

*"I AM A PARENT  
NOT AN INFECTION  
RISK"*

A quote from a participant

A STUDY ON THE IMPACT ON FATHERS AND BIRTH PARTNERS MENTAL HEALTH AND EMOTIONAL WELL BEING DURING THE PERINATAL PERIOD, AND WHAT IF ANY SUPPORT OR SIGNPOSTING WAS AVAILABLE.

FULL REPORT



AUTHORS

Scott Mair & Mark Williams



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## ACKNOWLEDGEMENT

We would like to thank all the participants who took the time to complete this survey, and for all those who shared on social media that helped us to reach as many fathers / birth partners as possible. We would also like to thank the bcal hospitals and charities that shared the survey on their social media platforms. We want to highlight the fact that this is not a pointing fingers exercise, instead we wanted to hear anonymously from fathers and partners about what services can do to engage and support more effectively going forward. It's about collectively working together to ensure services are fit for purpose and families are given the support they need.

This survey and report was completely self-funded by Mark Williams and Scott Mair, and we would like to give a huge thank you to Sarah Mair who pulled the data together to compile this report and worked tirelessly with us to ensure we delivered the most accurate data possible.

We want to thank the 261 participants who took time to express their concerns. We were happy to give a voice for such an important part of mental health.



## FOREWORD

Our report highlights the need for improving support for fathers/ birth partners and the critical resources that all parents deserve. We also need to address the shortage of health care professionals, and the high pressure that health care professionals are under. In our view, from the findings of the report there needs to be a complete overhaul of services and a cultural change in maternity services to support all new parents.

This comes down to government funding and better changes in policies to include fathers/ partners during the perinatal period. After speaking to many health care professionals, we feel extra support and better education around paternal mental health is needed. The report also shows that there is still a lot of non-engagement with fathers/ birth partners which has been highlighted by the voices of the parents' needs. Since Covid there has been good outcomes when fathers/partners have had that extra time at home, which also shows the needs for better parental leave from employment.

## A WORD FROM THE AUTHORS



Scott Mair

As a father of 7 sons, I am not naive enough to believe that means I will have all 7 become fathers but some of them will be. The services we currently have need improving for the next generation of parents.

For several years now I have been supporting fathers locally and nationally and heard the experiences they have had. This has included an impact on their relationships, their families and on too many occasions the breakdown of relationships. It has at times also caused loss of life to fathers who were traumatised, grief stricken and felt ignored and unheard.

I have worked with local hospitals on how to improve services, and how to engage with and support fathers. I have seen how they desperately want to help- as does the health visiting service. This report will be a tool to hopefully get support and funding to help them do so. It's not a blaming exercise- it's a highlighting exercise- and hope that we learn from our failings and work collectively to give families the best start on their journey. We also hope to unite parents where applicable by including the father /birth partner rather than just isolating them continually.

Our intention for this report is societal change; I believe everyone who has had children is duty bound to encourage and help the next generation of parents.

Parenting is the greatest thing I feel we ever do but it's also the toughest. However, we are programmed to feel it can't be both, but I believe it really can. Services should be geared towards informed choice and teaching the reality of what may happen as we cannot be prepared for every complication or situation in the perinatal period. We can be better prepared for what may happen, however, and that alone would see a reduction in the high mental health complications we see in the findings especially when fathers felt ignored and *'like a sperm donor or infection risk rather than a parent.'*

The role of a father has changed in the 20 years I have been doing it. Society and services haven't kept up and I feel that's where a lot of issues we see stem from.



## A WORD FROM THE AUTHORS

Mark Williams

The research has been there for many years. First time fathers may be particularly prone to depression (Cowan et al, 1991). Its only in recent times that more and more research shows the importance of paternal mental health and how it may affect the whole family and the development of the child. I have known this since 2010 after seeing it on the frontline.

There have been debates in Westminster thanks to my member of parliament Chris Elmore who also shared the report in 2020 on “Why Dads Matter”, but still this area of mental health is still not taken as seriously as it should be in 2022. There are many fathers who end up in services at crisis after the perinatal period due to the lack of early prevention and support during the perinatal period. I have to thank my local Assembly Member Huw-Irrica Davies who also has challenged this with Welsh Government, but we need a cross party agenda with an all-party parliamentary group on fathers during the perinatal period.

As a result, this has caused an even great strain on the NHS and other services that provide vital support. It is more cost effective when earlier prevention is in place during the antenatal period and beyond. There needs to be more clearer pathways of care and everyone who works in this area has a duty of care to support all new parents.

Even the bigger charities have lack of awareness of birth trauma and perinatal mental health which can affect every parent. We can also lower the rates of adverse childhood experiences and relationships breakdowns which may have survived if all parents had that support in place.

There is no excuse now that we know that fathers can suffer with their mental health during the perinatal period due to the coverage on national media from television and radio since 2012.

From my lived experience in 2004 and speaking to hundreds if not thousands of fathers over the last 12 years from all backgrounds I have gained a real insight into their own struggles and how it has impacted on their partners who need that support as it has affected and their Mental Health as well.

Personally, I feel that I have done everything in my power by speaking all over the country since 2012 and challenged NICE Guidelines to include better pathways for fathers if they are struggling with their mental health. I have also put towards my concerns to The World Health Organisation and people who have the power

to make this change happen.

Mark Williams

On the positives there have been changes in policies including the long-term plan when the fathers will be screened and supported only if the mother is in specialist services. England and Wales have now included fathers in their own policies. As we know it can sometimes only be the father that is suffering with his mental health and that is what is being missed.

This report highlights that fathers/ birth partners during Covid have been left out in car parks for days unable to attend with their partners during the birth. Fathers/ birth partners who have missed scans only to be told they have lost their baby over the phone, mothers who have needed their partners by their side and fathers sleeping in car parks at Mother and Baby Units due to the distance. There are so many of these stories we have heard that it is just not right.

The evidence and research is staring us in the face and now is the time to make sure we act, all of us!

As a campaigner for fathers' mental health over the years and with thanks to my wife Michelle who has sacrificed many things in the past, I now feel this report will finally put to rest trying my hardest for parents.

I am honoured to publish this report with Scott Mair, who in the two years I have known him has done as much as some people have done in their lifetime to advocate for fathers. I give thanks to his good wife Sarah who has helped to publish this report for us which was all voluntary with yet again no funding. Again, I thank my wonderful wife Michelle who experienced birth trauma and postnatal depression and now has changed people's lives by working in mental health and youth work for the last 10 years.

Please share this report with your local Member of Parliament and anyone you feel can make that change today. Let's do our best to make sure that support is in place for everyone and not discriminate fathers and partners in the future.



## OBJECTIVES OF THE SURVEY

- Identify problems fathers/birth partners face
- Identify what parents need to help them.

## METHODOLOGY

This is a qualitative study of the experience of fathers/ birth partners and the impact on their mental health and emotional well-being during the perinatal period, and what if any support or signposting was available.

The use of voluntary sampling guaranteed suitable respondents who were willing to participate in our survey, improving the quality of the data gathered. To be an eligible participant you had to be a father or birth partner. The method that was used to conduct the research was via an online survey. This was promoted on social media and through various support groups for dads/ partners and antenatal classes.

The survey was developed by Mark Williams and Scott Mair where they compiled a list of 17 questions for partners and fathers. Consideration was given to the language used to ensure that the questions could be clearly understood by all the participants.

The study was conducted via an online survey with consent given to use the results for this report. The survey was shared on various social media platforms: Twitter, Instagram, Facebook and WhatsApp.



## SUMMARY

Our survey focused on fathers and birth partners in the perinatal period.

As recent studies and during Covid have highlighted, this period can have a heavy impact on the mental health of the dad or the birth partner.

We know from work that we have done and previous studies that dads and birth partners are not aware that they can experience depression, anxiety or even PND. We know the impact that can be had on a baby's development if a parent is suffering with ill mental health and the ongoing issues it can cause in their development.

Previous studies have shown that 1 in 10 dads are affected by depression and recent research from Canada (Dennis, 2022) shows nearly 1 in 4 (22 %) of dads are affected by high rates of depression or anxiety.

Research (Darwin et, al 2021) also highlighted the prevalence of perinatal mental health disorders in birth partners. However, emerging evidence suggests higher depression symptoms in step-fathers and in lesbian co- parents as well as potential challenges concerning fear of childbirth where both partners have childbearing potential. In addition, there may be some distinct challenges for LGBTQ+ parents, linked to heteronormative systems, stigma, marginalization, assisted reproduction, and invisibility/social and legal recognition as parents.



