Submission by
The Family Action Centre, Faculty of Health, The University of Newcastle
to

Senate Select Committee on Men's Health

Senate Select Committee on Men's Health, Department of the Senate
PO Box 6100, Parliament House, Canberra ACT 2600
Australia

About this submission

This submission has been prepared by Dr Richard Fletcher, Leader, Fathers and Families Research Program, Family Action Centre.

The Family Action Centre is an independent, not for profit, non-government organisation with over three decades of experience providing services and programs to strengthen both families and their communities. Located at the University of Newcastle, FAC activities include delivering support programs, advocating for family wellbeing, engaging in research and providing training and consultation.

The Fathers and Families Research Program has recently completed and published research on: The assessment and support of new fathers; Fathers role in Children's Centres; Using the web to support new fathers; New fathers and depression; Home visiting new fathers when the mother is depressed; Professional competencies for engaging with fathers .

DEPRESSION IN MOTHERS AND FATHERS

Mothers and perinatal depression - *A baby with a depressed mother is at risk*

Descriptions of mood disorders among women after birth have been available in the medical literature since the 1800s but it is only in the last twenty years that researchers and service providers have jointly begun to address the gap between women's experience of postnatal depression (PND) and the resources available for its identification and treatment (Cooper & Murray, 1998). While puerperal psychoses are relatively rare, systematic reviews of maternal depression in the perinatal period have reported point prevalence for major and minor depression of up to 12.9% during pregnancy and up to 19.2% in the three months following the birth (Bennett, Einarson, Taddio, Koren, & Einarson, 2004; Gavin et al., 2005).

Depression and associated anxiety may affect not only the mother's health - if not treated may become chronic or recur in future pregnancies - but also the 'health' of her relationships with her infant and family (Cooper & Murray 1998). A major impetus for the development of services to assist mothers with PND has been the evidence that infants of mothers suffering depression are at risk of reduced cognitive and social development as children due to the impaired interaction between mother and infant (Murray et al, 1999; Pope, 2000).

Fathers and perinatal depression - *A baby with a depressed father is at risk*

Fathers identified with depressive symptoms have been found to directly impact on their children's development:

- In the UK over 10,000 fathers and their children were followed from birth until the children were 3.5 years of age. Children whose fathers were identified as likely to be depressed by scoring above the cut point of 12 on the Edinburgh Depression Scale at 8 weeks after the birth had twice the rate of emotional and behavioural problems as children with non-depressed fathers (Ramchandani et al 2005).

- This effect was independent of mothers' depression or fathers' later depression; boys in the study were three times as likely to have conduct problems if their father was depressed postnatally (Ramchandani et al 2005).
- When the cohort of children were followed to seven years of age fathers' depression in the postnatal period was again associated with a doubling of psychiatric disorders among their children, most notably oppositional defiant/conduct disorders, after adjusting for maternal depression and paternal educational level (Ramanchandri et al 2008).

Fathers and mothers depressed - ***A baby with two depressed parents is at risk***

- In cases where both parents are depressed several studies have reported an additive negative effect on children's wellbeing for fathers' depression (Carro 1993, Cummings 2005, Kahn 2004) and a meta-analysis of 17 studies of paternal depression and child internalizing and externalising symptoms found that "children of two depressed parents were at significantly greater risk for disorder than children with only one depressed parent" p354 (Kane 2004)

Fathers whose wives/partners are depressed - ***when the mother is depressed both the baby and the father are at risk***

While both parents may experience distress the most common scenario among new parents is for the non-depressed father to be living with a depressed mother (Goodman 2004).

- Fathers living with a depressed spouse are more likely to be depressed themselves (Ballard et al, 1994)
- A non-depressed father can provide a buffering effect in regard to mothers' depression. Fathers' positive involvement with infants when mothers are depressed has been shown to improve treatment outcomes for mothers with depression (Misri, Kostaras, Fox, & Kostaras, 2000) and to

reduce behaviour problems in later childhood (Chang, Halpern, & Kaufman, 2007; Mezulis, Hyde, & Clark, 2004).

