



Fathers Reaching Out - Why Dads Matter:

10 years of findings on the importance of fathers' mental health in the perinatal period

Mark Williams – September 2020



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PREFACE | Prof (Dr.) Minesh Khashu¹



Prof Khashu is the chair of FINESSE, an international group of researchers interested in fathers' experiences, which has just launched a global survey exploring implications of the pandemic and lockdown restrictions on fathers' experience of having a baby during the pandemic². Prof Khashu helped to develop the DadPad Neonatal, a specific tool to improve support and care for fathers in neonatal units³.

The thought of a Fathers Reaching Out Report brings mixed emotions. On one hand, I am pleased that something useful is being done to raise awareness and improve outcomes. On the other hand, I feel terribly disappointed that things have come to such a pass that, in 2020, we still need such reports to be published. It begs the question: what has gone wrong and why?

I am not planning to answer this question for you. It is best that we answer this collectively, as a society.

Better engagement of dads plays a critical role in supporting mothers, decreasing risk and improving the integrity and resilience of the family unit. The experiences of fathers today are in many ways suboptimal. Improved support for fathers, especially those with mental health illness, will improve the engagement of fathers in fatherhood, transform their experience and – most importantly – will improve health outcomes not just for the father but for the child, for the mother, the family and society at large.

¹MBBS, MD, FRCPCH, FRSA, Q Fellow (Health Foundation & NHSI), Fellow England Centre for Practice Development. Consultant Neonatologist at Poole Hospital NHS Foundation Trust and Visiting Professor of Perinatal Health at Bournemouth University. Clinical Director for Maternity, Children and Young People at Wessex Clinical Senate and Networks.

² Family Included (2020).

³ DadPad (undated).

We find that supporting the father-infant bond and supporting co-parenting between the mother and the father benefits the health of the baby as well as the family unit. We find, however, that despite much interest in engaging with parents as full partners in the care of the infant, engagement with fathers is generally poor.

Fathers typically describe the opportunity to bond with their babies in glowing terms of gratitude, happiness and love. These emotions are underpinned by hormonal and neurobiological changes that take place in fathers when they care for their babies (similar to what has been well known and accepted for mothers). Fathers, however, are subject to different social expectations and this shapes how they respond to the situation and how others treat them. Fathers are more likely to be considered responsible for earning, they are often considered to be less competent at caring than mothers and they are expected to be “the strong one”, providing support to mothers but not expecting it in return.

It is important that health services and society:

- assess the needs of mother and father individually;
- gear parenting education towards co-parenting;
- actively promote father-infant bonding;
- be attentive to fathers hiding their stress; and
- communicate with fathers directly, not just the mother, and facilitate peer-to-peer communication for fathers, as appropriate.

Health care staff need better training to be able to evaluate the needs of fathers and to positively support co-parenting.

In conclusion, we need a paradigm shift to appreciate and implement:

- support for the father-baby bond, in the same way that the mother-baby bond is supported; and
- support for co-parenting, by the mother and father working together as a team.

This shift is critical in moving individuals, healthcare teams and society at large away from the widespread view that mothers are the primary carers of infants and fathers are helpers to the co-parenting paradigm. Fathers have innate, biologically-based abilities to bond with and care for babies; these are especially important for the health and safety of babies in situations of stress and risk. The father-baby bond optimises the family dynamic and the opportunities for nurture of children.

It is critical that we all work together to improve the support and outcomes for fathers, for families and for our communities.

When Mark Williams and I met 10 years ago, there was very little talk about fathers' mental health. In fairness, society has only just begun to realise that postnatal depression was a condition that should be taken seriously as, prior to that, mothers were told to just "get on with it", with little attention paid to the consequences, both seen and unseen. We have only to look at the current studies and research on epigenetics and psychobiology to understand the wonderful progress that has been made. The fight to raise the awareness of parents' mental health has been a challenge and Mark has worked tirelessly and determinedly to bring this to the attention of both health professionals and the public. He has remained focused throughout and this report is the pinnacle of his story. Let us hope it resonates with both the public and policy makers and that someone, somewhere will make the difference to ensure that parents have the good mental health they deserve.

Dr Jane Hanley⁴

I am delighted that we are taking a serious look at the mental health of our dads. Any major life change can have an impact on our mental health and what greater change than the birth of your baby. For some time, we have been concerned for the mental health of mothers, but only recently have we looked at the mental health of fathers. It has been identified lately that there is antenatal and postnatal depression in dads; however, in many cultures that is disregarded. We should be grateful to Mark Williams for championing this, using his lived experience to campaign. I commend this report to all health and social care professionals working in and around maternity services and throw out the challenge at every opportunity to ask dad how he is doing.

Gillian Smith⁵

⁴ PhD, FRSPH, RGN, DipHV, DipCouns, Consultant Trainer in Perinatal Mental Health.

⁵ MBE, DUniv, RGN, RM, ADM, Retired Director of RCM Scotland.

INTRODUCTION | Mark Williams

Looking after an infant is often a challenge for both parents. It is increasingly recognised that postnatal depression and other perinatal mental illnesses and disorders can be experienced by men as well as women⁶. We now understand that becoming a father and experiencing fatherhood can be a stressful and isolating experience. It is quite possible that the increased pressures of fatherhood – which mean little sleep, extra responsibilities, greater financial challenges, and changes in relationships and lifestyles – will all affect the father’s mental health.

Research has shown that one in 10 new fathers suffer from postnatal depression⁷, very similar to the figure for new mothers⁸. Once education, universal assessment and screening processes are introduced, this figure will no doubt be higher – I believe that the figure for mothers has increased now that they are being routinely assessed, and this is supported by Wisner et al’s (2013)⁹ finding that almost 22% of women suffer from postnatal depression during the first year postpartum – thus highlighting the need for much more to be done to support fathers in the perinatal period.

Although it is still early days, there is already anecdotal evidence that the Covid-19 pandemic, and the resultant limitations imposed on ‘normal life’, have made paternal postnatal depression worse¹⁰.

As research increases around paternal mental health, we feel that we have sufficient evidence to lead to a change in policies and protocols by the World Health Organisation (WHO) to include fathers’ mental health. We want the WHO Commissioners to understand the importance of “Think Family”, to include and support all parents during the perinatal period.

⁶ E.g. PANDA (undated), Paulson et al (2006), NCT (2018), NHS (2018).

⁷ E.g. PANDA (undated), Paulson et al (2006), NCT (2018), NHS (2018).

⁸ E.g. Royal College of Psychiatrists (2011) p2, Bauer et al (2014), NHS (2018), Tommy’s (2018).

⁹ Wisner et al (2013).

¹⁰ BBC News (2020a), BBC News (2020b).

We know that the Equality Act 2010¹¹ legally protects people from discrimination in the workplace and in wider society on the basis of their sex¹². This includes a duty on public authorities (which includes the NHS and related organisations¹³) to “*have due regard to the need to eliminate discrimination...*”¹⁴, when exercising their functions.

It cannot be emphasised enough that the biggest killer of men under 50 in the UK is suicide¹⁵. Studies have shown that fathers with mental health problems during the perinatal period are up to 47 times more likely to be classed as a suicide risk than at any other time in their lives¹⁶.

Surely now is the time to act and make a difference?

In times of rapid change and uncertainty, fathering is still an exciting adventure. However, it demands juggling even more pressures. And the stakes are high for everyone in the community. We now know how important it is for the wellbeing of the family and for the children’s development in the future. Providing support for fathers, tailored to their situation and needs, has never been more important.

Dr Richard Fletcher¹⁷

¹¹ Equality Act 2010, c.15 (UK).

¹² s11.

¹³ Sch 19.

¹⁴ s149(1).

¹⁵ Office for National Statistics (2020).

¹⁶ Quevedo et al (2011).

¹⁷ Associate Professor, Faculty of Health and Medicine’s Family Action Centre, University of Newcastle, Australia.

SUMMARY AND KEY RECOMMENDATIONS:

This Report is intended to be read by all those involved in the provision of perinatal mental health services across the UK and globally, including in particular those with the potential to achieve policy change at the highest level.

Its aims are to share the findings that Mark Williams has gathered throughout his ten years of work with 'Fathers Reaching Out', in order to raise awareness of the issues surrounding paternal mental ill health and the impact this can have on individual families as well as wider society, and to identify and highlight key proposals for change, which are summarised below:

25 KEY RECOMMENDATIONS FOR CHANGE:

Mental Health:

1. More support for paternal mental health during the perinatal period, in order to assist the father in becoming the best version of himself, ensuring that he is able to provide support for the mother's mental health, as well as protecting against any negative impact that this could have on the child, overall giving rise to better outcomes for the child in the longer term.
2. Enquiries into paternal deaths, in the same way as MBRRACE-UK¹⁸ (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) is reporting on maternal deaths, highlighting causes and outcomes in order to make policy users consider ways in which they can reduce the deaths of mothers and infants in the future.
3. The introduction and use of appropriate methods of mental health screening of all fathers-to-be/partners during the perinatal period.
4. Specialist mental health services for new fathers available in all areas of the UK.
5. A map of paternal mental health services for new fathers, covering dad-focused antenatal programmes, apps, online communities where safeguarding would be assured, and/or sources of information.
6. The provision of services which concentrate on fathers' emotional needs and ways of managing anger and distress, to help fathers understand and express what they are feeling and to promote other, more positive, ways of coping.

¹⁸ MBRRACE-UK (2020).

7. More research and data into the extent to which fathers were struggling with their own mental health during times when Adverse Childhood Experiences (ACEs) have occurred.
8. More research into ways of tackling the mental health impact that seeing 'perfect lives' on social media platforms can have on parents who are struggling with their own situations.
9. Information and resources available in the workplace relating to perinatal mental health, to raise awareness of potential mental health issues which can arise in relation to fatherhood.
10. Wider recognition of and research into the role that social media can play in enabling men who are struggling with their mental health to find a way of communicating their situation (especially considering that, for many men, unaccustomed to or uncomfortable with sharing their feelings/asking for help, this might be the only way for them to do this).

Preparing for and adjusting to fatherhood:

1. Increased availability of dad-specific/dad-focused resources which enable dads to gain the information that they need in order to be properly prepared for parenthood.
2. Greater access to support for both dads (and/or dads-to-be) individually and parents (and/or parents-to-be) as a couple in developing communication skills and other relevant tools which will help them throughout the challenges of the perinatal period.
3. Early prevention programmes, covering both the importance of looking after our own mental health and the impact that this can have on our child's development, made available to all parents.
4. Advocacy services in hospitals which make links with new parents, giving them information on resources and support that are available, but which can be hard to find.
5. An emphasis on educating children on parenthood, perhaps during their final year at school, to help prepare them for their future roles.
6. The provision of better support for new parents/new fathers on how to educate and raise their children with the necessary skills, principles and values to enable them to be the role models for the next generation.
7. Improved engagement and involvement of dads and partners by healthcare professionals throughout the perinatal period with reference to all elements of the antenatal, birth and postnatal experiences.

