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Fathers Get Depressed Too: Addressing Paternal Postpartum Depression

Postpartum depression (PPD) is most common in mothers but recent studies show that fathers also get depressed: A meta-analysis published in the *Journal of Affective Disorders* in 2016 looked at 74 studies with 41,480 participants and found that 8.4 percent of fathers experienced postpartum depression. An earlier 2010 meta-analysis in the *Journal of the American Medical Association* assessed 43 studies of 28,000 fathers and found that an average of 10.4 percent suffered from depression between the first trimester of their partner's pregnancy and the child's first birthday.

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Both men and women with postpartum depression may exhibit common symptoms of depression, such as fatigue and anxiety. But men often express depression differently than women: they are more likely to avoid emotional expression, have difficulty acknowledging vulnerability, and not seek help. Other depressive symptoms in men can include increased drug and alcohol use, compulsive and antisocial behavior, and anger and defensiveness in relationships. This can make diagnosis more difficult.

“The stigma around postpartum depression is finally decreasing for women but is a great barrier for men who aren’t good at talking about feelings and seeking help, so they engage in externalizing behaviors. Postpartum depression in men is real and needs to be identified and addressed,” says Michael Yogman, MD, a Cambridge pediatrician and co-author of the American Academy of Pediatrics (AAP) clinical report “Father’s Roles in the Care and Development of Their Children: The Role of Pediatricians.”



Postpartum Depression Risk Factors

The increased responsibilities and demands of becoming a father can be overwhelming, triggering stress and anxiety that can lead to depression. Also, men often feel overlooked during pregnancy and their child’s first year. “We still think of mothers as the primary caregiver. Fathers are always the sidekick. Men are desperate for someone to ask how they are doing and what their concerns are,” says Kathleen Biebel, PhD, Director, Systems and Psychosocial Advances Research Center, Associate Professor, Department of Psychiatry, University of Massachusetts Medical School, who has conducted research on maternal postpartum depression and written about paternal postpartum depression in the *Journal of Parent & Family Mental Health*.

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Other risk factors include:

- A previous history of depression – increases the risk in both men and women
- Maternal postpartum depression – studies have found that up to 50 percent of men with PPD have partners with PPD.¹
- Marital conflict
- Financial difficulties, including unemployment
- Becoming a father at age 25 or younger
- Having a sick child
- Being a nonresident father
- Poor physical health
- Lack of social support
- Lack of confidence in parenting skills
- Lack of sleep – getting enough sleep is a problem for all parents but is especially important for depressed parents. Practicing good sleep hygiene and taking naps can help.

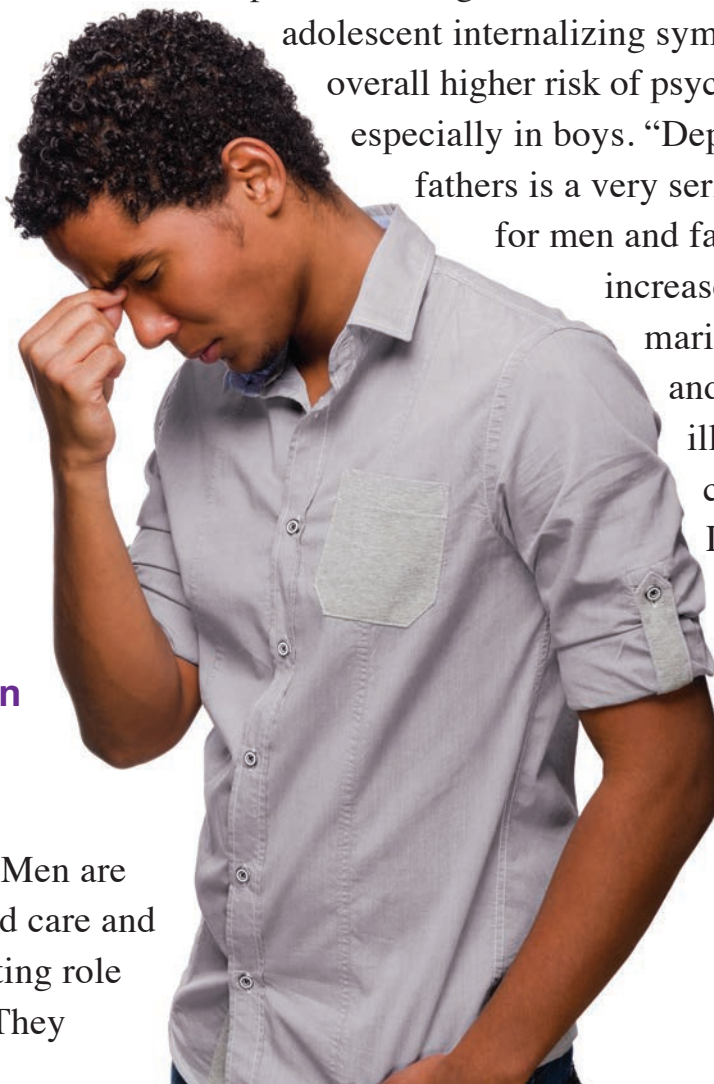
How Paternal Postpartum Depression Affects Children

