



Canadian Mental
Health Association
Mental health for all

Association canadienne
pour la santé mentale
La santé mentale pour tous

Paternal Postpartum Depression – Briefing Note

General facts about postpartum depression (PPD):

- Depressive symptoms often begin during pregnancy (peripartum period)
- A study by Goodman (2004) found that for men, postpartum depression is more likely to develop if his partner already has depressive symptoms – depression can be as high as 24% to 50% among men whose partners were experiencing postpartum depression¹
- Postpartum depression is strongly linked to: lack of social support, marital difficulties, anxiety during pregnancy, lack of prenatal care, and onset of a new medical condition during pregnancy²

Prevalence:

Summary: there are significant variances in reporting, but postpartum is thought to affect approximately **7.5-15% of Canadian women**

- PHAC's Canadian Maternity Experiences Survey (2006-2007) found that approximately 7.5% of Canadian women report depressive symptoms in the postpartum period³
- In 1998, Statistics Canada reported that in Canada, 10-15% of new mothers were affected by major PPD

Summary: there are significant variances in reporting (due to low response rates, underreporting, and methodological inconsistencies) but postpartum is thought to affect approximately **4-10% of men** (not specific to Canada)

- Paulson & Bazemore (2010), in their literature review, estimate it affects 10% of men
- Kim & Swain (2007) report that depression in men begins later and more gradually, often following the onset in women, with the rate in fathers increasing over the first year
- A longitudinal study by Escriba-Aguir and Atazcoz in Spain found that the incidence of postpartum depression at 3 months after birth was 9.3% for mothers and 3.4% of fathers; at 12 months, it was 4.4% for mothers and 4.0% for fathers.⁴



**Canadian Mental
Health Association**
Mental health for all

**Association canadienne
pour la santé mentale**
La santé mentale pour tous

Symptoms:

Summary: symptoms are generally the same for women & men and include:

- Despondent mood
- feelings of inadequacy as a parent
- sleep and appetite disturbances
- impaired concentration
- anxiety & guilt
- negative maternal attitudes, and poor parenting self-efficacy, problems with maternal-infant attachment,
- disengagement or hostile mother-infant communication⁵
- irritability
- lack of interest or pleasure in activities,
- feelings of inadequacy, extreme fatigue,
- thoughts of self-harm or suicide⁶
- Fear of harming one's child⁷

- Substance use: the PHAC Canadian Maternity Experiences Survey (2006-2007) found that women reporting depressive symptoms postpartum were also more likely to smoke, consume alcohol, use non-prescription drugs, and experience physical or sexual abuse than women without these symptoms⁸

How it affects children

Paternal postpartum depression is associated with adverse emotional behavioural outcomes in children.

- The study on PPD by Ramchandani and colleagues, published in the Lancet, revealed that: Men who are struggling with paternal postpartum depression have shown hostility toward and disinterest in their child
- Children of fathers who score high on the postpartum depression scales are more likely to have emotional problems, conduct problems, and exhibit hyperactivity
- the effects are more pronounced for boys than girls, and more pronounced for behavioural symptoms such as conduct and hyperactivity than for emotional symptoms, such as worry and sadness

What can be done to treat it:

- Addressing stigma: Kim & Swain (2007) found that men are less likely to report depression or other mental health challenges after the birth of a child



**Canadian Mental
Health Association**
Mental health for all

**Association canadienne
pour la santé mentale**
La santé mentale pour tous

- Screening and early intervention: Pediatric visits are the most appropriate setting for supporting early intervention and treatment for fathers: proactive, regular mental health checks can become part of routine maternal health checks. Currently, men are less likely to attend pediatric visits – Kim and Swain (2007) reported that fathers attended only 30% of clinic visits.
- Home visits for families: The Towards Flourishing Project, delivered through the Families First Home Visiting Program (in partnership with CMHA) and offered in all regions of Manitoba, aims to improve the mental health and decrease mental illness/distress of parents and their families. A public health nurse conducts home visits to provide mental health screening, strategies to manage depression, and other supports.
- Psychotherapy and/or antidepressant medications
- Greater social and professional recognition of the role of fathers in early childhood development is critical, which is often underestimated, according to Ramchandani et al. (2005)
- Education about postpartum depression for fathers, recommended for and conducted with pregnant women—health care practitioners have also recommended it for men as a way to reduce stigma (Musser et al. 2013)
- Social support for fathers to take paternity leave: Kim & Swain (2007) suggest greater social support for paid paternity leave would encourage more fathers to take this leave, which we know helps fathers adapt to changes in the postpartum period

Why is this issue gaining traction now?

This is not well studied, but here are some possible reasons:

- There are greater expectations for fathers to be more involved in their children's lives
- More women today are working and invested in a career
- More men are taking paternity leave:
 -
 - According to Stats Canada, an estimated 11-12% of Canadian men take parental leave
 - In Quebec, this number is much higher: since the Québec Parental Insurance Plan was introduced, the number of fathers claiming or intending to claim leave in Québec tripled from 27.8% in 2005 to 83% in 2013⁹



**Canadian Mental
Health Association**
Mental health for all

**Association canadienne
pour la santé mentale**
La santé mentale pour tous

- Better benefits for pat leave may incentivize more men to take pat leave
- Gap in social supports for dads: although there are support groups for moms, there are fewer equivalent groups for dads¹

¹ <https://www.ncbi.nlm.nih.gov/pubmed/14675298>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3118237/>

³ <https://www.canada.ca/content/dam/canada/health-canada/migration/healthy-canadians/publications/healthy-living-vie-saine/pregnancy-mental-health-grossesse-sante-mentale/alt/pregnancy-mental-health-grossesse-sante-mentale-eng.pdf>

⁴ <https://jech.bmj.com/content/jech/65/4/320.full.pdf>

⁵ Andrea Lanes, Jennifer L. Kuk, and Hala Tamim, "Prevalence and Characteristics of Postpartum Depression Symptomology among Canadian Women: A Cross-sectional Study,"

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3118237/>

⁶ Canadian Psychological Association,

https://www.cpa.ca/docs/File/Publications/FactSheets/PsychologyWorksFactSheet_Post-PartumDepression.pdf

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2922346/>

⁸ <https://www.canada.ca/content/dam/canada/health-canada/migration/healthy-canadians/publications/healthy-living-vie-saine/pregnancy-mental-health-grossesse-sante-mentale/alt/pregnancy-mental-health-grossesse-sante-mentale-eng.pdf>

⁹ https://www.worklifecanada.ca/cms/resources/files/731/CURRENT_STATS_ON_PATERNITY_LEAVE_AND_FATHER_S.pdf