8. Research into Body Mass Index (BMI) to establish that there is often an increase in fathers' BMI, following the birth of their baby.
9. The provision of information to men about the changes that may occur in their body during the perinatal period.
10. The provision of services which concentrate on fathers' emotional needs and ways of managing anger and distress. This would greatly help fathers to understand and express what they are feeling and to promote other, more positive, ways of coping.

Accessing support:

1. More innovative ways of sharing information on the online support groups and sources of information available, so that men who are struggling are more easily able to find and access these.
2. More dads-only support groups across the UK, enabling dads-to-be and new dads to seek out and find the support networks that they need in order to share their worries and concerns.
3. The development of more online support groups for dads-to-be and new dads.
4. Consideration of whether and how organisations and employers can introduce 'back to work' plans for new dads, to ensure that they were able to cope with their workload alongside the pressures and challenges of new fatherhood, specifically during the first year of their baby's life.
5. Every parent being asked whether they have been the victim of domestic abuse, with information on support and opportunities for further conversations available for both partners.

Paternal depression

The clinical signs and symptoms of paternal depression are similar to those of depressed mothers. These include, low mood, and a lack of enjoyment in life. However, when fathers are depressed, they tend to express their emotions differently to that of the mother. They appear to be less able to cry but are more likely to externalise their feelings by displaying aggressive behaviour or irritation with their partner. Thus, their actual depression may be misinterpreted, and this is further compounded by the father's inability to seek help²⁰. When fathers felt able, and were sufficiently comfortable, to discuss their depressive feelings, they often clarified this with the conversations around 'hopelessness' 'Guilt' 'Not feeling good enough' 'Worried they would not be a good enough father' or 'wanting to be a better father than their own, but just didn't know how that would look' or how to 'fix it'. This is reflected in studies by Hammarlund et al (2015), Darwin et al (2017), and Hanley and Williams (2019), which explored fathers' attitudes towards parenting.

Suicidal ideation

Suicide and suicide ideation are often seen as a sign of weakness. However, that does not deter some fathers, as there appears no respite from unfathomable depths of their despair²¹. The recognition and awareness of paternal depression should alert the health and social care practitioner to the mental state of the father; however, with the reticence of fathers to express how they truly feel, it is not always possible to predict their behaviour. Studies have identified the risk of suicide in the postnatal period as almost 5% higher compared with fathers without depression²². As the understanding of the causes of fathers' suicide is a recent phenomenon, national statistics do not provide the exact detail of the number of fathers who have taken their own lives. However, in Australia, there has been an overall increase in the number and rate of male deaths by suicide between 2007 and 2016. The rate of male deaths by suicide increased from 16.4 in 2007 to 17.9 in 2016²³.

¹⁹ PhD, FRSPH, RGN, DipHV, DipCouns, Consultant Trainer in Perinatal Mental Health.

²⁰ Martin et al (2013).

²¹ Kerr et al (2008), WHO (2016).

²² Quevedo et al (2011), Knapman (2018).

²³ Australian Bureau of Statistics (2016).

Post-traumatic stress disorder (PTSD)

Post-traumatic stress disorder (PTSD) is an anxiety disorder which is usually caused by experiencing a frightening, distressing or terrifying event over which the father has no control. The traumatic event is re-enacted in the mind, often in the form of flashbacks and nightmares. Fathers have often expressed fears about their partner or wife giving birth again because the last pregnancy was traumatic. This is reflected in studies which have explored the attitudes of fathers who have experienced traumatic situation whilst in the labour ward²⁴ (White 2013, Hanley and Williams, 2019, 2020).

Paternal Obsessive-Compulsive Disorder (OCD)

This condition has only recently been recognised. Fathers have admitted to intrusive thoughts which concentrated around harming their baby. In order to prevent them from acting out their thoughts, the father would avoid situations where they might cause harm. This also meant they did not confide in their partner for fear that their relationship would end, or that social services would become involved. Some fathers have been victims of sexual abuse and had not discussed their experiences until their mood state reached crisis point and they felt the urge to be more protective towards their new baby²⁵.

Further information on perinatal mental illnesses and disorders in fathers can be found in:

Hanley, J. and Williams, M., (2019). *Fathers and Perinatal Mental Health: A Guide for Recognition, Treatment and Management*. 1st ed. Abingdon: Routledge.

²⁴ White (2013), Hanley and Williams (2019, 2020).

²⁵ Briggs and Price (2009), Coelho et al (2014).

WHY FATHERS' MENTAL HEALTH IS IMPORTANT | Mark Williams

When I started campaigning to raise awareness of the need for better quality mental health care for men in the perinatal period, there was little research and very few studies were available at the time.

The Fatherhood Institute²⁶ has compiled a summary of the studies which were published during the early 1990s through to the mid 2000s. There were several reviews and reports which considered the impact of fathers' mental health, not only on the father, but also on their partner, infant and other children. The effect of a depressed mother's health on the father's mental health was explored in Goodman²⁷, whilst studies by Cummings and Davies²⁸, Hossain et al²⁹ and Kurstjens and Wolke³⁰ examined the influence that the father's mental health had on the emotions, behaviour and cognitive development of their infant. The relationship between the parents was highlighted in other studies by Holopainen³¹ and Fisher et al³².

In 2007, Kim and Swain³³ developed a chart which illustrated the biological and ecological factors which impacted on fathers' lives. It clarified the impact on the family, and offered solutions for prevention and interventions, whilst highlighting the importance of screening new fathers during the perinatal period.

In 2016, Dr Ed Tronick's³⁴ 'Still Face Experiment'³⁵ was carried out on dads by Project ABC and The Children's Institute Inc of Los Angeles³⁶. This again clearly illustrated how profoundly babies read and react to their social surroundings, and the videos demonstrated how a prolonged lack of attention from their carer can move a baby from being good at socialising to creating poor social habits.

²⁶ Fatherhood Institute (2018).

²⁷ Goodman (2004).

²⁸ Cummings and Davies (1994).

²⁹ Hossain et al (1994).

³⁰ Kurstjens and Wolke (2001).

³¹ Holopainen (2002).

³² Fisher et al (2006).

³³ Kim and Swain (2007).

³⁴ Melinder et al (2010).

³⁵ UMass Boston (2007).

³⁶ Picture Alternatives (2016).

The paucity of studies, however, meant that little attention was paid to the importance of fathers' mental health during the perinatal period. My vigorous campaigning and work to raise awareness amongst the general public and professionals appears to have impressed upon individuals and organisations that fathers' mental health is an integral part of family life, and that far more attention needs to be paid to this.

Fast forward ten years, and the world appears to have taken notice of the fact that fathers can suffer from mental illness and disorders. The research increases – and the 2019 finding from Fathers Network Scotland that 58% of the men surveyed believed that their own mental health had suffered following the birth of their most recent child³⁷ goes to show how much it is needed.

During this time, I have supported hundreds of parents via support groups, one-to-one meetings, and online. I have listened – at conferences and conventions – to stories of parents experiencing perinatal mental illness and disorders, and about the work of professionals. I am humbled and honoured to have been entrusted with such confidential and in-depth information from those with lived experience.

These – and many more – stories have collectively fostered this campaign to ensure all parents are supported during the perinatal period. Summarised findings and information that I have gathered over this time (with direct quotes shown in blue), together with evidence from research studies and other reports, are set out here, together with specific recommendations – or, if you prefer, calls to action – for change.

My intention is that this collated information will help to bring about an essential shift in society towards gender equality, with the mental health of fathers during the perinatal period being given the same focus as maternal mental health. We also need to recognise that the consequences of inaction on this score could be further preventable male deaths from suicide. My overwhelming belief – following ten years of evidence gathering and research – is that the time for wholesale action is **NOW**.

³⁷ Fathers Network Scotland (2019)

THE ANTENATAL PERIOD

Whilst discussing their experiences, some fathers said that their behaviour totally changed during the antenatal period. They attributed this to stress and not being able to cope with the changes in their moods. This caused substantial anxiety for their partner during her pregnancy.

...after the mid-point in [my wife's] pregnancy everything became a lot more real and I realised I wasn't feeling how I should, or wanted. Excitement was absent; instead replaced by continuous worrying about both the added responsibilities of fatherhood and current support I was supposed to be offered my wife. These thoughts made me feel bad about myself, but as time passed, instead of intercepting or questioning them as they escalated, I would let worst-case-scenarios play out in my head...

J

One father I spoke to would not tell his current partner the reasons for his stress, which was a result of a stillbirth happening in his previous relationship. He became over-protective and made the mother seek help for herself.

These findings are backed by research by Da Costa et al (2017), which sought to determine the prevalence and determinants of depressive symptoms in first-time expectant fathers during the last three months of their partner's pregnancy. The results indicated that over 13% of fathers had higher depressive symptoms during the latter end of the pregnancy. This highlights the number of expectant fathers who are affected, whilst the study also noted that antenatal depression is a strong predictor of paternal postnatal depression.

When E became severely ill and had to give birth very prematurely, everyone kept telling my son that he had to be strong for his family. But I knew he wanted this new baby more than anyone. I can't believe that, in this day and age, men are still expected to bury their emotions.

Anonymous

ENGAGEMENT WITH HEALTH CARE PROFESSIONALS

Fathers are often under the misapprehension that the Health Visitor is only there for their partner. Whilst this view has improved in recent years, as fathers become more informed about the role of the Health Visitor, during a recent meeting with a group of ten fathers, only two of them had had a conversation with their Health Visitor. The fathers in question were suffering from either anxiety or depression and did not know how to rectify this.

Many fathers also explained that they had sometimes felt like 'a spare part' in the labour and delivery ward, and that their perceived lack of communication with any of the health professionals present only increased their anxiety.

Fathers are often identified by mothers – and indeed professionals – as the “support system” for mum. Whilst this is an obvious role for them it means they are expected to become the care-taker, the doer, the strong one, the “container”. This is a challenging task for anyone and, for new dads who are likely sleep deprived, adjusting to huge changes and worried about their partners, it may be an overwhelming task. This is compounded by the fact that supportive contacts from midwives and health visitors after a baby is born are almost entirely focused on the wellbeing of mum and baby. The expectation that dad will provide support and stability can create intense pressure, uncertainty and feelings of inadequacy for fathers which are justified, valid and need support.

Dr Blaithe O’Dea³⁸

Again, these findings are reflected in the research. For example, Darwin et al’s 2017 study highlighted the fact that many fathers still feel excluded from the whole birth, delivery and childcare process by health professionals, and Mayers et al’s 2020 research explained that, although fathers appear to play an important role in supporting their partners, many feel alienated within maternity services.