Greater attention is being paid to the role of fathers in the development of their children. “Men are becoming more involved in child care and are concerned about their parenting role and how others perceive them. They

need our support,” says Nancy Byatt, DO, Medical Director, *MCPAP for Moms*, Associate Professor of Psychiatry and Obstetrics & Gynecology, UMass Memorial Medical Center/UMass Medical School.

A depressed father is a less-involved parent: he interacts and plays less with his child, doesn’t form as strong a bond, and is four times more likely to spank the child.²

The child misses out on the benefits of the paternal relationship, which can lead to negative outcomes: increased child conduct problems at ages three and five, child and adolescent internalizing symptoms, and an overall higher risk of psychopathology, especially in boys. “Depression in fathers is a very serious problem for men and families. It increases the risk of marital breakups and mental illness in children,” says Dr. Yogman.



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What Pediatricians Can Do

Pediatricians can play an important role in supporting new fathers. “Pediatricians are at the front line, seeing the mother and father. When they assess the environmental conditions that affect the child’s health and focus on mitigating risks, the father’s mental health needs to be part of that,” says Dr. Byatt.

The prenatal visit is a good opportunity to take the father’s history and offer support. After the child is born, the pediatrician can do the following to engage with fathers:

- **Extend a warm welcome** – at office visits, solicit fathers’ opinions and encourage office staff to reach out to them. “There’s still a cultural stereotype that fathers don’t belong at pediatric visits,” says Dr. Yogman.
- **Ask about fathers’ mental health** – if the father doesn’t regularly come to office visits, ask the mother how he is doing.

- **Support fathers’ involvement** – stress the unique role of fathers in physical play with children and as a role model.
- **Educate fathers about depression** – they are likely unaware that becoming a parent can lead to depression. Ask how they are coping.
- **Discuss parenting skills** – assess a father’s self-efficacy and, if he lacks confidence, suggest resources that support parenting skills.

Just as you screen mothers for depression, screen fathers for depression using the Edinburgh Postnatal Depression Scale (EPDS). This is a critical first step in addressing the problem and is especially important if the mother is depressed or the father has a history of depression. there is also a version of the EPDS for partners.

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If you suspect depression or the EPDS score indicates depression, offer referrals. Contact the father's primary care provider or refer him to a provider for treatment. Like other types of depression, paternal depression can be effectively treated with psychotherapy and medication.

8.4%

of fathers experienced postpartum depression according to a 2016 study

MCPAP for Moms also supports providers addressing concerns about paternal depression or other mental health issues. Our perinatal psychiatrists offer consultation, and our care coordinators can assist with referrals to behavioral health clinicians who treat postpartum depression. Contact *MCPAP for Moms* at 855-666-6272.



Research on Paternal Postpartum Depression Needed

Research is limited on paternal postpartum depression but interest in this area is growing. The Fatherhood Project at Massachusetts General Hospital (MGH) conducted a study of men attending prenatal appointments. The study achieved an 85 percent response rate.

The greatest need is research to support the development of evidence-based models for settings such as pediatric offices and interventions to help fathers during the perinatal period, says Dr. Biebel, who is planning further research on PPD in men.

References

1, 2. Yogman, MW, Garfield, CT. Father's Roles in the Care and Development of Their Children: The Role of Pediatricians. *Pediatrics*. 2016; 138 (1).

Modifiable Resilience Factors to Childhood Adversity for Clinical Pediatric Practice

Article adapted from the AAP Mental Health Weekly

Childhood adversity is highly prevalent and associated with risk for poor health outcomes in childhood and throughout the life course.

The AAP has reviewed protective factors for children who have experienced trauma and what pediatricians can do (see link below). Empirical literature on resilience over the past 40 years has identified protective factors for traumatized children that improve health outcomes. Despite these empirical investigations of resilience, there is limited integration of these findings into proactive strategies to mitigate the impact of adverse childhood experiences. The article says the state of resilience research, with a focus on recent work, as it pertains to protecting children from the health impacts of early adversity. The article identifies and document evidence for five modifiable resilience factors to improve children's long- and short-term health outcomes, including fostering positive appraisal styles in children and bolstering executive function, improving parenting, supporting maternal mental health, teaching parents the importance