SERVICES FOR ASSESSING PERINATAL DEPRESSION AND OFFERING TREATMENT AND SUPPORT

It is appropriate that we have services for mothers with perinatal depression

- Although giving birth is clearly a biological phenomenon, to date no biological agent has been identified as responsible for the mood disorders in women. Instead, epidemiological evidence has identified a large number of risk factors to guide psychosocial interventions aimed at reducing or remediating mood disorders in women after giving birth. A combination of antidepressants with structured psychotherapy has been advocated for moderate to severe postnatal depression and non-directive counselling has been shown to be effective for women with mild depression or women with no previous history of depression (NHMRC p123). What is more, the demonstrated ability of health visitors and midwives to offer appropriate counselling has led early intervention services to favour broadly-based support for mothers over medically-based diagnosis and treatment.

- In South Western Sydney, an *Integrated Perinatal Care (IPC)* system focusing on intervention for all women through routine antenatal care has been initiated. At the time of booking-in to the hospital, midwives collect a general medical and obstetric history to provide a database for planning of subsequent obstetric care. The IPC project utilises the Edinburgh Depression Scale (EDS), a widely recognised, validated instrument for detecting depression in new mothers (Cox & Holden, 2003) and adds additional questions to identify a broad range of problems (or their antecedents) including anxiety, depression, psychosis, alcohol and other substance abuse, personality disorders, bereavement, lack of social support, domestic violence, chronic or acute physical ill-health, other adverse life events, and adverse childhood experiences (Barnett, Hopper,

Glossop, Sneddon, & Matthey, 2004). The semi-standardised assessment process is designed to identify vulnerabilities rather than diagnose mental illnesses per se and as a means of forming a connection of trust between the mother and the health service. Staff administering the interview as part of the IPC is "expected to engage with the woman, and any other relatives or friends who may be present, conveying a message that the service cares about her personally" (Barnett et al, 2005;72).

- Although debate on the merit of EDS and the IPC approach continues (Leverton & Elliot 2000; Buist 2007), key elements of the IPC have been incorporated into the Perinatal Mental Health National Action Plan which proposes "Universal, routine psychosocial assessment by primary health care professionals as part of mainstream perinatal care" to identify "both current distress and depressive symptoms and a range of demographic, psychological and social factors (including anxiety) known to affect perinatal mental health for both mother and infant". The plan also envisages the "identification of quality local pathways to care" to address the intervention needs of "women identified as being at risk, experiencing mild or moderate difficulties, through to women experiencing complex and or severe mental illness"(Beyondblue 2008).

Where are the services for fathers?

While numerous research papers and government reports have advocated for attention to fathers who may be depressed or who may have difficulty coping with a depressed partner (Dudley et al, 2001; NSW Health Postnatal Depression Services Review 1994; Davey, 2006), mental health services addressed to postpartum fathers are rare:

- There are no dedicated health services for new fathers experiencing depression (Hinden et al 2006)
- Group programs which have been developed for fathers whose partners are depressed are largely unevaluated (Fletcher, 2008)

- Typically, programs for fathers add a small number of group sessions to the existing PND program for mothers and the focus is in assisting the father to better support his wife or partner (Milgrom et al 1999)
- The father's mental health needs and his relationship with his infant do not receive sufficient attention in existing programs (Fletcher, 2008).

No services are planned for fathers at the national level

- *The 2008-2010 Perinatal Mental Health National Action Plan* states that the focus of services as the "well-being of women and their relationship with their infant". (Beyondblue 2008 p7).
- *The 2008-2010 Perinatal Mental Health National Action Plan* makes no provision for assisting fathers as the mental health and wellbeing of fathers is relegated to a "long-term goal" (Beyondblue 2008 p7).