## AIM



The main purpose for this report is a tangible piece of evidence we can use to help services see what is needed to support and then work together on implementing it. We feel that most of us agree that the baby must be the focus and helping them achieve their full potential and meeting their needs is paramount. Every child has different needs, but the fundamentals are the same- if they have supported a parent/parents those parents are more equipped to then support the child and meet the demands of parenting.

The report also offers a powerful gateway to give parents a voice regarding mental health and reduce the societal stigma that continues to prevail. The survey has helped to empower parents and, in the future, to advocate for their own rights, and gain access to the support that is needed during the perinatal period for all new parents.

Dads specifically have even more unique mental health experiences, with at least 10% of fathers experiencing perinatal depression (Patient, 2022) and in recent reports up to 22% in some studies in 2022. However, men are less likely to receive a mental health diagnosis than women. Society often misses the mark in helping men, and dads in particular, deal with mental health struggles. We need to now focus how we culturally approach mental health in fathers; however, we are not looking to criticise maternity services and health visiting but instead look deeper into the societal issues that makes suicide the number 1 killer in men under 50 (Gov.uk 2022). With such startling statistics in new fathers and the myth that men don't talk there are many organisations out there supporting men and fathers and doing great work, but there needs to be more done.

Watching the symptoms of a father's mental health struggles—whether it's sadness, frustration, anger, or isolation—can have an impact on a child in several ways.

We also wanted to share voices to make sure that fathers / birth partners feel they are not alone with their emotions and experiences during perinatal period.



## FINDINGS

We conducted a survey on a fathers and birth partners experience in the perinatal period. We asked 261 participants 17 questions to try and capture the experience of the father/ birth partner, the supporting parent, who is often unheard and undervalued.

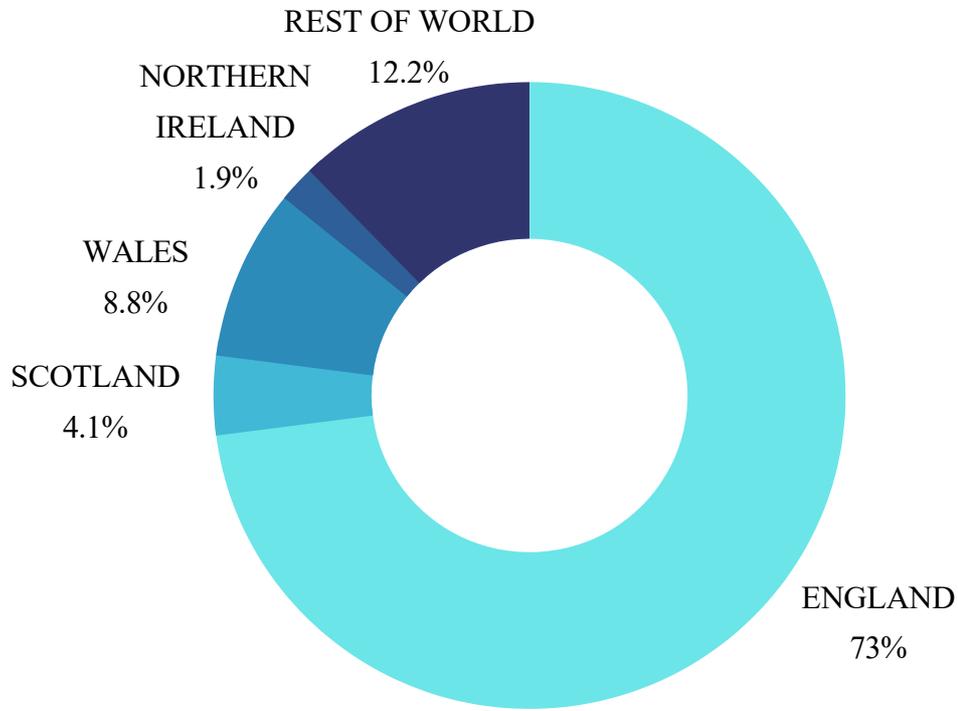
The findings may surprise and even shock, but these are direct anonymous answers not given under any duress or with any bias on our part.

You will hear a common theme from the authors that this is not solely a persecution of maternity services and health care professionals. Instead, it is an observation of what is wrong and what we can do collectively as a society to engage with parents and embed trust so that all parents can engage with service to create better outcomes of the birthing experience. Our wish it to prevent the high levels of maternal and paternal suicides.

We also want to show health care professions and trusts the devastation decisions can have when made by people who do not have to live with the consequences.

The other aim is to help maternity services and midwives be more comfortable asking dads and birth partners about their mental health. We also urge for more understanding of the impact it can have on the whole family when not addressed, and how to support dads and partners.

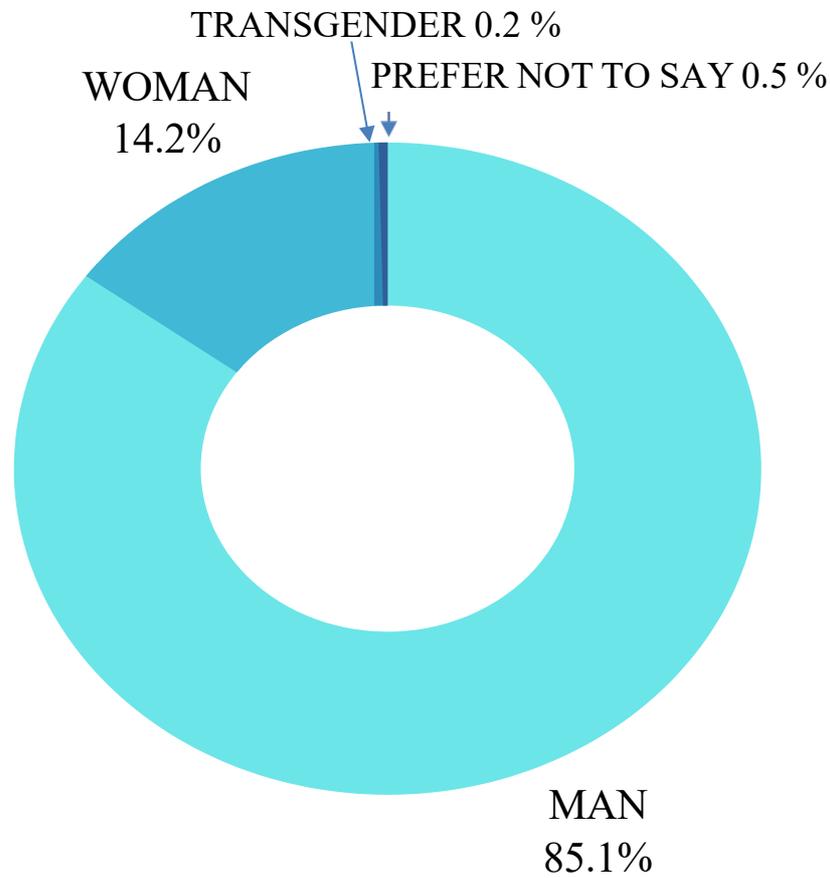
# Location



As much as there were multiple locations for the study the fundamentals remained the same in respect to what fathers and partners said and wanted.