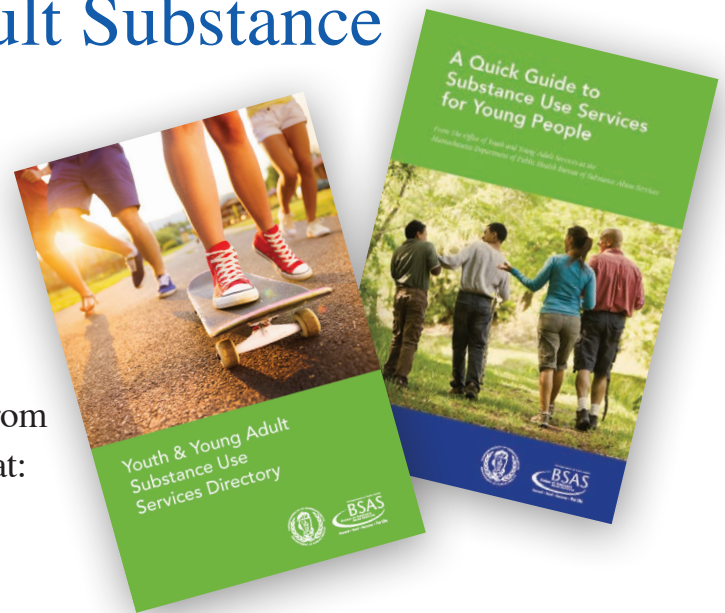
of good self-care skills and consistent household routines, and offering anticipatory guidance about the impact of trauma on children. The article concludes with 10 recommendations for pediatric practitioners to leverage the identified modifiable resilience factors to help children withstand, adapt to, and recover from adversity. Taken together, these recommendations constitute a blueprint for a trauma-informed medical home. Building resilience in pediatric patients offers an opportunity to improve the health and well-being of the next generation, enhance national productivity, and reduce spending on health care for chronic diseases.

Access the
AAP Article:

<http://pediatrics.aappublications.org/content/early/2017/04/17/peds.2016-2569>

Updated Service Directory and Quick Guide to the Youth & Young Adult Substance Use Treatment System

The updated service directory and quick guide to the youth and young adult treatment system from the Massachusetts Department of Public Health (DPH) Office of Youth and Young Adult Services (OYYAS) is now available online and can be ordered for free from the Massachusetts Health Promotion Clearinghouse at: mass.gov/maclearinghouse.



In summary, the two products include:

Youth & Young Adult Substance Use Services Directory

- A list of licensed Outpatient Substance Use Disorder Treatment Providers serving adolescents by region
- A brief description of treatment programs funded by the DPH Office of Youth and Young Adult Services (e.g., Youth Stabilization Programs, Youth and Young Adult Residential Programs, Recovery High Schools, etc.)
- A brief description of family- and school-based intervention programs
- Links to resources including those for parents, caregivers, and guardians
- You can order or download free copies of the Substance Use Services Directory at: <http://massclearinghouse.ehs.state.ma.us/ALCH/SA3533.html>

Understanding Substance Abuse Services: A Quick Guide for Young People & Caregivers

- This Quick Guide gives a brief description of the different types of substance use treatment and recovery supports available for youth and young adults in Massachusetts.
- You can order or download free copies of the Quick Guide at: <http://massclearinghouse.ehs.state.ma.us/ALCH/SA3531.html>

Please feel free to distribute this widely to your networks.

For corrections, updates, or missing information please call the Office of Youth and Young Adult Services at 617-624-5111.

What's Happening
for you at MCPAP

Clinical Conversations



We invite you to log in on the fourth Tuesday of each month from 12:15-1:15 p.m. to learn more about managing pediatric behavioral health issues in your practice.

May 23

**Psychological Testing
in Pediatric Patients**

June 27

**Addressing Trauma in Pediatric
Primary Care**

You can register for these webinars by visiting <http://www.mcpap.com/About/NewsNEvents.aspx> and clicking on the webinar(s) that you would like to register for. For any questions regarding the clinical conversations, please contact Marcy at Marcy.Ravech@beaconhealthoptions.com.

Your Feedback Requested

As you may know, MCPAP launched a new model and structure on January 1, 2017. If you have called MCPAP since the MCPAP 2.0 launch, we'd love to hear from you about your experience! We have created a brief survey monkey to capture information on the quality of your experience with MCPAP since implementing the new model. All feedback is welcome, and we thank you in advance for taking the time to complete the survey below.



The survey can be accessed here: <https://www.surveymonkey.com/r/87JXXJK>

Please note we are aware that our phone system has been experiencing some glitches due to the new telephone technology. This has been problematic as many people have not experienced a live answer and many others have experienced technical difficulties. We apologize for any inconvenience this has caused, and we are diligently working to fix the system.