We know enough to assess and support fathers

The components of the *Integrated Perinatal Care (IPC)* system developed in NSW and being applied nationally have been researched and adapted to apply to fathers

a) Matthey et al (2001) have validated The Edinburgh Depression Scale for fathers and suggested cut off points on the scale which could be used to identify fathers in need.
b) A set of psychosocial questions, based on those used for mothers but taking account of a father's unique role, have been evaluated and the results published (Fletcher et al, 2008)
c) Male-only antenatal classes have been integrated into the antenatal parenting program on the NSW Central Coast (Friedewald et al, 2005)
d) In the Hunter a successful pilot home visiting program for fathers where the mother is depressed has been reported (Fletcher, 2009)

The senate Inquiry has an opportunity to address this important gap in health provision to Australian families by recommending

The implementation of an assessment process for new fathers based on the *NSW Integrated Perinatal Care (IPC)* system for mothers and the development of parallel support services for fathers in the perinatal period.

References

Ballard, CG, Davis, R, Cullen, RN, Mohan, RN & Dean, C 1994, "Prevalence of Postnatal Psychiatric Morbidity in Mothers and Fathers", *British Journal of Psychiatry,* 164, pp. 782-788.

Barnett, B, Hopper, U, Glossop, P, Sneddon, A & Matthey, S 2004, *Practical Guide for the implementation of Integrated Perinatal and Infant Care,* ICAMHS, South West Sydney Area Health Service, Sydney.

Barnett, B, Glossop, P, Matthey, S & Stewart, H 2005, "Screening in the context of integrated perinatal care", in Henshaw & Elliot, S (Eds), *Screening for Perinatal Depression,* pp. 68-82, Jessica Kingsley, London.

Bennett, HA, Einarson, A, Taddio, A, Koren, G & Einarson, TR 2004, Prevalence of depression during pregnancy, *Obstetrics and Gynecology,* 103, pp. 698-709.

Beyondblue 2008, *Perinatal Mental Health Consortium*, *Perinatal Mental Health National Action Plan 2008-2010,* retrieved from http://www.beyondblue.org.au/ on the 9th October, 2008

Buist, A 2007, "Concern about authors' conclusions", *Australian and New Zealand Journal of Public Health*, 31(3), p. 286.

Carro MG, Grant KE, Gotlieb IH & Compass BE 1993, "Postpartum depression and child development: an investigation of mothers and fathers as sources of risk and resilience", *Dev Psychopathol*, 5, pp. 567-579.

Chang, JJ, Halpern, CT & Kaufman JS 2007, "Maternal Depressive Symptoms, Father's Involvement, and the Trajectories of Child Problem Behaviors in a US National Sample", *Archives of Pediatrics and Adolescent Medicine,* 161, pp. 697-703.

Cooper, PJ & Murray, L 1998, "Clinical review", *BMJ*, 316, pp. 1884-1889.

Cox, J & Holden, J 2003, *Perinatal mental health: a guide to the Edinburgh Postnatal Depression Scale (EPDS),* Gaskell Press, London.

Cummings, EM, Keller, PS & Davies, PT 2005, "Towards a family process model of maternal and paternal depressive symptoms: exploring multiple relations with child and family functioning", *Journal of Child Psychology & Psychiatry,* 46(5), pp. 479-489.

Davey, SJ, Dziurawiec, S & O'Brien-Malone, A 2006, "Men's Voices: Postnatal Depression from the Perspective of Male Partners", *Qual Health Res,* 16, p. 206.

Dudley, M, Roy, K, Kelk, N & Bernard, D 2001, "Psychological correlates of depression in fathers and mothers in the first postnatal year", *Journal of Reproductive & Infant Psychology,* 19(3), pp. 187-202.

Fletcher, R 2008, *The Assessment and Support of New Fathers: Father-infant attachment as a basis for psychosocial assessment and support*, Verlag, Berlin.

Fletcher, R, Vimpani, G, Russell, G & Sibritt, D 2008, "Psychosocial Assessment of Expectant Fathers", *Archives of Women's Mental Health,* 11(1), pp. 27-32.

Fletcher, R 2009, "Brief report: Promoting infant well being in the context of maternal depression by supporting the father", *Infant Mental Health Journal* 30(1), pp. 95-102.