This latter study highlighted an overall lack of support for many fathers, despite wanting support on how to help their partner, as well as information on their own mental health and the support services available. The fathers specifically wanted healthcare professionals to signpost them to someone they could talk to for emotional support, and to be taught coping

³⁸ Child Psychologist, Perinatal Community Team, Southern Health NHS Foundation Trust.

strategies which would help them to support both their partner and baby. The research further suggested that health professionals and perinatal mental health services need a better understanding of the resources that fathers need to support both their own mental health and that of their partner.

Not once did any health professionals ask him about his mental health, only me.

K, aged 30

I understand that the health of the mother is what matters to the physical health of the baby, but I needed help too.

J

I've heard of dads that coped [with postnatal depression] through friends, physical exercise, meditation and a wide variety of reasons but one big thing still appears to be missing. At no point during [my son's] stay in hospital (10 days in total), the health visits or the subsequent multiple hospital visits was I asked if I was ok.

D

Darwin et al's report also noted that the language used by men differed from that used by health professionals; for example, they preferred to use the word 'stress', which they said was greater in the postnatal period.

Further, a report from the Mental Health Foundation (2018) which focused on the mental health of young fathers identified that – along with other challenges common to all new fathers – young fathers also had to contend with the attitudes of some health professionals and society (sometimes fuelled by the media) which branded them as socially irresponsible and reckless.

There is also the fact that, when a health visitor enquires about any incidences of domestic abuse, the emphasis often appears to be on violence towards the mother and not towards the father. I have found that some fathers think this is biased and they feel let down by the services. I have encountered four fathers who wanted support as they were victims of abuse

from their partner, and the statistics support this: for example, in 2018/19, 576,00 (2.5%) of men and 1.2 million (4.8%) of women were victims of partner abuse, which equates to roughly one male victim for every two female victims. During the same time period, 16 men and 80 women were killed by their current or previous partner³⁹.

I was asked if my partner was violent towards me, but he was not. It stopped him from communicating with our health visitor

J, aged 29

Daniels et al's 2020 research into fathers' experiences as witnesses to their partner's birth trauma in particular noted that fathers did not feel that they were getting the support that they needed from health care professionals. One such father commented:

I should have been more included from the beginning. A mother and father should both complete questionnaires regarding depression and a father should be asked how he is feeling or if there is anything he wants or doesn't understand. These questions are solely aimed at the expectant mother whilst a father has to butt in and speak during a conversation he is only there to witness.

There are all sorts of reasons why men suffer mental health problems after the birth of a child. Some suffer from postnatal depression themselves whilst others get downcast because their partners have mental health troubles. I suffered from Post-Traumatic Stress Disorder after seeing my wife's distressing birth.

Mark Williams

Interestingly, Higgins et al in 2020 found that fathers admitted to not being prepared for parenthood and would have welcomed more direct contact with health professionals to help them achieve their full potential as parents. There is, though, the fact (or myth?) that health professionals are often unable to gain access to fathers as they are at work at key times. One way to combat this potential issue is to provide greater access to information on perinatal mental health via the workplace (see 'Pressures from wider society', below).

³⁹ Mankind (2020).

Recommendations for change:

To help address some of these issues, I would like to see:

- Improved engagement and involvement of dads and partners by healthcare professionals throughout the perinatal period with reference to all elements of the antenatal, birth and postnatal experiences.
- Every parent being asked whether they have been the victim of domestic abuse, with information on support and opportunities for further conversations available for both partners.

SCREENING AND ASSESSMENT

Fathers who admitted to suffering from undiagnosed disorders – which included Bi-polar Disorder, Antisocial Disorder and Attention Deficit Hyperactive Disorder – had not been asked about their mental health history nor was any information made available to them during the antenatal period.

As a first-time father, I wasn't aware that this could happen to dads... I wish I had had the knowledge and understanding about the feelings I was expressing as a father who already struggles with Bi-Polar.

Dean Hooper⁴⁰

This was also the case for fathers who were either in the Armed Forces or the emergency services, and who were therefore more susceptible to be suffering from Post-Traumatic Stress Disorder (PTSD) caused by incidents that had occurred in their work.

I found that many health professionals did not know what PTSD was and were unaware that it could happen to fathers in the labour ward. Post-traumatic stress disorder is an anxiety disorder which occurs after witnessing or experiencing a life threatening event. I found that many fathers were only diagnosed years later.

One father I spoke to was diagnosed with PTSD 29 years later after witnessing the loss of his child in the labour ward. He did not receive any help, but instead adopted negative coping

⁴⁰ Ex-professional footballer and mental health campaigner.

skills, by drinking excessively and taking drugs. He lost his business and family after struggling for years.

Greater consideration of fathers' mental health across cultures and religions has been given little consideration, especially in terms of their attitudes to screening, interventions and treatment, prevention and the interplay with maternal mental health and child outcome measures. In these challenging times, the impact of COVID-19 is likely to present additional pressures on the family unit, which need to be explored through high quality research methods, which fully engage users and other stakeholders.

Paul Sutcliffe⁴¹

I know of fathers who are hitting crisis point after the perinatal period and are getting diagnosed with anxiety or depression. However, if they had been assessed and screened earlier, this may have been prevented or at least the reasons behind it could have been pinpointed.

I just didn't think I was good enough and was never asked about my own mental health. My wife was fine, but I struggled so much it was affecting our relationship which sadly ended after the birth of our twins.

J, aged 33

A woman whose partner (and the father of her three children) had taken his own life five years prior to me speaking to her had the following comment to make in relation to screening:

Would a (mental health) screening process or assessment have stopped this suicide? I can't say it would, but I can say it definitely could have and therefore implementation of such a process is required with immediate effect. There were ample opportunities missed to check on my partner's mental health; in the two years leading up to the suicide, we suffered a missed miscarriage, a no-complications pregnancy and birth, and then we suffered a large bleed during our last pregnancy, two weeks before losing my partner.

⁴¹Associate Professor, Warwick Medical School.

In Shaheen et al's 2019 paper, based upon research carried out on fathers in Saudi Arabia, they discussed the importance and attention required to be given to fathers' mental health during and following the delivery of their newborn. They suggested that fathers should receive both perinatal and postnatal mental health assessments in order to prevent future childhood behavioural problems and relationship difficulties with their spouse.

I didn't seek help initially, even when I knew something was wrong and this led to me making a number of attempts on my own life.

D

Fathers' mental health is an important public health issue that continues to be under-acknowledged by health professionals and policy makers, despite research suggesting that men want to be asked questions about their mental health and wellbeing, and the opportunity to express their feelings and emotions about fatherhood. In the absence of any national guidance, health professionals working with new fathers are currently not required to routinely assess their mental health, which is a huge gap. Mental health problems are the largest cause of disability in the UK; therefore, it is crucial that we have adequate systems in place to support parental mental health to ensure children have the best start in life. This should include fathers' mental health, and not just mothers.

Sharin Baldwin⁴²

Rebecca Price's (2018) *Blues Boys Project* studied the use of screening tools specific to detecting postnatal depression in fathers. The Edinburgh Postnatal Depression Scale (EPDS) was used as this has been validated for both fathers and mothers. Of the 25 fathers that were recruited to the project, five were identified as experiencing anxiety and/or depression after completing the EPDS. The research also found that some fathers – who recognised that they had depression and/or anxiety – only scored within the normal range on the EPDS.

In 2019 Dr Jane Hanley and myself presented at Oxford Brookes University on the pathway for assessing fathers. We developed the HanWill model⁴³ which combines the use of the

⁴² RN, RHV, QN, FiHV, BSc (Hons), PG Dip, MSc, PhD Queen's Nurse, iHV Fellow, Clinical Academic Lead (Nursing), London North West University Trust

⁴³ PMH Training (2019).

Edinburgh Postnatal Depression Scale and information gathered from personal experiences about fathers' behaviours following the birth of their infant. These include:

- Are you drinking more since your baby has arrived?
- How are you feeling now that you are a parent?
- Who is supporting you and has your partner has postnatal depression?
- What is your sleep pattern like?
- Do you feel your avoiding situations more than you used to?
- Do you have feelings of anger or aggression?

The NHS Long-Term Plan⁴⁴ has, of course, introduced the commitment to offer:

*...fathers/partners of women accessing specialist perinatal mental health services and maternity outreach clinics evidence-based assessment for their mental health and signposting to support as required...*⁴⁵

These changes have come about as a result of hard campaigning by many of us involved in raising awareness of and research into paternal perinatal mental ill health, and they are most definitely a good thing. The new commitment means that dads who are in the same position as I was back in 2004 will now be able to get the support and help that they so desperately need⁴⁶. However, as Dr Andy Mayers has said, "*...there is still a long way to go to ensure that fathers are fully supported*". Key difficulties, as highlighted by Dr Mayers, include:

- Only the most acutely unwell mums will be referred to perinatal mental health services and therefore only their partners will be offered support. Partners of those women whose perinatal mental ill health is not sufficiently severe to meet the referral criteria will be left without support; and
- Fathers can, of course, develop perinatal mental health difficulties independently of their wife/partner and these dads are again not included within the new offer.

⁴⁴ NHS (2019).

⁴⁵ NHS (2019), p49.

⁴⁶ Williams (2019).

While we continue to learn about what support fathers need for their mental health, we still do not know much about how we can identify those fathers who may need help. The NHS England initiative to screen (some) fathers for their mental health is encouraging, but what tools do we need to establish that screening? What works for mothers (such as the Edinburgh Postnatal Depression Scale) may not be appropriate for fathers. Also, how do we reach fathers? We already know that not all fathers come to the attention of health professionals, even if fathers trusted them enough to be screened by them. One potential solution is online screening. In a very recent piece of unpublished research we asked fathers several qualitative questions about the merit of such a method. Initial analyses suggest that fathers' perceptions towards an online service were mainly positive, but were less positive about current methods.

Dr Andrew Mayers⁴⁷

Recommendations for change:

To help address some of these issues, I would like to see:

- The introduction and use of appropriate methods of mental health screening of all fathers-to-be/fathers/partners during the perinatal period

RELATIONSHIPS

I have met so many fathers whose relationships have ended in courtroom battles, which ultimately can – and often does – result in parental alienation. Some fathers reported to me that they recognised, early on, that they were feeling perhaps 'emotionally unfit' – in the sense that their pre-parenthood relationship was already difficult, and that no support or help was available to help them as individuals or in that relationship. If this early intervention had occurred, it would have better prepared both the father and their family as a whole for the baby's arrival.

My husband struggled and without support we could have gone our separate ways. I did not know ... that men also struggle after the baby is born

S, aged 26

⁴⁷ PhD, MBPsS, FRSA – Principal Academic and Programme Leader (BSc Psychology with Counselling) at Bournemouth University.