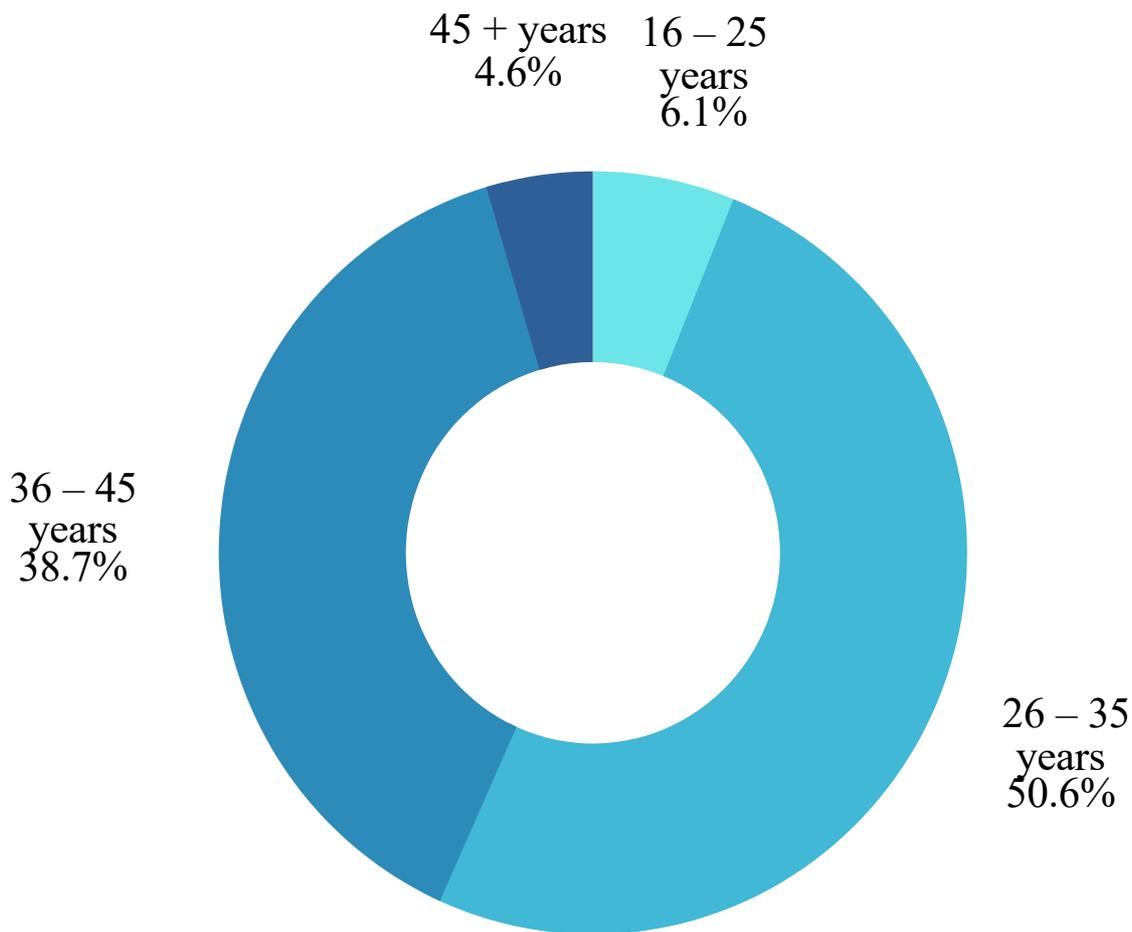
With the UK results majority from England, we feel with the work we have done with the NHS in England, Scotland and Wales there is lots of progress and good practice being done. It just needs a way of pulling it all together and joined up thinking to highlight the good work being done, not always highlighting the just the negative.

# Gender



We understand that family dynamics have changed over the years and families are made up in a variety of ways therefore we want to ensure that all birth partners were considered. The 2017 national LGBT+ survey highlighted disproportionate outcomes for members of the community. We felt therefore it was important to hear from the LGBTQ+ parents as we live in a society that will hopefully and needs to see the family as a unit and support all parents to give the child the best possible outcome.

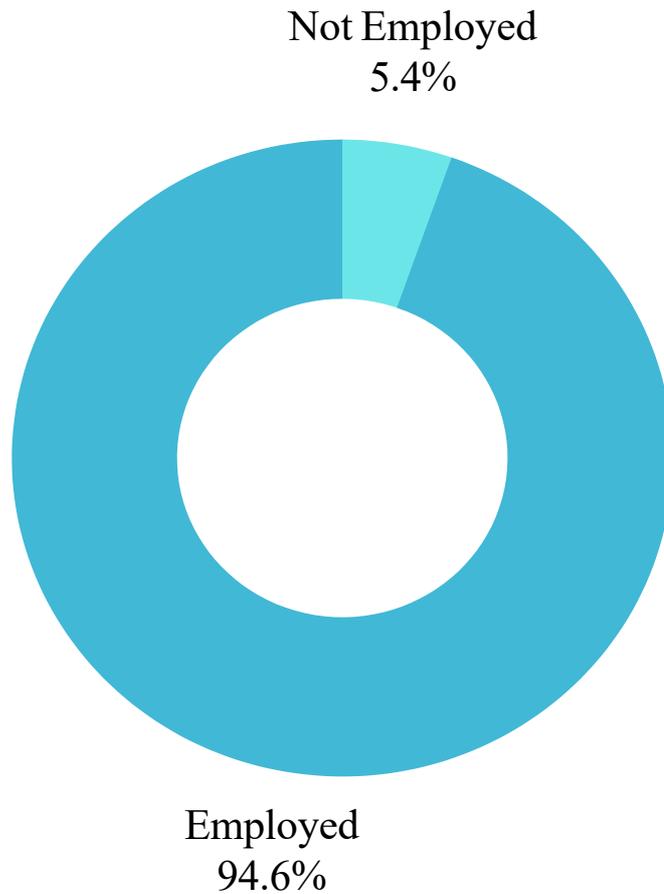
# Age



Most of the fathers and partners who completed this survey are in the high-risk category for suicide based on the age range of 21- 48. Fathers with perinatal mental health problems have been found to be up to 47 times more likely to be rated as a suicide risk than at any other time in their lives (Quevedo et al, 2011). Further, studies (such as those by Quevedo et al (2011) and Knapman (2018)) have identified that the risk of suicide during the postnatal period for fathers is almost 5%.

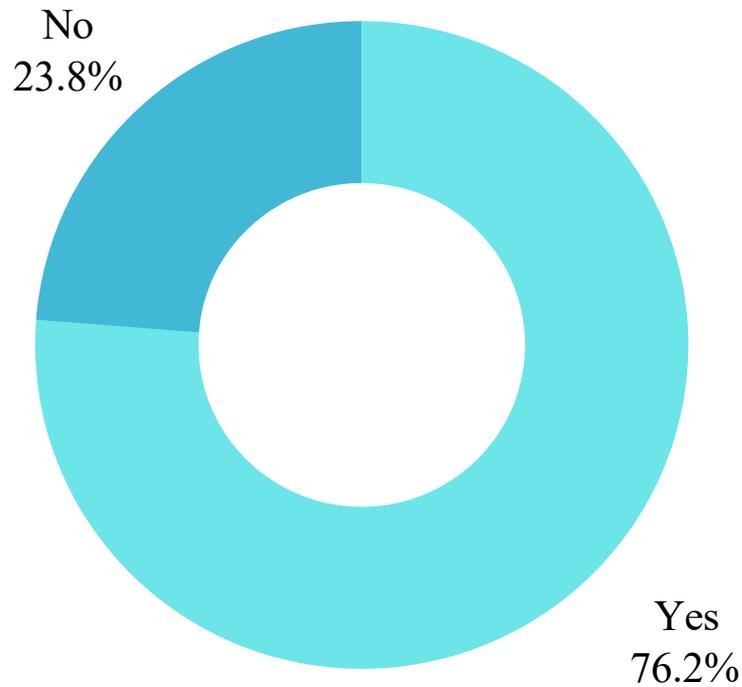
There are obviously mitigating factors other than age but when the survey is completed many of those factors are highlighted, so it's important we start the process of asking how the father or partners' mental health is and address concerns in their infancy rather than waiting to deal with a crisis when all too often particularly with men it's too late.

## Are you employed?



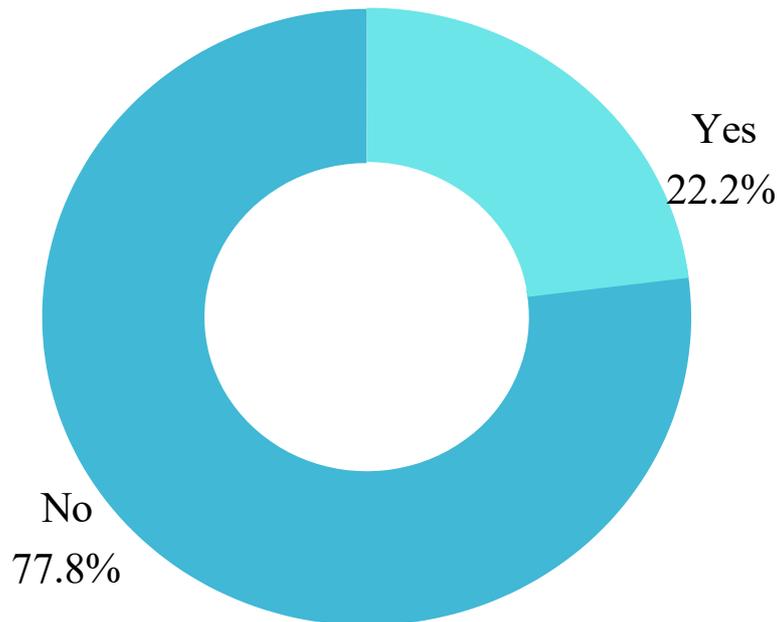
With 94% of fathers and partners in employment and only 5.4% not, we understand it can be hard for fathers / birth partners to be engaged due to this barrier. To try and combat this we have added in the recommendations, ways health care professionals can engage with parents that are not present due to work. We are not saying it is solely on health care professionals to engage but working with fathers has shown us that they need to feel invited and will meet halfway once they feel valued not always, but a majority will.