Friedewald, M, Fletcher, R & Fairbairn, H 2005, "All-Male Discussion Forums for Expectant Fathers: Evaluation of a Model", *The Journal of Perinatal Education,* 14(2), pp. 8-18.

Gavin, NI, Gaynes, BN, Lohr, KN, Meltzer-Brody, S, Gartlehner, G & Swinson, T 2005, "Perinatal depression: a systematic review of prevalence and incidence", *Obstetrics and Gynecology*, 106, pp.1071-1083.

Goodman, JH 2004, "Paternal postpartum depression, its relationship to maternal postpartum depression, and implications for family health", *Journal of advanced nursing,* 45(1), pp. 26-35.

Harvey, I & McGrath, G 1998, "Psychiatric morbidity in spouses of women admitted to a mother and baby unit", *Br J Psychiatry,* 152, pp. 506-510.

Hinden BR, Biebel, K, Nicholson, J, Henry, A & Katz-Leavy, J 2006 "A Survey of Programs for Parents with Mental Illness and their Families: Identifying Common Elements to Build the Evidence Base", *Journal of Behavioral Health Services & Research*, pp. 21-38.

Kahn, RS, Brandt, D & Whitaker, RC 2004, "Combined Effect of Mothers' and Fathers' Mental Health Symptoms on Children's Behavioral and Emotional Well-Being", *Archives of Pediatric & Adolescent Medicine,* 158, pp. 721-729.

Kane, P & Garber, J 2004, "The relations among depression in fathers, children's psychopathology, and father-child conflict: A meta-analysis", *Clinical Psychology Review,* 24(3), pp. 339-360.

Leverton, TJ & Elliot, SA 2000 "Is the EPDS a magic wand?: A comparison of the Edinburgh Postnatal Depression Scale and health visitor report as predictors of diagnosis on the Present State Examination", *Journal of Reproductive and Infant Psychology*, 18 (4), pp. 279-296.

Matthey, S, Barnett, B, Kavanagh, D & Howie, P 2001, “Validation of the Edinburgh Postnatal Depression Scale for men, and comparison of item endorsement with their partners”, *Journal of Affective Disorders,* 64(2-3), pp. 175-184.

Mezulis, AH, Hyde, JS & Clark, R 2004, “Father Involvement Moderates the Effect of Maternal Depression During a Child's Infancy on Child Behavior Problems in Kindergarten, *Journal of Family Psychology,* 18(4), pp. 575-588.

Milgrom, J, Martin, PR & Negri, L 1999, *Treating Postnatal Depression. A Psychological Approach for Health Care Practitioners,* Wiley, Chichester.

Misri, S, Kostaras, X, Fox, D & Kostaras, D 2000, “The impact of partner support in the treatment of postpartum depression”, *Canadian Journal of Psychiatry,* 45(6), pp. 554-558.

Murray, L, Sinclair, D, Cooper, P, Ducournau, P & Turner, P 1999, “The Socioemotional Development of 5-year-old Children of Postnatally Depressed Mothers”, *Journal of Child Psychology & Psychiatry & Allied Disciplines,* 40(8), pp. 1259-1271.

National Health and Medical Research Council (NHMRC) 2003, *Dietary guidelines for children and adolescents in Australia.* Retrieved from http://www.nutritionaustralia.org/Nutrition_for_all_ages/Children/dietary_guidelines.asp on October 3rd, 2003.

Pope, S 2000, *Postnatal Depression: A Systematic Review of Published Scientific Literature to 1999: An Information Paper*. National Health and Medical Research Council, Canberra.

Ramchandani, P, Stein, A, Evans, J & O'Connor, TG 2005, “Paternal Depression in the Postnatal Period and Child Development: A Prospective Population Study”, *Lancet,* 365, pp. 2201-2205.

Ramchandani, PG, Stein, A, O’Connor, TG, Heron, J, Murray, L & Evans, J 2008, “Depression and Men in the Postnatal Period and Later Child Psychopathology: Population Cohort Study”, *Journal of the American Academy of Child & Adolescent Psychiatry,* 47(4), pp. 390-398.