We often focus upon mother and baby during the perinatal period but fathers play such a vital role in the family. When fathers are well, they are better able to support their partner and engage positively with their baby. When fathers are struggling and unsupported, the whole family dynamic changes, putting that family cohesion at risk. It is, of course, important that we support fathers for their own sake, but also for wellbeing of the whole family. We must invest in making sure everyone in the family unit is nurtured to protect our future and the next generation of parents.

Professor Amy Brown⁴⁸

The need for there to be more support for existing couple relationships, in order to help fathers adjust both mentally and emotionally was one of the findings in Baldwin et al's 2018 research. Perinatal and postnatal mental health assessments for fathers, to help (among other things) potential relationship difficulties with their partners, was one of the recommendations of Shaheen et al's 2019 research, and Higgins et al – in 2020 – emphasised that unprepared-for changes in their relationships (along with the resultant challenges and responsibilities) were one of the matters discussed by fathers when considering their transition to fatherhood.

Relationships will also often suffer due to a father's lack of 'preparedness' to be a new dad, causing some mothers to cease to trust fathers with their child's wellbeing, and also putting pressure on the couple's relationship. Howl⁴⁹ notes that:

When we support only one member of the couple, generally the mother, we run the risk of unwittingly undermining the couple relationship, creating unequal levels of knowledge, confirming social stereotypes that 'mother knows best' and therefore should be responsible for the lion's share of the care... Supporting couples to engage in, and practice, positive communication during the antenatal period, as well as after the birth, is likely to pay dividends. The best means of supporting positive inter-parental communication is to engage with the couple and support them routinely and systematically in all mainstream services; and make this an explicit part of the universal support offer.⁵⁰

⁴⁸ Professor of Child Public Health, Swansea University.

⁴⁹ Howl (2019).

⁵⁰ Howl (2019) p31.

This is further demonstrated by the Mental Health Foundation's⁵¹ findings that the interrupted education – and, in turn, the impact that this has on his fathering skills – that often occurs in young fathers all contributes to put pressure on the young father's relationship with the baby's mother.

I suggest that this all occurs primarily because early intervention – in the form of emotional support for new fathers – was not in place and, consequently, the dad-to-be did not have the communication skills or knowledge to help him overcome the significant obstacles in the relationship.

Recommendations for change:

To help address some of these issues, I would like to see:

- Greater access to support for both dads (and/or dads-to-be) individually and parents (and/or parents-to-be) as a couple in developing communication skills and other relevant tools which will help them throughout the challenges of the perinatal period

PREPAREDNESS FOR FATHERHOOD

The Fathers Network Scotland survey of 2019 found that 25% of dads felt that they could not cope with becoming a father and that they were not a good dad⁵². This is supported by Baldwin et al's 2018 study suggested that fathers should be better prepared for fatherhood.

Higgins et al, in 2020, looked at men's transition to parenthood. The authors interviewed fathers about their experiences in becoming a father; the men discussed their relationship with their infant, wanting quality time to bond and make decisions about their baby's care, with the fathers expressing that they struggled to achieve perfection in fatherhood.

My husband lacked confidence in being a dad so why don't we focus on dads as well as mums? Society is changing and now I am in work ... and my husband is home with our baby alone.

M, aged 34

⁵¹ Mental Health Foundation (2018).

⁵² Fathers Network Scotland (2019).

Darwin et al's 2017 research also supported the need to address the necessary tailor-made and targeted resources for fathers, to enable them to feel a greater part of the childcare process. For younger men who find themselves with an interrupted education as a result of becoming a father, their lower levels of education and attainment can have a negative effect on their own fathering skills, putting more pressure on their relationship with their baby's mother.⁵³

Breastfeeding is often an area where fathers do not feel they have a role and frequently feel left out because, although support is offered to the mother, the fathers are made to feel that they are not involved. Some fathers have expressed the need for more information and support in this important area. Fathers' experiences in supporting breastfeeding have been considered by a number of research papers⁵⁴, and the general message coming from these is that fathers want to be involved and supportive, but often feel left out and helpless.

There were other areas related to the care of their infant where fathers needed information but were unable to access it.

Looking back [at the antenatal classes I attended], it was not the lack of expertise and taught content in the lessons that failed to prepare me and fill me with confidence; it was the way in which it was delivered. Most of the time, things like holding the baby or changing a nappy was focused more toward the females in the room with the physical exercises being done by the women and the men only being addressed when it was something of importance to aid the female. My role in the classes was very much a support role and very rarely made to do anything that could have prepared me for those first few hours as a father.

D

Mayers et al's 2020 research looked into the extent that new fathers felt prepared to help support their partner when she develops postnatal mental health difficulties, and found three main themes: the fathers did not feel that they were getting enough (or good enough)

⁵³ Mental Health Foundation (2018).

⁵⁴ Including: Sherriff et al (2013); Brown and Davies (2014); and Howl (2019).

support; the fathers felt that they were poorly informed; and the fathers wanted to have had someone to talk to, both about their partner's situation and their own emotions.

Recommendations for change:

To help address some of these issues, I would like to see:

- Increased availability of dad-specific/dad-focused resources which enable dads to gain the information that they need in order to be properly prepared for parenthood.
- Improved engagement and involvement of dads and partners by healthcare professionals throughout the perinatal period with reference to all elements of the antenatal, birth and postnatal experiences.
- More dads-only support groups across the UK, enabling dads-to-be and new dads to seek out and find the support networks that they need in order to share their worries and concerns.

MENTAL HEALTH EXPERIENCES

Darwin et al's 2017 research found men describing their transition to fatherhood as an emotional rollercoaster. Certainly, the research – when looked at collectively – identifies commonly identified lifestyle factors, all of which are acknowledged as having an impact on new fathers' mental health, including:

- sleep deprivation⁵⁵;
- transformed responsibilities⁵⁶;
- strained relationships⁵⁷;
- isolation⁵⁸;
- financial strain⁵⁹;
- loss of self/former life⁶⁰; and
- experiencing birth trauma⁶¹.

⁵⁵ Darwin et al (2017); Da Costa et al (2017); Das and Hopkinson (2019).

⁵⁶ Das and Hopkinson (2019).

⁵⁷ Darwin et al (2017); Da Costa et al (2017); Das and Hopkinson (2019).

⁵⁸ Mental Health Foundation (2018); Godfrey-Isaacs (2020); Higgins et al (2020).

⁵⁹ Da Costa et al (2017).

⁶⁰ Darwin et al (2017); Higgins et al (2020).

⁶¹ Das and Hopkinson (2019); Godfrey-Isaacs (2020); Daniels et al (2020).

Higgins et al (2020) also recorded expressions of the emotional impact that guilt and frustration had on new fathers.

The mother's mental health both during pregnancy and after having her baby is important, both for herself and also for the development of her child. If she is stressed, anxious or depressed it can double the risk of her child having mental health problems later. And one of the most important factors in how she is feeling is the support she receives from the father. In recent years we have become aware of how important the role of the father is in helping his future family, and that part of that involves giving him support for his own mental health problems too.

Professor Vivette Glover⁶²

NCT research⁶³ found that over one-third of new fathers were worried or concerned about their own mental health, whilst over 73% were concerned about the mental health of their partner.

The Mental Health Foundation⁶⁴ similarly found that over one-third (39.2%) of young fathers wanted support for their mental health. Interestingly – but perhaps not surprisingly – younger fathers were significantly more likely to experience depression, compared with older fathers. Again, this would seem to be linked to lifestyle factors (all of which can affect their mental health) which are perhaps even more challenging for this demographic. For example, young fathers are often:

- living in unstable housing, or are homeless;
- in low paid or insecure employment;
- faced with an interruption to their education;
- not living with their child full-time (over one-third of young fathers);
- struggling to cope in isolation; and
- faced with negative attitudes from health care professionals and society, often fuelled by the media, branding them as socially irresponsible and reckless (even though the reality is that only 10% of non-resident young fathers lose contact with their infant, and the majority want to be an integral part of their child's life).

⁶² Professor of Perinatal Psychobiology, Imperial College London

⁶³ NCT (2015).

⁶⁴ Mental Health Foundation (2018).

We are increasingly recognising the importance of maternal mental health for women, their babies, families and wider society. Perhaps less attention, however, is given to the mental health of fathers and partners. We need to do better in recognising and providing support to this group for many reasons, not least because of the importance that partners play in the wellbeing of mothers and children. Even for very severe episodes of perinatal mental illness, such as postpartum psychosis, we know the support of a partner is a key factor that determines the risk of illness. Families are important and need support. Recognising partners who are struggling and providing the help they need is a vital part of ensuring the wellbeing of families and that all babies have the right start.

Ian Jones⁶⁵

Added to this – and linked to the release of this report on World Suicide Prevention Day 2020 (10 September) – is the fact that the “*prevalence of suicide risk in fathers in postpartum was of 4.8%*”; fathers with perinatal mental health problems are 47 times more likely to be rated as a suicide risk than at any other time in their lives⁶⁶. Figures from the World Health Organisation estimate that three-quarters of all suicides are by men, and that 510,00 men globally will die from suicide each year, which is the equivalent of one death per minute⁶⁷.

Nearly five years ago now, I lost my partner and my children (aged 7 years, 11 months and 8 weeks’ gestation at the time) lost their Daddy. It hasn’t become easier; he is still missed every single day. The effects of this suicide keep on coming and affect us daily, as do the reports of more men, fathers, brothers and friends taking their own life.

H

⁶⁵ Director/Clinical Professor, National Centre for Mental Health.

⁶⁶ Quevedo et al (2011).

⁶⁷ Movember (2020).

Recommendations for change:

To help address some of these issues, I would like to see:

- More dads-only support groups across the UK, enabling dads-to-be and new dads to seek out and find the support networks that they need in order to share their worries and concerns.
- Specialist mental health services for new fathers available in all areas of the UK.
- A map of paternal mental health services for new fathers, covering dad-focused antenatal programmes, apps, online communities where safeguarding would be assured, and/or sources of information.
- Advocacy services in hospitals which make links with new parents, giving them information on resources and support that are available, but which can be hard to find.
- The provision of services which concentrate on fathers' emotional needs and ways of managing anger and distress to help fathers understand and express what they are feeling and to promote other, more positive, ways of coping.
- Enquiries into paternal deaths, in the same way as MBRRACE-UK⁶⁸ (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) is reporting on maternal deaths, highlighting causes and outcomes in order to make policy users consider ways in which they can reduce the deaths of mothers and infants in the future.

PRESSURES FROM WIDER SOCIETY

Interestingly, research from Australia⁶⁹ into new dads experiencing postnatal depression acknowledged that a lack of understanding of the modern fathering experience is one of the biggest barriers in supporting new dads.