## Does your employer offer any mental health support?



This was a pleasant surprise and does depend on the field and sector of employment, but it was very encouraging, however the stats do show the picture that was based on Mental Health in general but not specifically Paternal Mental Health or support for fatherhood for example. There is a difference between men's Mental Health and Paternal Mental Health and if the issue is not addressed like a traumatic birth or difficulty adjusting to being a father it is much more difficult to achieve a positive outcome.

## During the perinatal period were you asked about your mental health or wellbeing by a health care professional?

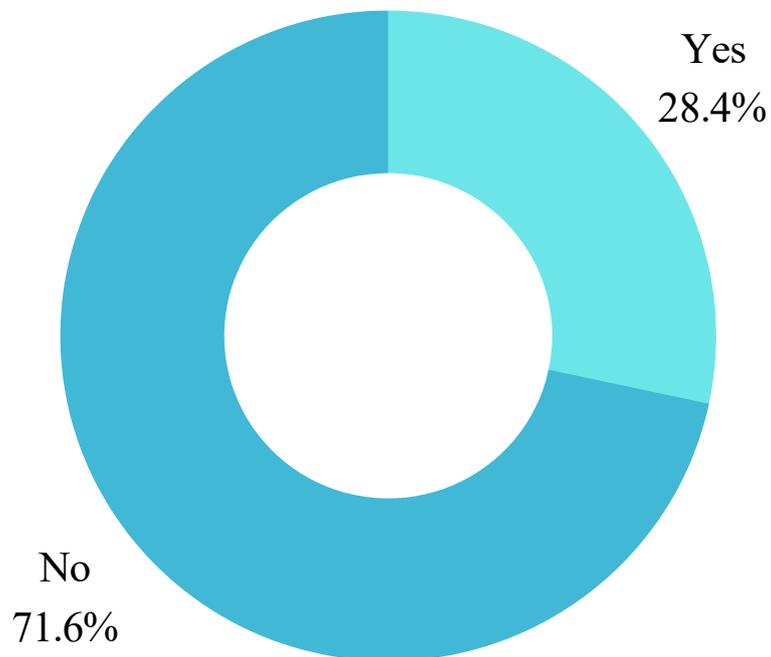


It is shocking to think that fathers and partners were not asked about mental health. It's simply not good enough. However, let's look at the fact that **22.2%** were asked, which is a sign of good practice and again adds to our recommendation of a joined-up approach.

The big worry remains that **77.8%** of fathers and birth partners who completed our survey were not asked about their mental health, so with all that we do know and in such a stressful and often traumatic time we are not even on a human level asking how the parents that didn't give birth are feeling mentally. With research stating that **45%** of new mothers report birth trauma (Journal of Perinatal Education) that means dad and partners are witnessing this but we do not ask simply if they are ok.

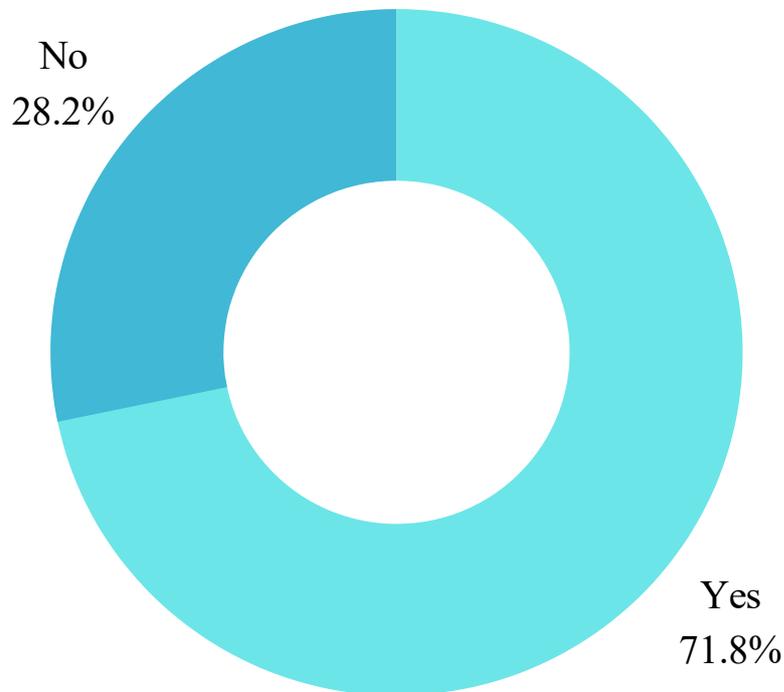
Also, with Bliss reporting 1 in 7 babies require a NICU stay and still we do not ask both parents how they are feeling with what is being experienced. Scott says as a father of a NICU baby seeing them in that situation is one of most crippling pains and feeling of helplessness he has ever experienced. He believes it is because the protector in him was unable to protect them and that impacted on his mental health more than anything else. Scott feels that having a professional acknowledge it would have been priceless and why he now offers that support to fathers. We must do much better.

## If yes? were you offered signposting?



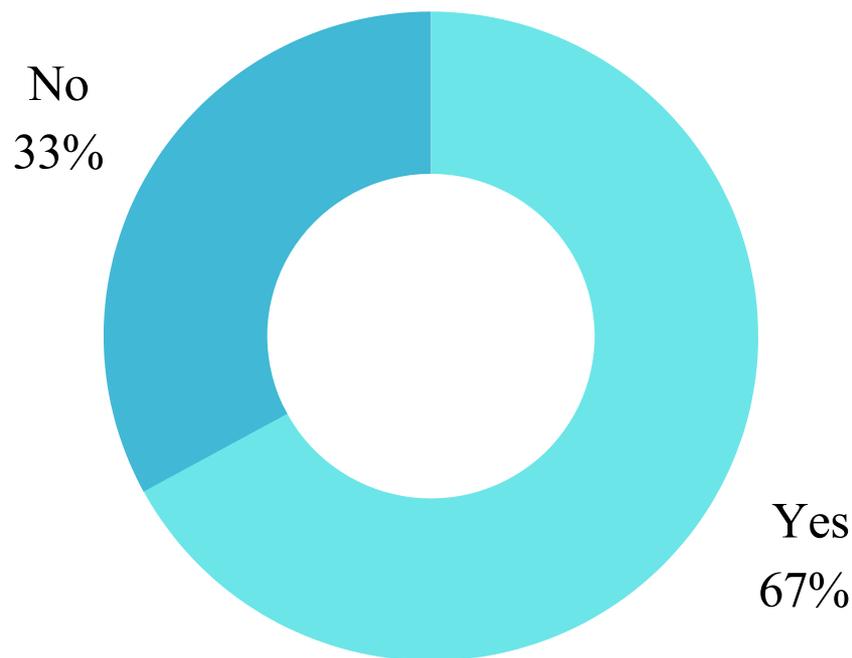
When you have someone being asked if they are ok and saying no, you would expect to be offered advice or signposting. Unfortunately, **71.6%** of fathers and birth partners who completed our survey were not offered signposting. There is an argument that there are little resources to signpost to. We also hear often that dad or partner is not the patient, however there are places to signpost to and some will be listed at the end of the report. Lets also look, however, at a positive that almost 30% were given signposting.

Did you become a parent during the Covid - 19 pandemic to date or are due to have a baby?



With over **70%** of participants having a baby during Covid with lockdowns and restrictions in place we feel as nonprofessionals there would have been an impact on the mental health of the father / birth partner there is also research (science direct,2022)  
So, from a human level they deserved better support especially as the parent that was not allowed to always be present.

