledged and adequately supported.

Implications for health visitors

These recommendations have important implications for health visiting practice. Health visitors have a unique role in working with parents and children to promote health and prevent illness, which places them in an ideal position as ‘family workers’ to support and prepare first-time fathers for their transition to fatherhood. Health visitors through their holistic, family centred approach can enable early identification of needs and risk; and provide appropriate information and early intervention. The National Healthy Child programme (PHE, 2015; DH, 2009) places a major emphasis on parenting support, specifically concentrating on supporting strong couple relationships, supporting the transition to parenthood and engaging with fathers. The antenatal period is a critical time to engage with families to support them to achieve the best possible outcomes for their child, assess the health and social care needs of the family and levels of support needed after the birth, and discuss the transition to parenthood.

Through routine universal antenatal contacts, health visitors can discuss the changes and challenges of new parenthood and explore parental expectations with the mother and father. This is also a good opportunity to provide fathers with

information about labour and birth (such as what to expect, what happens when things go wrong, how long it may last etc.), as well as advice about how they could feel involved in during this process. In order to engage with fathers in the antenatal period however, it is important they are exclusively invited to attend these appointments. If fathers know that the appointment is for both parents, they may be more likely to attend and less likely to feel excluded from discussions about their partner's pregnancy progress and plans for the birth.

During these contacts, and the routine new birth visit (10-14 days after birth), health visitors can discuss perinatal mental health with parents, especially anxiety and depression as they are the most common mental health disorders during the perinatal period. Discussions should include the signs and symptoms of anxiety and depression, so they are aware of the need to seek help, and who to seek help from, if they notice the onset of signs and symptoms of mental health problems in themselves or their partners. This is also an opportunity to discuss activities to promote positive mental health and wellbeing, such as: exercise, healthy diet, rest and relaxation, and avoidance of negative coping strategies, which health visitors are well placed to do. Providing fathers with details of local support groups, such as fathers' groups (often run in children's centres at weekends) or national helplines for advice and support, will make fathers aware of the various services and resources that are available both locally and nationally, encouraging better access.

Health visitors also play an important role in promoting parental bonding with their new baby. During routine contacts, health visitors can highlight the importance of good attachment and discuss the important role of the father in relation to encouraging positive infant and child development. If fathers are aware of the positive impact of their involvement, this could encourage them to spend more time with their child. Having these discussions with expectant parents during the antenatal contact and offering practical tips on how to bond with their unborn baby during the pregnancy and in the early days and months following birth could be beneficial to helping fathers develop their parenting skills and confidence as a new parent.

In addition to ensuring new fathers are supported in developing their parenting skills, it is important that health visitors are also aware of the importance of supporting first

time fathers develop an awareness of the potential impact of having a baby on their relationship with their partner. According to Coleman et al (2013), "Health Visitors are in a prime position to discuss relationship issues and offer support to parents". As part of their role, health visitors are trained to recognise the signs of relationship distress, respond effectively to offer support and review and refer to more specialist services as necessary (Mitcheson, 2015). The universal antenatal contact and the postnatal contacts at 10-14 days, and 6-8 weeks after birth provide ideal opportunities for these discussions to take place. Discussing couple relationships are also an integral part of universal intervention programmes commonly used by health visitors in England, such as Promotional Guides and Maternal Early Childhood Sustained Home-visiting (MECSH) programme. Funded by the Department of Work and Pensions in 2015, OnePlusOne produced a guidance for health visitors for 'Supporting Couple Relationships', placing them in a unique position to offer relationship support across all domains of health visiting practice (<http://www.oneplusone.org.uk/wp-content/uploads/2015/09/HV-Training-v9a.pdf>). This therefore means that health visitors are ideally placed to discuss couple relationships, including potential changes to sexual relations with both parents.

To be able to support fathers' mental health and wellbeing in an appropriate and timely manner, health visitors need to be aware of the signs and symptoms of mental difficulties in new fathers, and their coping mechanisms. Some signs and symptoms of depression during the perinatal period experienced by women and men are similar, such as low mood, deep feelings of abandonment, anhedonia and powerlessness, however other symptoms such as an increase in tobacco smoking, alcohol and substance abuse, may more frequently manifest in men (Madsen, 2011). Health visitors also need to be aware of local and national support services and resources specifically available for fathers (such as these: <http://www.newdadstudy.com/resources.html>), so that they can share them with parents during this contact.

Health professionals' relatively limited experiences of working with first time fathers, and inability to assess and recognise mental illness in fathers' have been reported previously (Massoudi, 2013; Hammarlund et al 2015). In a small qualitative study of two focus groups, each comprising of six UK health visitors from one NHS trust,

identified a number of anxieties relating to the lack of support they provided to fathers (Whitelock, 2016). These included: the lack of training health visitors received for working specifically with fathers; the lack of training with regard to working with men who have poor mental health; fears for own safety when with men; a lack of confidence in working with fathers; busy caseloads and time factors; health visitors being perceived as a 'mother and child' service; and the lack of direction with regard to screening men in the Trust's workplace policies (Whitelock, 2016).

Similar themes were also highlighted in another qualitative study, this time focusing on student health visitors, who felt that paternal mental health was not addressed in their training and that they were inadequately prepared to support fathers in practice (Oldfield and Carr, 2017). These studies and our systematic review highlight a training need for health visitors to address how they involve and work with fathers. There have been suggestions that having a workforce that is primarily female could act as a barrier to engaging fathers, as men may be more willing to engage with male staff or think that the service is 'not for them' (Page et al, 2008). This would apply to the UK midwifery workforce which is 99% female and the health visiting workforce which is 99.6% female (DH, 2012). However, recommendations from a large literature review by the Movember Foundation suggests that staff characteristics, skills and qualities such as being non-judgemental, male positive and empathic to men's needs are far more important than the gender of the staff (Robertson et al, 2015). In order to work successfully with fathers, practitioners have to consider addressing fathers needs as men, as well as fathers (similar to the way in which a family-focused approach is used with women) and not just as child carers (Ghate et al, 2000).

Being able to address first time fathers' mental health needs is particularly important for health visitors in light of the recent announcement to support fathers, which has been described as a 'landmark move' by NHS England. According to the NHS Long Term Plan, "fathers/ partners of women accessing specialist perinatal mental health services and maternity outreach clinics will be offered evidence-based assessment for their mental health and signposted to support" (NHS 2019, p-49). How this support will be delivered and how the workforce will be prepared is yet to be seen. From a policy perspective, while this is certainly a move in the right direction for

fathers, this will only support a small number of men who may be at an increased risk of perinatal mental health difficulties. Evidence from our systematic review adds further support for an urgent review of how universal services are planned and resourced in order to adequately meet the mental health and wellbeing needs of all fathers during their transition to fatherhood (Baldwin et al 2018). It is crucial for health services to adopt a father-inclusive model for supporting new parents so that fathers feel acknowledged and adequately supported, which in turn would benefit the health and wellbeing of the whole family.

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The full systematic review can be accessed here:

https://journals.lww.com/jbisrir/Fulltext/2018/11000/Mental_health_and_wellbeing_during_the_transition.10.aspx

Should HV also instigate referral if either parent has existing or previous history of mental illness? Also importance of ensuring effective communication across health team, including mental health teams, and the GP

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