Godfrey-Isaacs⁷⁰ considered the weight of social pressure and expectations on fathers, whilst Baldwin et al⁷¹ also found that first-time fathers faced challenges in both forming their identity and coping with the restrictions to their lifestyle.

⁶⁸ MBRRACE-UK (2020).

⁶⁹ Fletcher et al (2018).

⁷⁰ Godfrey-Isaacs (2020).

⁷¹ Baldwin et al (2018).

The social pressure for men to be the provider for the family is still very much the norm within society. Caring for a partner who has mental illness during pregnancy and in the postnatal period adds to this pressure, yet men are often not asked about their mental health needs. Men whose partners experience difficulties within the perinatal period are up to 50 times more likely to develop postnatal depression, but then who looks after dad? It is vital that this changes and men are given the opportunity to speak about their worries and concerns without feeling exposed or like a failure.

Kelly Arnold⁷²

Das and Hopkinson's report⁷³ outlined how the gendered positioning of new fathers in the period before and after a baby's birth can contribute to complex impacts on their own wellbeing and mental health, making it difficult to recognise their struggles as legitimate and to seek support. This research supports the concept that fathers felt that attention and support should be focused on their partner and not themselves; their inability to share their own feelings results in a spiral of guilt and shame.

Certainly, the pressures to 'man up' were voiced as stress factors amongst the fathers I have spoken to and led some of them to contemplate how their own identity as a father would impact on them and their family. Linked to this is the fact that, on the whole, men were found⁷⁴ to prefer not to discuss their own mental health, and also found it difficult to seek or ask for help and support.

The expectations of others were nothing but burdens and imagining not being able to be the dad I wanted was cause for fleeting, then frequent, episodes of sadness.

J

Lack of sleep will have a huge impact on the new dad, both in terms of his mental health but also as a factor which sometimes seriously affected the father's ability in the workplace. Occasionally, in relation to the fathers that I have spoken to, this had such an impact on his productivity that he resorted to handing in his notice.

⁷² BSc, RMN, PGDip – Perinatal Mental Health Team Lead.

⁷³ Das and Hopkinson (2019).

⁷⁴ Darwin et al (2017).

Recommendations for change:

To help address some of these issues, I would like to see:

- Consideration of whether and how organisations and employers can introduce 'back to work' plans for new dads, to ensure that they were able to cope with their workload alongside the pressures and challenges of new fatherhood, specifically during the first year of their baby's life.
- Information and resources available in the workplace relating to perinatal mental health, to raise awareness of potential mental health issues which can arise in relation to fatherhood.

For many fathers, the experience of becoming a parent is closely followed by a return to the workplace two weeks later. To my knowledge there are rarely processes in place to take account of a fathers' experiences during his paternity leave (possible trauma, sleep deprivation, upheaval, worry) and there is an expectation that he will get straight back into work. This sends a message that a father should not be impacted by having a baby, nor should his work. The reality is that many fathers struggle to adjust to working alongside their new role as a father and can feel huge pressure and cognitive dissonance as this struggle is not recognised by society or employers.

Dr Blaithin O'Dea⁷⁵

⁷⁵ Child Psychologist, Perinatal Community Team, Southern Health NHS Foundation Trust.

LACK OF ROLE MODELS

As society has changed, some fathers have lacked role models to explain and/or demonstrate the concept of fatherhood. For them, this has added to their feelings of exclusion and lack of information.

Fathers are trying to grow into their role as co-parents, but lack a blueprint from previous generations on how to manage this role successfully and take an egalitarian approach to their interparental relationship. Across healthcare services to national policies, fathers need access to tailored support, treatment and training that encourage gender equality in parenting and household responsibilities. Father involvement is beneficial for the well-being and mental health of the father and mother and, ultimately, the development of the child who benefits from having two equally competent, healthy and engaged parents.

The current shift towards increased father-engagement presents an opportunity to instill a culture that fatherhood is essential to family health and equitable father involvement is an expectation for current and future generations that should be nurtured and supported by society.

Dr Sheehan Fisher⁷⁶

Many of the mothers who have contacted me have told me that their partners had been 'useless' when trying to support them. The mothers felt that the father had not had the chance to show off his fathering skills as no family member had taken the time to show them what to do. As a result, the father felt isolated from the family circle of childcare.

Dads can... be triggered into their own past lives' unresolved childhood memories. Often a baby of their own can almost be like holding up a metaphorical mirror to their own childhood. This can lead to bonding issues and escalating mental illness. I believe that lack of support for fathers at such a crucial time in their lives can be a massive risk factor for poor developmental outcomes for children.

Pauline McPartland⁷⁷

⁷⁶ Assistant Professor of Psychiatry and Behavioural Sciences, Northwestern University, USA.

⁷⁷ Person-centred counsellor and trainer.

Further, the lack of role models may also be responsible for some of the destructive behaviours shown by some new fathers. So many fathers have said that they have never been supported, which can lead to absent fathers who I believe may be at higher risk of a mental illness or disorder. Additionally, a news report in February 2020 quoted Dr Jackie Sebire, Assistant Chief Constable of Bedfordshire Police, suggesting that “one of the biggest drivers of serious violence was the lack of a father figure at home.”⁷⁸ She said:

I’m not just saying fathers but it’s male role models in the community, and where you do have positive male role models, they are potentially the drug dealers, or the exploiters, or the organised criminal networks, they become the positive male role model. We talk about the stereotype absent father whether they’re physically absent – or too busy working every hour God sends. And actually children in those more affluent areas are left to their own devices as well. Fathers can be physically present but absent in the child’s life.⁷⁹

Recommendations for change:

To help address some of these issues, I would like to see:

- An emphasis on educating children on parenthood, perhaps during their final year at school, to help prepare them for their future roles.
- The provision of better support for new parents/new fathers on how to educate and raise their children with the necessary skills, principles and values to enable them to be the role models for the next generation.

⁷⁸ Camber (2020).

⁷⁹ Camber (2020).

COPING STRATEGIES

Many new fathers used negative coping skills to improve their relationship with their partner and infant. Since becoming a father, one man used drugs for the first time, whilst two other fathers developed eating disorders. Some have resorted to consuming more alcohol than usual whilst other fathers admitted to self-harming for the first time and wanting to be hurt in a fight *'to take the feelings away'*.

If it wasn't for my partner, I don't think I would be here now! I recovered but not once did anyone ask him about his own mental health which he dealt with through alcohol.

M, aged 32

This is especially worrying, in terms of child development. Khan⁸⁰ cites research studies which have shown that there are established links *"between paternal alcoholism and an increased risk of conduct disorder and substance abuse in children, with a possible higher risk in the sons than in the daughters of affected fathers"*. Further, *"paternal alcoholism is also associated with an increased risk of mood disorders and depressive symptoms in adolescents (Chen and Weitzman, 2005), academic underachievement, low self-esteem and relationship-based difficulties."*⁸¹

I also used alcohol, often drinking eight pints a day as this dampened down the thoughts. I tried drinking lots of water as I felt this would flush them away.

A

During the perinatal period some fathers that I spoke to admitted to using comfort foods and/or lacking the motivation to go to the gym. This had not happened prior to their partner's pregnancy. This drop in motivation often results from hormonal changes that are taking place within the man's body during the perinatal period and/or increased stress, all of which can lead to unnecessary weight gain.

⁸⁰ Khan (2017).

⁸¹ Khan (2017) pp6-7.

The research supports this. Baldwin et al (2018) found that fathers attempted to deal with the stress that they experienced as a result of the challenges of fatherhood by adopting an unhealthy lifestyle. Whitley's 2018 report on men's mental health also identified that substance misuse was high in response to stressful life transitions. Further, Godfrey-Issacs' 2020 article, exploring the revelations of professional fathers who hadn't realised that they were experiencing poor mental health following the birth of their child included accounts of addiction.

I'm going back full time to work in September and I'm afraid to leave our son alone as he's just not feeling great since he's come along.

M, aged 32

For many, of course, the main coping strategy is a simple failure to want to acknowledge what they are experiencing, which can have disastrous outcomes.

With OCD, it's often a secret illness. The person who is struggling can hide it well, and appear 'okay' where in fact the mental torture is incredibly painful... I was starting to crumble. My functioning had gone down, I was only managing to work three hours a day, and I had lost over a stone in weight. Panic attacks began to creep in, along with social phobia. I was unable to leave the house: I was at crisis point.

A

Recommendations for change:

To help address some of these issues, I would like to see:

- The provision of services which concentrate on fathers' emotional needs and ways of managing anger and distress. This would greatly help fathers to understand and express what they are feeling and to promote other, more positive, ways of coping.
- Research into Body Mass Index (BMI) to establish that there is often an increase in fathers' BMI, following the birth of their baby.
- The provision of information to men about the changes that may occur in their body during the perinatal period.

SUPPORT AND SUPPORT GROUPS

One of the most common complaints from fathers was the lack of community groups which were formed exclusively for them. There are groups available, but these are either limited to specific areas of the country or are only available as an online forum.

Fathers need resources and signposting for perinatal mental health services and may become overwhelmed if they are not in place. Again, this finding is reflected in the academic research.

My husband could not bond with our baby and there was no specialist support out there for him, so why is this still happening in 2020?

J, aged 31

For example, the 2019 Ipsos Mori report – *Fatherhood and Social Connections* – which was commissioned by Movember, highlighted the challenges faced by fathers and identified the resources which are and which should be available. It recognised the importance of social connections to alleviate isolation, as well as impressing the importance of being able to seek the help of friends and secure friendships, all of which are proven indicators of both physical and mental wellbeing.

This is supported by the anecdotal findings of Kieran Anders, at Dad Matters UK. He has said that the most important thing for a dad who's struggling after having become a parent is to talk to someone, in order to start the process of acknowledging what is happening to him:

Once you've done this, then you can start to take the steps you need to fix it. Acknowledging how you're feeling before you get to the point of needing professional support means that you'll be less likely to need professional support.⁸²

Further, NCT research from 2015⁸³ recognised that it was important for fathers to be encouraged and supported to talk about their experiences to their partner, family, friends or GP.

⁸² Bose (2020).

⁸³ NCT (2015).

I was fine but my partner was struggling which was impacting on my own mental health. I just can't believe that there was no real support for him as he struggled to bond with our baby.

J, aged 25

In terms of higher levels of support, where medical intervention is required, again the specialist services are not always available where they are needed. The Fathers Network Scotland survey of 2019 found that 83% of the dads that they surveyed who had sought professional support for their mental health problems had found it difficult to find the support that they needed⁸⁴. There also isn't a map of dad-focused services for perinatal mental health available, as there is for mums⁸⁵. Dr Andy Mayers has said:

[Whilst] there has been a growth in the number of perinatal mental health services (at least across England), those services are only for mothers, although we are pushing for better paternal support.