## Did you or are you struggling with your mental health since the pregnancy or afterwards?

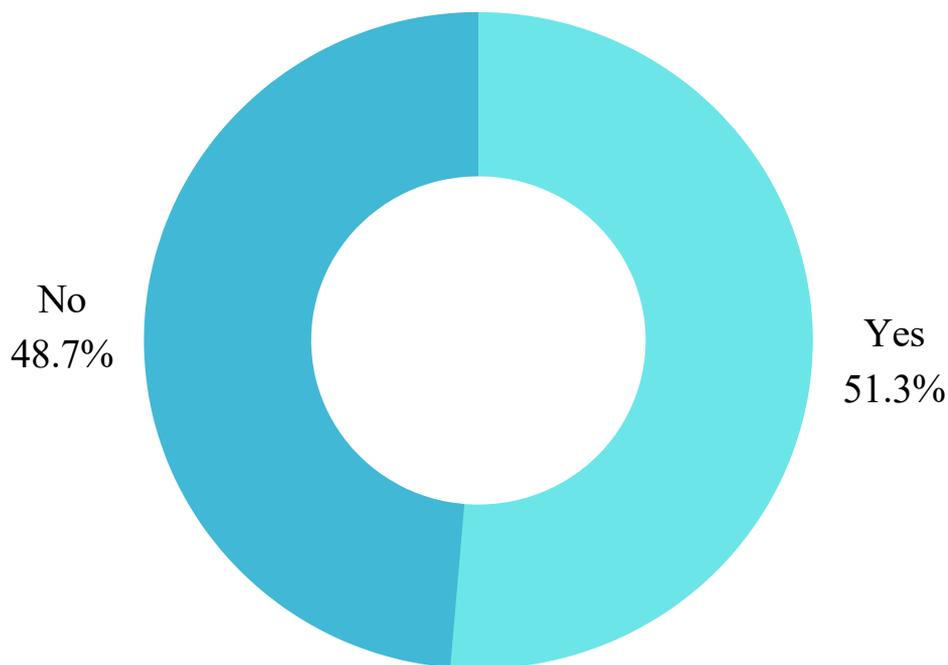


67% or nearly 7 in 10 fathers/ birth partners surveyed said they struggled with their mental health during pregnancy or the perinatal period.

We see the impact on fathers that a lack of engagement and acknowledgement during pregnancy has and that this can lead to anxiety which can and often leads to depression after the birth. In some of the comments not understanding complications their partner or baby might be experiencing increased anxiety.

Fathers polled and previously supported also discuss drastic changes in mood with up to 80 % of parents feeling their mental is impacted by a neonatal stay (RCM, 2022). However even with a relatively non complicated birth it can cause an impact on mental health and most fathers and partners felt being included and supported could have reduced how severe this impact was.

## Did you feel involved during appointments?



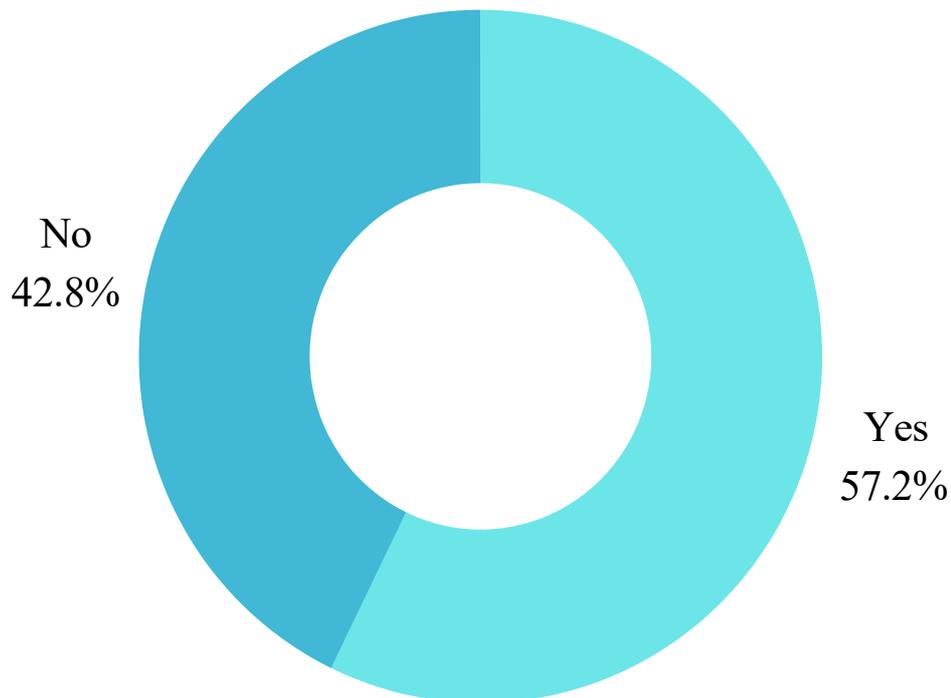
With 48.7% of dads and birth partners not feeling involved during appointments we know this can have an impact on the father/ birth partner. We hear from fathers/ birth partners on a regular basis that feel excluded during appointments:

*“I’d like acknowledgment from healthcare professionals that dads even exist. So many appointments where I wasn’t looked at and was actively ignored even when I asked questions.”*

You will see in what the dads and partners said section some more of the narratives of how this made them feel.

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.

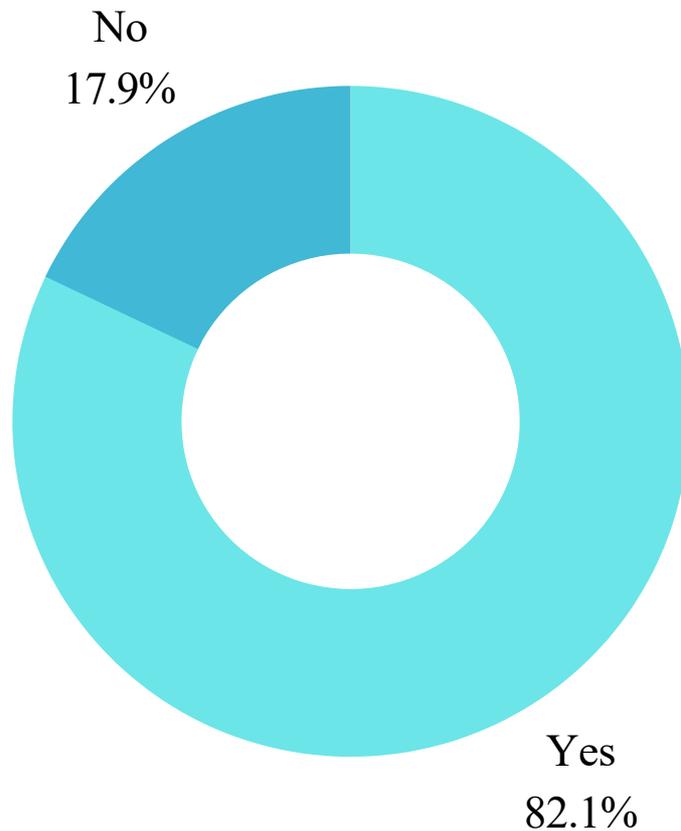
## Did your partner get asked a domestic violence?



576,000 men (2.5% men) and 1.2 million (4.8% women) were victims of partner abuse in 2018/19 equating to a ratio of two female victims to every one male victim. In 2017/18, 11% of male victims (7.2% women) have considered taking their life due to partner abuse (50 Key Facts about Male Victims of Domestic Abuse and Partner Abuse (March 2020) Mankind Website).

Every parent should be asked and supported for domestic violence with fathers/partners often ignored which makes them feel they are not part of the progress and unable to seek help they deserve as well.

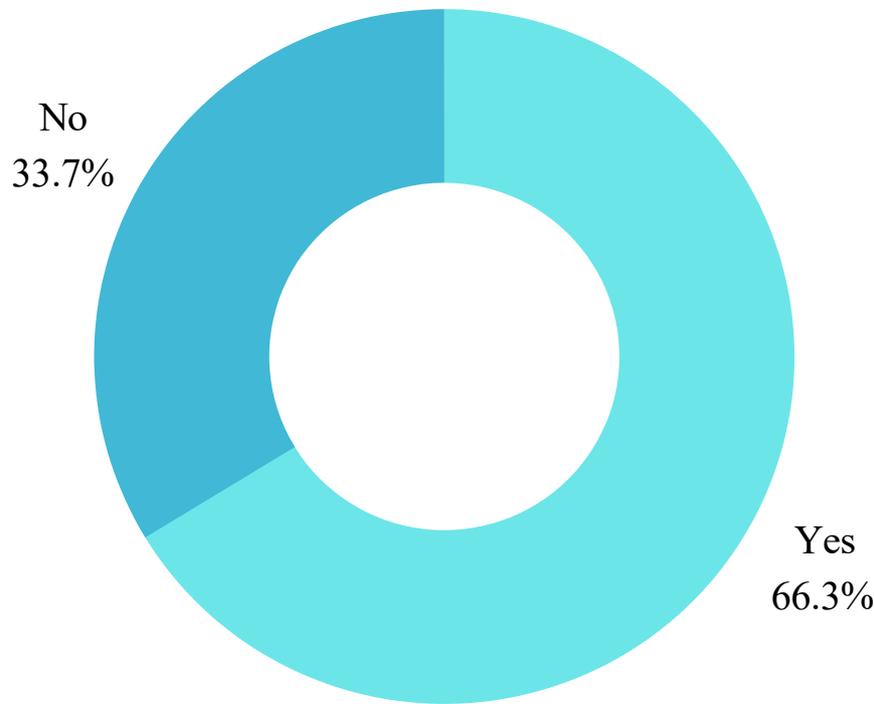
## Do you / did you feel stressed, anxious or depressed during the perinatal period?