Recommendations for change:

To help address some of these issues, I would like to see:

- More dads-only support groups across the UK, enabling dads-to-be and new dads to seek out and find the support networks that they need in order to share their worries and concerns.
- The development of more online support groups for dads-to-be and new dads.
- Specialist mental health services for new fathers available in all areas of the UK.
- A map of paternal mental health services for new fathers, covering dad-focused antenatal programmes, apps, online communities where safeguarding would be assured, and/or sources of information.
- Advocacy services in hospitals which make links with new parents, giving them information on resources and support that are available but which can be hard to find.

⁸⁴ Nicholls (2019).

⁸⁵ Maternal Mental Health Alliance (2019).

ROLE OF SOCIAL MEDIA

Social media is inescapable and is clearly here to stay and, whilst research has identified that it can have a positive role to play (see below), I wanted to include a cautionary note about how it can negatively impact all of us.

Some of the fathers that I have spoken to in recent years have felt that the negative comments and discussions on social media were issues which forced them to question whether or not they were a good father. This is exacerbated by making comparisons with others, who appeared to be living exemplary, fulfilling lives with their children, adding pressure to be the 'perfect father'. As a result, some fathers were pushed further into unhelpful behaviours through their fear of failing to be able to 'step up' to this (often unachievable) ideal.

Das and Hopkinson's 2019 research paper – *New Fathers, Mental Health and Social Media* – identified a spectrum of ways in which engagement with digital communication had played a role in fathers' attempts to come to terms with their difficulties by disconnecting from online networks or individuals. These fathers chose a range of different approaches to attempt to communicate their mental health situation – some, for example, were seen to practice strategies including 'hiding' or concealing cries for help, in the hope that someone would notice and offer support – but shied away from those platforms which appeared to exacerbate their struggles. Others found comfort in digital media platforms which provided some solace and helped them communicate their problems with others. The study found, however, that this rarely provided simple solutions, although the benefits of sharing were notable.

Kieran Anders, of Dad Matters UK, has also noted online support groups can have a key role in helping dads who are struggling with their perinatal mental health; finding a platform on which to "*let it all out anonymously*"⁸⁶ can be the crucial first step in seeking help and/or recovery.

⁸⁶ Bose (2020).

Recommendations for change:

To help address some of these issues, I would like to see:

- Wider recognition of and research into the role that social media can play in enabling men who are struggling with their mental health to find a way of communicating their situation (especially considering that, for many men, unaccustomed to or uncomfortable with sharing their feelings/asking for help, this might be the only way for them to do this).
- The development of more online support groups for dads-to-be and new dads.
- More innovative ways of sharing information on the online support groups and sources of information available, so that men who are struggling are more easily able to find and access these.
- More research into ways of tackling the mental health impact that seeing 'perfect lives' on social media platforms can have on parents who are struggling with their own situations.

IMPACT ON CHILD DEVELOPMENT

Both parents play an important role in their children's lives and being able to do the very best for our children is challenging. In the past, researchers have concentrated on mothers' mental health and not really paid attention to that of the father, and yet fathers play an enormous role in their child's life. As an example, we know that postnatal depression in fathers is linked to depression suffered by their own teenage daughters⁸⁷. Ensuring the father has both good physical and mental health is vital as the results of not doing this can have profound consequences.

Fathers exert influence on their children's development and mental health through both their direct interactions as well as their indirect interactions (e.g. providing instrumental or emotional support to their partners). For instance, a father's function as a source of emotional support tends to enhance the quality of the mother-child relationship and, in turn, facilitates positive adjustment by children. Conversely, when fathers are unsupportive and marital conflict is high, children may suffer⁸⁸.

⁸⁷ Gutierrez-Galve et al (2019).

⁸⁸ Cummings and O'Reilly (1997); Cummings et al (2004).

New parenthood is a time of huge change in both men's and women's lives. It can create a number of new pressures and stresses associated with changes in lifestyle, from changes in the couple's relationship, getting used to a new baby in the family home, worries about money, to general anxiety around the new feelings of responsibility and now may include the new fears around the Covid-19 pandemic - all exacerbated by sleep deprivation! In addition to this, new fathers may also experience increased pressure to be a 'supportive partner', and struggle with trying to balance the various demands of their family, work and personal needs.

Currently, up to 10% of fathers are reported to suffer from depression during their partner's pregnancy and following birth, up to 16% suffer from anxiety in the antenatal period and 18% in the postnatal period.

This is significant because, as well as mothers, fathers play an important role in their children's lives. Poor mental health in fathers can affect their child's behavioural, social, cognitive and emotional development, and contribute negatively to their own health as well as their partners. It is vital that dads are supported, nurtured and listened to on the parenting journey.

Sue Atkins⁸⁹

When both parents are depressed, they are least likely to be following good-health guidelines with their babies – e.g. putting them to sleep on their back, breastfeeding, not putting them to bed with a bottle, etc⁹⁰. Furthermore, parental attitudes to mental health and mental illness will very much influence their children's attitude towards seeking help⁹¹. If a parent experiences a high level of stigma and avoids reaching out for assistance, their children are also more likely to be affected by stigma, and adopt avoidant strategies, preventing essential early help.

By providing whole family care in a timely manner, in the longer term we will likely see a reduction in Adverse Childhood Experiences which, in turn, will reduce the pressure on mental health services for the next generation.

Kelly Arnold⁹²

This will all, of course, have an impact on the father's ability to bond, and be positively involved, with his child. Establishing *"a secure attachment with a caregiver is a fundamental*

⁸⁹ Internationally-recognised parenting expert, broadcaster, speaker and author.

⁹⁰ Paulson et al (2006).

⁹¹ Khan (2017).

⁹² BSc, RMN, PGDip – Perinatal Mental Health Team Lead.

building block for good mental health”⁹³ for a child and that “warm attachment relationships and play between children and their fathers can have a huge impact on self-esteem, social competence and managing adversity”⁹⁴.

We know that enduring poor mental health can mean that the relationship between the father and his baby can be deeply affected. A strong bond is needed between an infant and both parents to ensure a healthy development for that child. We need to provide more support for fathers’ mental health and to enhance the relationship with their infant.

Dr Andrew Mayers⁹⁵

However, 62% of the dads surveyed by Fathers Network Scotland in 2019 felt that their mental health difficulties did get in the way of forging good connections with their children⁹⁶. Paulson et al (2006) also found that depressed fathers are less likely to read with, sing songs and tell stories to their babies than other fathers – and than depressed mothers.

It’s vital that support be given to fathers in relation to mental health, both before and after the birth. Expectant and new fathers whose partners suffer from mental health vulnerabilities need to be helped to understand what she is going through, and helped to support her. The men’s own mental health also needs to be included in the picture – for two reasons: a vulnerable man will need support from both his partner and professionals if he is to recover; and also because poor mental health in fathers has huge and often long-lasting impact on both their partner and their children.

Adrienne Burgess⁹⁷

Da Costa et al, in 2017, found that paternal postnatal depression can negatively impact on infant and child development. Guiterrez-Galve et al’s large research study⁹⁸ questioned the mechanisms of risk transmission from fathers who were depressed during the postnatal period to their children’s depression at the age of 18 years. It found that fathers’ depression

⁹³ Khan (2017) p4.

⁹⁴ Khan (2017) p4.

⁹⁵ PhD, MBPsS, FRSA – Principal Academic and Programme Leader (BSc Psychology with Counselling) at Bournemouth University.

⁹⁶ Fathers Network Scotland (2019).

⁹⁷ Joint Chief Executive and Head of Research at The Fatherhood Institute.

⁹⁸ Guiterrez-Galve et al (2019).

appeared to affect their child's conduct and, not only was it associated with their child's depression at 18 years of age, but it also appeared to influence emotional problems with their daughters, too, particularly if their mother was also depressed. Shaheen et al's 2019 research also indicated that giving perinatal and postnatal mental health assessments to fathers could help to prevent future childhood behavioural problems.

Further, and linked to this, is the point noted by Khan⁹⁹ that fathers will often make *"compensatory adjustments to mitigate any impact of maternal mental illness on child mental health and development...[and the father's good mental health therefore acts as a] protective factor for children's mental health."*¹⁰⁰

Recommendations for change:

To help address some of these issues, I would like to see:

- More support for paternal mental health during the perinatal period, in order to assist the father in becoming the best version of himself, ensuring that he is able to provide support for the mother's mental health, as well as protecting against any negative impact that this could have on the child, overall giving rise to better outcomes for the child in the longer term.
- Early prevention programmes, covering both the importance of looking after our own mental health and the impact that this can have on our child's development, made available to all parents.
- More research and data into the extent to which fathers were struggling with their own mental health during times when Adverse Childhood Experiences (ACEs) have occurred.

⁹⁹ Khan (2017).

¹⁰⁰ Khan (2017) p8-9.

COST TO THE NATION

Before moving on, it's important to consider one other huge consideration – the cost which perinatal mental health difficulties have to the nation as a whole. Bauer et al¹⁰¹ published their “*The Cost of Perinatal Mental Health Problems*” paper in 2014. This paper highlighted the astonishing numbers of people who are affected by perinatal mental illness or disorders and the financial costs to the nation for their care. Perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK. This is equivalent to a cost of just under £10,000 for every single birth in the country.

- Nearly three-quarters (72%) of this cost relates to adverse impacts on the child rather than the mother.
- Over a fifth of total costs (£1.7 billion) are borne by the public sector, with the bulk of these falling on the NHS and social services (£1.2 billion).
- The average cost to society of one case of perinatal depression is around £74,000, of which £23,000 relates to the mother and £51,000 relates to impacts on the child.
- Perinatal anxiety (when it exists alone and is not co-morbid with depression) costs about £35,000 per case, of which £21,000 relates to the mother and £14,000 to the child.
- Perinatal psychosis costs around £53,000 per case, but this is almost certainly a substantial under-estimate because of lack of evidence about the impact on the child; costs relating to the mother are about £47,000 per case, roughly double the equivalent costs for depression and anxiety.

¹⁰¹ Bauer et al (2014).

CONCLUSION | Mark Williams

This Report has illustrated that the mental health of fathers is important and should be acknowledged, respected, assessed, recognised and managed in order to ensure the wellbeing of both him and his family.

There has been sufficient research over the past 20 years to identify the recurring themes of stress, anxiety, depression, violence, drug and alcohol abuse, and all the causes and problems associated with this. Further, we know the impact that these themes and outcomes can have on both the individual father, the relationship between the father and his partner, their child's future behavioural, social, cognitive and emotional development, and society as a whole.

Yet, in 2020, there is still: no universal screening of fathers' mental health during the perinatal period; inconsistent engagement and involvement of fathers in all elements of the antenatal, birth, and postnatal experiences; a paucity of services; and fragmented support.

It is even more important to understand the risk factors and consequences, particularly as we face the increased challenges of the Covid-19 pandemic.

It is time for change, and this Report demonstrates the importance of good mental health, which everyone deserves.

Becoming a father means inevitable change. It might not be physically visible to the rest of society, but becoming a father impacts internally, in the father-to-be's mind. Many thoughts and feelings are evoked, and some not always welcome. As with mothers, this can be a source of real shame. What is stirred up inside, if we can bear to notice, at the thought of bringing new life into this world?

Although there may be thoughts and feelings of joy and excitement at the idea of having a new baby, for most men there will be, ordinarily, as there is for women, real fears about this change, and the capacity to be a parent. Why wouldn't there be? It is a developmental change of great significance.

For men, like women, sometimes these thoughts and feelings can be disturbing and may impact on not only the relationship with their partner, but the relationship with their baby and their own mental health. If a man doesn't have a space to be able to share his internal experience this can lead to a real sense of isolation and his mental health can deteriorate seriously or he can start to behave differently. Without vital support and help, there might be a deterioration in the father's mental health, difficulties within his intimate relationships, impact on his work, an increase in reliance on addictive substances, risk taking... and so the list goes on.

No man, and no father is the same, and the relationship with their baby, and each baby will be unique and different. That relationship will be informed by so many factors: his relationship with his partner, whether the pregnancy was planned/wanted; his own early life experience of being fathered; his previous traumatic experiences and mental health and so on. It is complex and thoughts and feelings often are difficult to make sense of on one's own. In parent infant psychotherapy we recognise that a mother and baby does not exist without a father, and vice versa. They are all interconnected relationally. Inside we have all experienced being an infant, and having parents, whether they have been physically present or not, we will have ideas in our mind about what it means to be good enough parents.

A baby needs a 'good enough' couple; mother and father; who can help him to make sense of the world including his own early thoughts and feelings, to help him grow up and become his own person not coupled with mummy and not coupled with daddy, but tolerating not being part of a couple. This supports his capacity to be alone, to grow independently and to observe and be observed by others.

A father is not ancillary to a baby's development and life, but is absolutely vital. There is always a father in mind, as part of a couple who created the baby in mind, and whether physically present, or psychologically available, this will continue to be a factor of curiosity for the child, acknowledged or not and impact on their own mental health. The father's legacy, like the mother's is everlasting.

Jane Turner¹⁰²

¹⁰² Psychoanalytic Parent Infant Psychotherapist and Psychoanalytic Child and Adolescent Psychotherapist.

USEFUL ORGANISATIONS IN THE UK

Listed below are some organisations that I have found to offer good help and support to dads across the UK. Please note, though, that this is not an exhaustive list:

Andys Man Club run talking groups for men, and currently have 28 groups across the UK. The organisation was started in Halifax, in memory of 23-year-old Andy Roberts – a loving and doting father, son, brother, grandson, nephew, cousin and friend who took his own life. The aim of Andys Man Club is simply to break down stigmas and get men talking. Each club also runs events throughout the year to which women and families are also encouraged to attend. To find information on the location of the clubs, which meet on Monday evenings at 7.00 pm, visit the website – each club also has its own Facebook page. #ITSOKAYTOTALK

Website: <https://andysmanclub.co.uk/>

Facebook: <https://www.facebook.com/andysmanclub/>

Twitter: <https://twitter.com/andysmanclubuk>

Dads Can Cymru is part of the wider Dads Can project, a male support service which helps fathers and father figures overcome challenges including low confidence, mental ill health, relationship breakdown, access to children and negative lifestyle choices. Operating across Monmouthshire, Newport and Blaenau Gwent, Dads Can Cymru use a mentoring approach through one-to-one and group work sessions to empower dads to identify and resolve the challenges that they face.

Website: <https://dads-can.co.uk/>

Facebook: <https://www.facebook.com/Dadscanproject>

Twitter: https://twitter.com/DadsCan_Cymru

Dad Matters is based in Manchester and has an ambition to change the way dads are thought about by all services involved in the perinatal period and beyond. Started in Tameside in 2017, its aim was to reach out to and support fathers, often overlooked in the perinatal period. Dad Matters exists to see all dads – particularly those who might otherwise fall through the gaps – become happy and confident in their role. They do this by facilitating discussion on attachment and mental health, and by providing access to services. Their volunteer ‘Dad Champions’ meet dads in various places – including maternity settings, at

events and through organised groups – in order to distribute information and resources, and to ask #HowAreYouDad? Their paid Dad Matters Co-ordinators recruit, train and support the volunteer Dad Champions to deliver universal ‘Dad Chat’ groups within antenatal settings, which give dads the chance to talk about their concerns away from their partners. The Co-ordinators also deliver sessions for more vulnerable and targeted groups, such as young dads, NICU dads, LGBT+ dads, and dads who are supporting mums with perinatal mental health issues. Through their website and social media, Dad Matters are able to extend their reach to support many more dads, providing resources, answering questions and signposting support.

Dad Matters is a Home-Start Project.

Website: <https://dadmatters.org.uk>

Facebook: <https://www.facebook.com/DadMattersUK>

Twitter: <https://twitter.com/dadmattersuk>

DadPad – the essential guide for new dads – is a resource which has been developed with the NHS and other professional health teams and which aims to give new dads and dads-to-be the knowledge and practical skills needed in order to become more confident in their new role. This enables dads to not only feel included and involved as a parent, but also to become an engaged and active co-parent, alongside baby’s mum. As an ally to his partner, dad will be best placed (and now sufficiently informed) to be able to spot potential issues within the family unit and to know what steps to take in order to resolve these. Knowledge of the roles played by health professionals will encourage him to seek and welcome their advice and support when necessary. DadPad is therefore also intended to assist health professionals engage and build relationships with new dads and dads-to-be. The DadPad is available in hard copy format (currently in three versions: the ‘essential guide’, the Quick Read DadPad, and the DadPad Neonatal) and also as an app in certain areas of the country. The DadPad website also publishes regular informative articles for men and dads on all aspects of fatherhood, including mental health.

Website: <https://www.thedadpad.co.uk>

Facebook: <https://www.facebook.com/dadpaduk>

Twitter: <https://twitter.com/dadpaduk>

Dads in Mind is a unique, local perinatal mental health support service for dads experiencing mental health difficulties during pregnancy and up to two years after birth. The aim of Dads in Mind is to: enable dads to share and access strategies to help manage their mental health; provide information and signposting to help dads access other services; navigate the support they need; to connect them with others who can help them to open up; know they are not alone; and normalise the conversation around perinatal mental health. The teams frequently see that, with support from the Dads in Mind service, dads are likely to experience less isolation, less stigma and feel more able to connect with health professionals to access the support they need. They will also feel more able to support their partners and to ask for the help they need for themselves. Dads can be referred by a professional or can self-refer for support for their own mental wellbeing or if they are supporting a partner who is unwell. Dads are able to access support through safe, supportive, informal groups, led by two peer support workers where they can connect with other dads experiencing similar challenges and also through 1-2-1 support with a peer support worker in their area. Groups meet in local community venues in the evenings with pizza provided and 1-2-1 support can be arranged in a convenient location for the dads, after work or during the day. Dads in Mind is a service provided by the Bluebell Care Trust and is funded by Comic Relief, The Rayne Foundation and St John's Foundation.

Website: <https://www.bluebellcare.org> (Dads in Mind website coming soon)

Facebook: <https://www.facebook.com/DADSINMIND>

Twitter: <https://twitter.com/dadsinmind>

The Dadsnet is a community which aims to connect like-minded dads both online and face-to-face and equip them to raise outstanding children who will go on to change the shape and future of the world around us. The Dadsnet is for dads who understand that the journey of fatherhood has its ups and downs and, once you embark on the journey, life will never be the same. Their website and blog posts also provide all sorts of information for dads at different stages of their fatherhood journey.

Website: <https://www.thedadsnet.com/>

Facebook: <https://www.facebook.com/TheDadsnet> [plus a private community group for members]

Twitter: <https://twitter.com/thedadsnet>

Dads Rock aims to improve outcomes for children in Scotland and ensure them the best start in life by providing support to dads and families. Their hope is that, by achieving this, there will be a larger shift in society towards an acknowledgement and acceptance of the vital role that dads play. Dads Rock run online workshops which are open to all, covering various aspects of parenting including: antenatal, feeding, first aid, hairstyles and sleep. They also run online music lessons, provide online and phone support to young dads aged 25 and under, together with playgroups and schools work.

Website: <https://www.dadsrock.org.uk/>

Facebook: <https://www.facebook.com/DadsRockOrg>

Twitter: <https://twitter.com/DadsRockOrg>

Dope Black Dads is a digital safe space, focusing on the improvement of outcomes for black families. Their objective is to heal, celebrate, inspire and educate black dads. They use their safe spaces to challenge and nurture the views and actions on masculinity and male parenting. Dope Black Dads have been focused on building their framework to support black men and have actively engaged 5,500 dads (this year) across the US, UK and South Africa. The bulk of their work takes place in their digital safe spaces, focusing on trying to educate and change behaviours by taking ownership of personal experiences. They have specifically focused on domestic abuse, redesigning masculinity, mental health, diversity and inclusion, and economic empowerment.

Website: <https://www.dopeblackdads.com>

Facebook: <https://www.facebook.com/dopeblackdads>

Twitter: <https://www.twitter.com/dopeblackdads>

Hub of Hope is a mental health database which aims to bring grassroots and national mental health services together in one place for the first time, allowing anyone, anywhere to find their nearest source of support for any mental health issue, from depression and anxiety to PTSD and suicidal thoughts. Hub of Hope already has a proven record of providing support to thousands as a vital stopgap for those waiting for an NHS mental health referral.

Website: <https://hubofhope.co.uk/> and <https://chasingthestigma.co.uk/>

Facebook: <https://www.facebook.com/Hub-Of-Hope-103206804551450>

Twitter: <https://twitter.com/ChasingStigma>

Leeds Dads is a voluntary charitable organisation that brings together a diverse community of fathers for social interaction and support. They host regular free playgroups and breakfast clubs for around 30 dads and their kids, social events, host an active presence on social media for dads to share their experiences, and signpost them towards expert parenting support. Leeds Dads is unique in their key aim of supporting fathers to actively engage with their children, and build lasting relationships. Their vision is to expand their output to build a Dad-Friendly Leeds – a city-wide culture of dads engaging with their pre-school kids.