This was even more alarming. Over **82%** of fathers/ birth partners reported feeling stressed, anxious or depressed during this period, which shows the need of earlier prevention and support. We know that often fathers/partners may only engage with services after this period and at crisis and end up in general mental health services which are often overwhelmed without the specialist perinatal support. This has a big strain on the mothers/partners mental health and relationships which often can be prevented.

Daniels et al's 2020 research into fathers' experiences when witnessing their partner's birth trauma noted that fathers did not feel that they were getting the support that they needed from health care professionals.

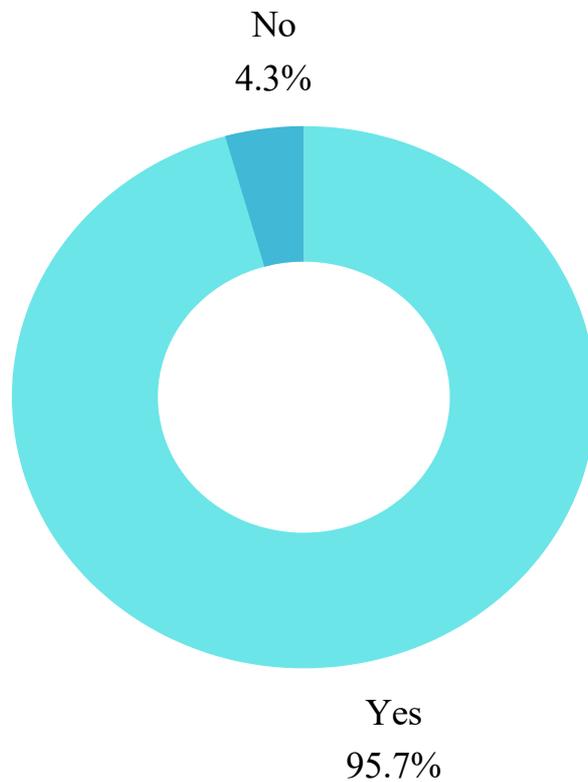
Are you / did you experience any of the following: drinking more, feelings of anger, avoiding people and feel less motivated during this time?



**66.3 %** of fathers/birth partners who completed our survey experienced signs of depression in the perinatal period. Quite often people will experience the above but not realize it is depression, particularly when it comes to alcohol intake. Anger is also an issue. In many men that we have worked with there can be a reluctance to discuss feelings of anger for fear of repercussions and judgement but it's important this question is asked.

A clear plan to help parents navigate support is needed. with organisations working together with parents for all outcomes including perinatal mental health specialists, third-party organisations and charities. Being a new parent can be a big challenge: near-sleepless nights, increased pressure on your relationship, having much less free time than you used to, especially for parents who have struggled with their mental health previously before the perinatal period. Family members including fathers and birth partners, need to be educated about postnatal depression so they can recognise the symptoms and seek help. The same applies to fathers' own depression: both parents need to be trained to recognize the signs and seek help.

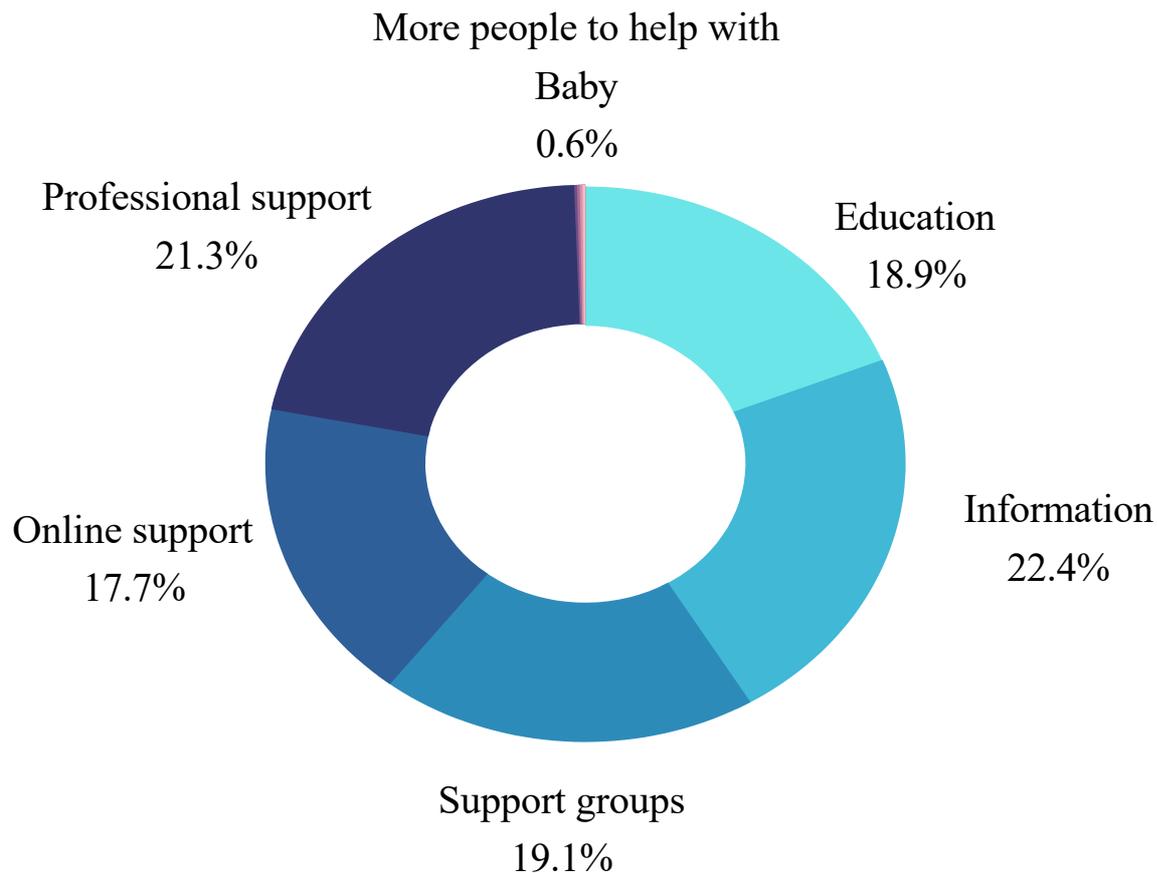
# Should there be an advocate or more support for Fathers / partners?



This highlights something we have been saying and pushing for quite time. There are organisations out there in certain locations offering this, however this highlights the need for it to be standard practice across all trusts and areas. **95.7** % of dads and birth partners say they would like an advocate or more support. Dads said hearing from other Dads gave real comfort, but for those who didn't have that service it can be a very isolating and lonely time as we both can attest too. They say men don't talk, but it's a myth. We just need to give the platform and the permission to be vulnerable to everyone



# What would you have found helpful during the perinatal period?



Here we see a breakdown of what support dads and partners wanted to see.

**22.4 %** Information aimed at Dads /birth partners was heavily cited as important as well.

**21.3%** Professional support which does emphasize the need for specialist professionals to engage with dads and partners, for example IAPT service have a perinatal pathway for fathers and PNMHT will now screen fathers if mum is being treated by the team as part of the NHS long term plan.

**19.1%** Support groups and meet ups have been proven to be highly successful by the likes of Dadmatters.

**18.9%** Education and understanding of the role was also very much wanted with certain responses. acknowledging that Antenatal classes where a dad was present was very helpful and should be more universal.

**17.7%** Online support from the likes of Baby Buddy and Dadpad to name but a few.

**0.6%** More people to help with baby.

As we say it takes a village to raise a child- this is what the village should look like! In some areas certain dad organisations do great work covering most if not all these areas but it needs more funding to roll out similar in every location. There are obviously plenty of organisations out there that are private that parents can access but with the current economic climate it is hard for all parents and all demographics to access. We feel to better serve the next generation we need to use budgets and allocations better and more effectively to give the best possible outcome and that starts with supported parents.



## SUPPORTING PARENTS

Our work is never about taking attention away from the mother but to insure that supporting all new parents for their mental health has far greater outcomes for the whole family and the development of the child.

Depressed fathers are less likely to read, sing songs and tell stories to their babies than other fathers (Paulson et al, 2006), which may explain why fathers' depression has a more powerful negative impact than mothers' depression on their infants' language development in the first year.

When both parents are depressed, they are least likely to follow good-health guidelines with their babies – e.g. putting them to sleep on their back, breastfeeding, not putting them to bed with a bottle (Paulson et al, 2006).

And an integrated review of 20 research studies found 24-50% of new fathers with depressed partners are affected by depression themselves (Goodman, 2004).

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 women. 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 1 in 10 new fathers suffer from postnatal depression- very similar to the figure for new mothers for many years. 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) 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.



## SUPPORTING PARENTS

- Ramchandani et al (2008) found half of the men who were depressed before the birth also felt depressed eight weeks afterwards, suggesting ‘chronicity’ in a substantial percentage of cases.
- New fathers’ depression rates have been found to be double the national average for men in the same age group in Denmark (Madsen et al, 2006) and in the US (Paulson et al, 2006)

First time fathers may be particularly prone to depression (Cowan et al, 1991) with mild to moderate depression most likely (Soliday et al, 1999) and no recorded increase in severe mental disorders (Munk-Olsen et al, 2006).

Added to this 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 lives. By supporting fathers this will lower the rates of the biggest killer in men in the UK for under 45-year-old- suicide.

# WHAT DAD'S & PARTNERS WOULD LIKE PUT IN PLACE!!



"Acknowledgment from healthcare professionals that dads even exist. So many appointments where I wasn't looked at and was actively ignored even when I asked questions"

"Covid rules need to go. My wife is disabled so can't access healthcare alone but isn't allowed to take me with her. She's struggling hugely with mental health (PTSD & suicidal ideation) and aa she can't access support it's all on me. There is no support for me at all. Appointments need to be for both parents, the compassion needs to come back. Professionals don't appear to care or listen anymore."

"Due to covid I was not allowed to attend all appointments. This was our first baby, and I was often felt like I was a spare part. I wish I had education classes that offered actual advice on practical parenting and mental health.

I didn't know that I would be affected"

"For mental health support workers who are already supporting the mum to follow up with other close family members who are likely to be struggling, such as the dad"

"More parental leave, information on support for dads, more financial support for low-income families (for instance my wife had postnatal depression and was asked if she wanted to stay in hospital, said yes but because she was my transport for work couldn't. Financial support needs to be there to help dad take time off so mum can get the most help and therefore improve dad's mental health)"

"A focus of appointments on the couple, if together, rather than the time being completely focused on the mother. The mother is the patient and so very important, but I know some dads have anxiety about pregnancy and can feel sidelined at times."

# WHAT DAD'S & PARTNERS WOULD LIKE PUT IN PLACE:



“I would like to see more support for fathers. More recognition of what a father needs to do once the child is born. Support while trying to hold a full-time job and juggle childcare.”

“Longer paternity leave and/or phased return to work”

“Health visitors and social services to have knowledge and training of mental health, specifically OCD during this period”

“More education during pregnancy and then a bit of aftercare after the birth. I had a traumatic birth, but midwives and the health visitor checked in with me afterwards. No one asked if my husband was ok or how he coped with the birth. He very much needed support more than I did.”

“A recognition that we are not secondary in the parenting process”

“More information for dads within the NHS as its all mother based, and longer time off work for dad's as 2 weeks is pathetic to bond with a new child, plus more national campaigns for dad's mental health”

“Active support for example a helpline”

“Anything is better than nothing, which was my experience. Even now, 3 years after the birth of our first child, no doctor or healthcare professional has mentioned a link between the onset of my anxiety and becoming a parent. There needs to be more done to include partners beyond being a resource to support the mother.”

“Recognition that this is something happening to them as well as the pregnant person, and that the baby and the pregnant person is likely the centre of their world and that is a stressful situation to be in much of the time especially if you're not supported or included.”

” Our relationship has gone worse since becoming a parent - I can't believe that little information and support is out there on an important area. I am trying to get back to work and feel less motivated as I only now I am getting support from a local charity. Andy Man Club has been good for me too - It has saved my life”

# WHAT DAD'S & PARTNERS WOULD LIKE

## PUT IN PLACE:



“More awareness from employers on the opportunity for shared parental leave. Leave behind the assumption that dad/non birthing parent are expected to take 2 weeks off after the birth of their child. Equal opportunity for all parents to have equal paid leave. It is essential for both parents to bond with new baby together / bond together as partners with a baby. More inclusivity at baby groups, drop the 'mother + baby' headline. All parents, not just 'birthing mothers' should be included in this part of bonding with baby.”

“My wife had our baby 4 years ago. I was constantly made to feel unwelcome in and around maternity services. This was before Covid, before restrictions. I remember saying to a midwife I am a parent not an infection risk, there is no need to treat me like this. I really feel dads need to be included- we are a team in everything else why are we not treated like that in maternity when we go in as a couple and come home as a family.”

“Partners should have support to help mothers suffering with postnatal depression”

“A session within AN classes that can create a safe space for men to discuss what parenting is today - not based on long gone stereotypes”

“Easy access to support focused on your mental health and the feelings you experience as a new dad”

“The same questions the birthing parent received, broadly speaking. How are you, are you coping etc. A lot of focus is on the birthing partner and rightly so but it's isolating and lonely”

“Recognition of PND in dads, by healthcare and employers, with proactive resources to address it”

“Health professionals recognising signs and symptoms of depression in fathers and the potential impact on their relationships”

# WHAT DAD'S & PARTNERS WOULD LIKE PUT IN PLACE:



“To be allowed with the mums full time on the ward- leaving my baby immediately after birth was really awful, I felt helpless to my wife and missed out on those precious moments”

“Some respect from the medical community - I constantly felt like a sperm donor who wouldn't stop hanging around rather than a father...”

“Confidential support”

“As someone who struggled with MH after my youngest was born, I discovered it had very little to do with becoming a parent. I'd failed to look after myself and that's why a new dad check in is so important. We have to be better educated generally on MH as men and understand how early decisions and experiences can detrimentally impact how we grow into our role as a dad.”

“As two gay dads we didn't really get any support in the U.K. Everyone assumes you'll be fine. Thankfully I was able to find a sympathetic health visitor who was available to help by phone. This made a huge difference.”

“More support and a knowledge base for dads to go to get support”

“I struggled after the birth of our daughter. It was a pretty straight forward birth, but I wasn't expecting any of it and the tiredness that comes along with it I really struggled to bond with our baby as I had felt I wasn't part of the pregnancy.”

“I was completely cut off from my son's birth, only allowed in for a EMCS and then asked to leave 20 mins after the birth. I was then not able to see my son for another 5 days. I lost a whole week of paternity leave and didn't get to bond with my son. I saw my wife's MH deteriorate because of her experience, and there was little support available. I felt completely powerless. During the time I was at home, and they were in the hospital I felt totally powerless, and suicidal at a point. (I did get help eventually). I felt like I was treated purely as an infection risk and not as a new father.”

“During my wife's PP initially, she was severely unwell and in a PICU. At that time, I felt like I had no idea how to talk to her constructively and was constantly worried that I could be saying unhelpful or damaging things to her without realising. Since my wife has been admitted to an MBU, I've found myself unsure how to spend my time.

I'm not ready to work and have been drinking more”

# WHAT DAD'S & PARTNERS WOULD LIKE PUT IN PLACE:



“We have 3 children and our youngest was born at 34 weeks and required a stay in the neonatal unit. I have never been so scared or felt such loss of control, as I had to stand by helplessly and watch my seriously ill daughter fight for her life. My mental health took a massive dive during this period and to honest I didn't know who to talk to and would have been so grateful for support.”

“More support and a knowledge base for dads to go to get support”

“Health visitors and midwives should involve the fathers more and listen to our concerns”

“Guaranteed access to the labour ward and natal wards as an integral family member”

“More information about the reality of having a child. e.g. stories of Dads who struggled to connect with their child, found it hard etc”

“Maybe a dad's group to discuss feelings and issues that people are experiencing”

“Professionals to talk to them and help them understand what's going on”

“Follow up appointment/calls after baby is born to check up on the father. Support groups! Any support would be good really!”