Website: <https://leedsdads.org/>

Facebook: <https://www.facebook.com/leedsdads/>

Twitter: <https://twitter.com/LeedsDads>

Perinatal MH Training CIC – an expanding company with training experts in counselling, psychology and perinatal mental health and which specialises in training in Perinatal Mental Health. In response to the challenges of the Covid-19 pandemic, their CPD accredited courses are now available both as webinars and online. Their courses include ‘Awareness in Antenatal Mental Health’ and ‘Perinatal Mental Health’, ‘Fathers’ Mental Health’, ‘Listening Visits’ and ‘Cultural Awareness in Perinatal Mental Health’. Each subject is supported by their published academic books.

Website: www.pmhtraining.co.uk

Facebook: <https://www.facebook.com/pmhtraining/>

Who Let The Dads Out? is a series of groups run by the Christian charity Care for the Family. The aim of WLTD is to create spaces within churches where dads, father figures and their children can have fun together. There are WLTD groups all over the country – their website has further information on locations.

Website: <https://www.careforthefamily.org.uk/faith-in-the-family/wltdo>

Facebook: <https://www.facebook.com/careforthefamily> [plus individual Facebook groups for individual groups]

Twitter: <https://twitter.com/Care4theFamily> [plus individual Twitter accounts for individual groups]

ACKNOWLEDGEMENTS | Mark Williams

There are so many people I want to thank and I'm sorry if I have not mentioned you, but you know who you are. During a battle against stigma and trying to change services for all parents, which has had financial costs impacting on my family, I have to start by saying thank you to my wife Michelle, my son Ethan and our family.

Next, without Dr Jane Hanley, I would never be writing this report today and, since 2012, she has trained me whilst also helping me to write journal articles and books, and train with her organisation. Jane has been my mentor throughout all the ups and downs and is now a great, lifelong friend. She has also helped me so much with this Report.

Meeting Dr Andy Mayers in 2014 helped pushed the campaign forward and, without his support, we would never have had the same impact on social media and the media in general. As well as supporting the work to change policy with the long-term plan in England, Andy is a friend I can always call upon. International Fathers' Mental Health Day would not be the success it is without him.

Daniel Hall has also helped me. He is passionate about paternal mental health and is someone who wants to make change; within a short space of time, his passion is already inspiring and he is someone I can always phone for an opinion.

Dr Daniel Singley in California has helped to make International Fathers' Mental Health Day international and is, like me, passionate about supporting fathers for better outcomes. I must also thank the whole International Fathers' Mental Health Day team: Dr Andy Mayers, Dr Bronwyn Leigh, Dr David Levine, Linos Muvhu, Dr Jane Hanley and Dr Lloyd Philpot.

I also need to thank everyone who has helped push the #HowAreYouDad campaign on social media and every health professional who has always supported me.

Thank you, too, to the team at DadPad – I cannot thank you enough for sponsoring this report and for Hannah's work in editing it. I will always be grateful for your support during these uncertain times.

Last, and most importantly, a huge thank you to all the parents – especially James Bhattacharjee, Helen Birch, Ashley Curry, Lee Downes and Dane Rowe, who have shared their stories in detail¹⁰³ – who have given me the insight and inspiration to produce this Report today for this generation and for the generations to come, to make sure all new parents are supported now and in the future with their mental health to ensure better outcomes for the whole family and the development of the child.

CONTRIBUTORS

- Kelly Arnold – Interim Perinatal Mental Health Team Lead at Betis Cadwaladr UHB
- Sue Atkins – Parenting Expert
- Sharin Baldwin – Doctoral Research Fellow at King’s College, London
- Prof Amy Brown – Professor of Child Public Health at Swansea University
- Adrienne Burgess – Chief Executive & Head of Research at The Fatherhood Institute
- Ash Curry – Mental Health Campaigner
- Dr Sheehan Fisher – Associate Professor at Northwestern University, USA
- Prof Vivette Glover – Professor of Perinatal Psychobiology at Imperial College, London
- Daniel Hall – Psychologist at PMH Training CIC
- Dr Jane Hanley – Consultant Trainer in Perinatal Mental Health at PMH Training CIC
- Dean Hooper – Mental Health Campaigner
- Prof Ian Jones – Director/Clinical Professor at National Centre for Mental Health
- Dr Andrew Mayers – Principal Academic at Bournemouth University
- Dr Blaithe O’Dea – Clinical Psychologist at Southern Health NHS FT
- Gill Phillips – Whose Shoes?
- Gillian Smith – Retired Director of RCM Scotland
- Paul Sutcliffe – Associate Professor at Warwick Medical School
- Jane Turner – Psychoanalytic Psychotherapist

¹⁰³ Due to space limitations, we have not been able to include all stories and contributions here in full, but I hope to find other methods of sharing these in due course.

ABOUT THE AUTHOR

Mark Williams is a keynote speaker, author and international campaigner. He founded the International Fathers' Mental Health Day and the #HowAreYouDad campaign to help ensure that all parents and families are supported throughout the perinatal period.

Mark has spoken on television and radio stations around the world. Working alongside Dr Jane Hanley, he has published articles on fathers' mental health.

As well as meeting with members of the Royal Family on World Mental Health Day in 2016, Mark has received numerous awards, including the Pride of Britain Local Hero for Wales in 2012¹⁰⁴, and he was presented with a Points of Light Award¹⁰⁵ by the Prime Minister in 2019. Mark is also an Ambassador for the Mothers for Mothers charity¹⁰⁶.



Mark meeting with HRH The Duke of Cambridge on World Mental Health Day 2016



Chris Elmore MP presenting Mark with his Points of Light award from the Prime Minister, the Rt Hon Theresa May MP, in 2019, for his voluntary work.

Mark's journey began in 2011, when he started his first article in his local newspaper, to raise awareness of his "Fathers Reaching Out" group. Within weeks, he had been approached by Wales Online to share his story.

¹⁰⁴ ITV (2012).

¹⁰⁵ Mental Health Wales (2019).

¹⁰⁶ Mothers for Mothers (2020).

Since 2012, Mark has spoken at over 350 conferences, training days and events, and has also produced a TEDX Talk on “The importance of new fathers’ mental health”.¹⁰⁷

Mark has spent hundreds of voluntary hours raising awareness, campaigning and educating people about the importance of fathers’ mental health and how supporting all parents has far better outcomes for the whole family and for the child’s development.

Mark – as part of Fathers Reaching Out – also helped Fathers Network Scotland design and deliver their Paternal Mental Health Awareness Course¹⁰⁸ for the whole of Scotland and they are now planning to deliver the same in every area of the United Kingdom and overseas.

Mark has supported parents voluntarily throughout this time, with his last parent now setting up a support group in France. He is now focusing on public speaking and his work with Dr Jane Hanley at PMH Training CIC¹⁰⁹.

¹⁰⁷ TEDx Talks (2020).

¹⁰⁸ Fathers Network Scotland (undated).

¹⁰⁹ PMH Training CIC (2015-2020).

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- *Daddy Blues*¹¹⁰ – Trigger Publishing
- *Fathers and Perinatal Mental Health: A Guide for Recognition, Treatment and Management*¹¹¹ – Routledge (co-authored with Dr Jane Hanley)

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- *Father's Reaching Out: Postnatal depression support for partners* – Journal of Health Visiting (2013)¹¹²
- *Fathers Reaching Out* – Midwives (2013)¹¹³
- *Meeting the mental health needs of new fathers* – Nursing Times (2016)¹¹⁴
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- *Fathers' perinatal mental health* – British Journal of Midwifery (2020)¹¹⁸

National Press

The Guardian, The Telegraph, Metro, The Mirror, The Irish Times, The Express, The Daily Mail, The Independent and overseas publications

Television Appearances

BBC Breakfast, ITV Good Morning Britain, BBC 2 Victoria Derbyshire, Sky News, Channel 5, Today (US) BBC/ITV Wales and Channel 4

Radio Appearances

BBC Radio 4: Woman's Hour, World Service

BBC Radio 5

BBC Radio 2: Jeremy Vine Show

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¹¹⁶ Williams, M (2019a).

¹¹⁷ Williams, M (2019b).

¹¹⁸ Hanley, J and Williams, M (2020).

BBC local radio: Wales; Scotland; Berkshire; Bristol; Humberside; Lincolnshire; London; Manchester; Norfolk; Nottingham; Three Counties; Shropshire; Solent; Stoke; Surrey; Tees; Wiltshire

Independent radio: Heart; LBC; Talk Sport

Non-UK radio stations in: Australia; Brazil; Canada; Columbia, USA; Germany; Ireland; New Zealand; and Zimbabwe

Appearances in Television and Radio Documentaries

- 2014: “Our Stories”, with Denise Welch¹¹⁹
- 2014: “My secret past: My post-baby breakdown”, with Jennifer Ellison
- 2016: “My Parental Pain”, by Alexandra Gatenby [shortlisted in the Mind Media Awards Student Journalist category 2016¹²⁰]
- 2019: “Fathers on the edge”¹²¹, by Rosie Dowsing [awarded the Mind Media Awards Student Journalist 2019¹²²]
- 2019: BBC Radio 4’s “Dads and the Delivery Room”¹²³

Magazine and Online Features

- *I’m a Dad Who Suffered Postnatal Depression – happiful* (2017)¹²⁴
- *One Man’s Story Of Suffering From Male Postnatal Depression – ELLE* (2017)¹²⁵
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The essential guide for new dads...

New dads will feel excited, but may also feel left out, unsure and overwhelmed.

The DadPad can help. Developed with the NHS, the DadPad gives new dads and dads-to-be the knowledge and practical skills necessary to support themselves and their partner, so that babies get the best possible start in life.

Using the DadPad brings many benefits, including helping and enabling dads to:

- reduce their own anxiety by getting involved and gaining in confidence
- learn how to create a strong bond and healthy attachment with their baby
- build stronger family relationships by sharing the load and learning how to parent together
- recognise the signs of postnatal depression, and other signs of mental ill-health, in both yourself and your partner, and learn how to get help early

The DadPad is also intended to assist health professionals engage and build relationships with new dads and dads-to-be.

“...the DadPad gives support to new fathers who can often feel left out and unable to help when they’re needed most, and this can put a strain on both parents. Simple and effective tools like this can help dads prepare for that life-changing moment.”



Why is DadPad needed?

18+ years of evidence-based research demonstrates that positive parenting by dads has a significant impact on the family dynamic.

Despite this, efforts to engage and empower new dads have been underwhelming and sporadic. We currently have a once-in-a generation, golden opportunity to build and grow a dad-inclusive empowerment strategy. Current initiatives – such as the Better Births Strategy, and those relating to perinatal mental health – are aligning with an increasing willingness from dads to play a full part in family life.

Grasping this chance to give dads what they are asking for can only bring benefits to us all as a society.

For further information about DadPad®, please contact us via:

e: hello@thedadpad.co.uk
 p: 07403 274757
 w: www.thedadpad.co.uk
 t: @dadpaduk