## RECOMMENDATIONS

- In a similar format to the CQC maternity survey conducted on a local and national level and highlight positive good and negative.
- Use the positive feedback to create a joined-up approach highlighting the good practice being done in certain areas rather than just using the so-called post code lottery as negative marker. Let's promote where it's working in families' favour.
- Increased knowledge and training.
- Educate HCPs on paternal mental health and the signs and symptoms.
- Highlight the benefits to the child if both parents are supported for their mental health.
- Understanding fathers and partners have a history and that can impact on their perinatal journey and therefore impact on the mother or birthing parent. Taking the fathers or partners needs more seriously like ASD, ADHD, BPD issues, a history of mental health, sexual abuse and domestic violence. Plus, an understanding that this is their child too and they have concern and feelings surrounding said child.
- Education for health care professionals on cultural and religious beliefs for both parents and embracing traditions, not expecting parents to conform against said beliefs and traditions.
- More community outreach work and trying to improve maternal and paternal outcomes as a result.
- Speaking to both parents where applicable and where not finding ways to meet the second parent halfway for example zoom calls during lunch breaks check in calls for them and a time that suits all parties. Fathers for example know they have a call with a midwife or health visitors, and they can plan their day around it. Allowing the mother or birthing parent to call or video call during appointments and scans allowing the other parent to feel involved and ask questions.
- Creating a question form the mum and birthing parent can bring home, asking if there is any questions or concerns- starting a dialogue, so they feel part of the process.
- Allowing a system where fathers and birth partners can raise concerns without being seen as aggressive or troublesome.



## RECOMMENDATIONS

- Create a pathway so fathers and partners can seek ABLS or PALS without the mother or birthing parent as the father or partner may need help.
- Encourage positive feedback for father and birth partners and a way to feedback and engage with MVPs and LMNS directly.
- Consideration of whether and how organisations and employers can introduce ‘back to work’ plans for new dads and birth partners, 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.
- 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 / birth partners available in all areas of the UK.
- A map of paternal mental health services for new fathers / birth partners, covering dad/birth partner-focused antenatal information.
- 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/ birth partners’ emotional needs and ways of managing feelings and to promote other, more positive, ways of coping.
- Mental health screening for fathers and birth partners.
- For signs and symptoms of mental health illness in the perinatal period to be recognised.
- For fathers and birth partners to be actively engaged with and considered during the perinatal period.



## SIGNS AND SYMPTOMS TO LOOK OUT FOR ...

Symptoms of perinatal mental illness can include:

- Feeling of sadness and anxiety
- Sleeping a lot or too less
- Eating too less or too much
- Unexplained aches, pain or illness
- Anxiety, irritation or anger for no reason
- Sudden mood changes
- Poor concentration
- Difficulty in remembering things
- Feelings of worthlessness, guilt and hopelessness
- Recurrent thoughts of death and suicide
- Lack of pleasure in things that were earlier enjoyable
- Feeling disconnected with the baby

As well as postnatal depression, several other mental health conditions can also develop after giving birth (as well as during pregnancy).

These include:

Anxiety disorders – including generalised anxiety disorder (GAD), social anxiety, post-traumatic stress disorder (PTSD) and panic disorder

Obsessive Compulsive Disorder (OCD) – intrusive, unwanted and unpleasant thoughts, images or urges that repeatedly enter a person's mind, causing them anxiety and leading to repetitive behaviours

Postpartum psychosis – this is a combination of bipolar-like symptoms (feeling "high" or "on top of the world" or feeling depressed), delusions and hallucinations



## USEFUL ORGANISATIONS IN THE UK

**Dads Can** Website: Facebook: Twitter:

<https://dads-can.co.uk/> <https://www.facebook.com/Dadscanproject> [https://twitter.com/DadsCan\\_Cymru](https://twitter.com/DadsCan_Cymru)

**Dad Matters** Website: Facebook: Twitter:

<https://dadmatters.org.uk> <https://www.facebook.com/DadMattersUK> <https://twitter.com/dadmattersuk>

**DadPad** – Website: Facebook: Twitter:

<https://www.thedadpad.co.uk> <https://www.facebook.com/dadpaduk> <https://twitter.com/dadpaduk>

**Dads in Mind** <https://www.bluebellcare.org> <https://www.facebook.com/DADSINMIND>

<https://twitter.com/dadsinmind>

**Dads Rock** <https://www.dadsrock.org.uk> <https://www.facebook.com/DadsRockOrg>

<https://twitter.com/DadsRockOrg>

**Dope Black Dads** <https://www.dopeblackdads.com> <https://www.facebook.com/dopeblackdads>

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

**Hub of Hope** <https://hubofhope.co.uk/> and <https://chasingthestigma.co.uk/> <https://www.facebook.com/Hub-Of-Hope-103206804551450> <https://twitter.com/ChasingStigma>

**Leeds Dads** <https://leedsdads.org/> <https://www.facebook.com/leedsdads/> <https://twitter.com/LeedsDads>

**Perinatal MH Training CIC** Website: [www.pmhtraining.co.uk](http://www.pmhtraining.co.uk)

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

**Fathers Network Scotland** <https://www.fathersnetwork.org.uk> Twitter <https://twitter.com/FathersNetScot>

**DADS WORK** <http://www.dadswork.co.uk> Twitter <https://twitter.com/DADSWORK>

**DAD INFO** <https://www.dad.info> Twitter [https://twitter.com/dad\\_info](https://twitter.com/dad_info)

**MFF** <https://musicfootballfatherhood.com/> Twitter <https://twitter.com/MFFonline>

**Best Beginnings** <https://www.bestbeginnings.org.uk> twitter <https://twitter.com/BestBeginnings>

**TWO DADS UK** <https://www.twodadsuk.com/our-journey> twitter [https://twitter.com/TwoDads\\_UK](https://twitter.com/TwoDads_UK)

**ACACIA** <https://www.acacia.org.uk/dads-partners/lgbtq/> twitter [https://twitter.com/Acacia\\_Family](https://twitter.com/Acacia_Family)

**LGBT MUMMIES** <https://lgbtmummies.com/>

**Baby Buddy App** <https://twitter.com/BabyBuddyApp>

**DAD AF** <https://twitter.com/DadafOfficial>

**APP** <https://twitter.com/ActionOnPP>

# CONCLUSION



In conclusion we have found that services and society need to be engaging with and supporting all parents. By including dads and birth partners we are not taking anything away from the mum/ birthing parent or shifting focus from the baby but enhancing their experience and chance of a positive outcome by supporting the family unit.

The statistics from our survey speak for themselves where **82% felt** stressed, anxious or depressed during the perinatal period with **66.3%** drinking more, feelings of anger, avoiding people and less motivated. These are all signs of depression. **77.8%** were not even asked about their mental health with is **almost 8 in 10**.

As a society we are failing the whole family by not supporting both parents.

We appreciate not all people- particularly men- are comfortable talking about how they feel but it's vital we start to implement change in the way they can process becoming a parent. Like we have tried to say throughout this is not about blame and pointing fingers, it is about identifying where the failings are and what can be done to address it.

Once again, we appreciate this survey is of a small portion of dads and partners, but it was enough to get a good picture.

There is also tireless work being done by many around the world. With that being said for the last 2 years we have been told to FOLLOW THE SCIENCE and now need the government to follow its own advice and look at the research into what new fathers experience during the perinatal period and invest in the support for new parents.

There are huge benefits to the child if they are supported. We need to act now.

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# ABOUT THE AUTHORS



## **Scott Mair**

Scott Mair is an army veteran, accomplished keynote speaker, parent educator, and mental health trainer specialising in paternal mental health and cultural differences. Scott is one of the leading lived experience specialists in paternal mental health after his own mental health was impacted by several traumatic births and not being able to find support when it was needed.

With over 19 years' experience as a parent to 7 children, Scott uses his knowledge to advise and educate services on how they can support and provide better engagement with fathers and partners. He covers topics such as skin to skin, infant mental health, breast feeding support and how parents can be prepared for the journey into parenthood.

Scott works with the NHS, national charities, organisations, advisory groups, steering groups and universities across the UK including UCL, YSJ and most recently guest lecturer delivering training to midwifery cohorts on the importance of supporting fathers.

## **Mark Williams**

Mark Williams is a keynote speaker, author and international campaigner. In 2004 he himself experienced depression and suffered in silence for years until he entered community mental health services.

Mark founded International Fathers Mental Health Day and the #Howareyoudad campaign to make sure all parents are having support for the benefit of the whole family.

Mark has spoken on television and radio stations around the world while working with Dr Jane Hanley and have published articles on fathers' (paternal) mental health together.

Mark and Scott have worked closely together on a variety of projects on fathers with more exciting ventures in the pipeline, including a book next year on the journey through fatherhood.