

A Quick Guide for Practitioners on Paternal Depression

Why is PPD important?

Emerging research shows that Paternal Postpartum Depression (PPD) is an underdiagnosed clinical concern. Although statistics vary greatly, evidence indicates that up to 25 percent of fathers experience depression in the first 12 postpartum months. Paternal mental health impacts the health of infants and children and has been shown to increase family stress, negatively impact parent-child bonding, and contribute to later child psychopathology. Research has also demonstrated a relationship between paternal and maternal postpartum depression. Additionally, paternal postpartum depression has become a public health issue in its impact on community care costs. Despite these ramifications, paternal postpartum depression is under screened, underdiagnosed, and undertreated. Policy and advocacy are needed to address this serious concern.

What should I look for?

Paternal Postpartum Depression (PPD) is not in the DSM-V, as it is an emerging area of research. However, symptoms such as **depressed or sad mood, loss of interest in previously enjoyable activities, significant weight loss or gain, change in sleep, withdrawal, loss of energy, diminished ability to concentrate, recurrent thoughts of death**, as well as other behaviors, can present in new fathers with depression.

Studies show that PPD can occur within the first 12 postpartum months, with the highest incidence between **3 and 6 months** after the baby is born. PPD can negatively impact infant care and cause added familial stress, so it is important to refer if you are in a position to do so.

What steps can I take to address this issue?

1. Look for these signs and symptoms in families, and refer to mental health services if necessary. 211 has a Directory of Services for Parents with postpartum depression.
2. Discuss with colleagues and people who work with families.
3. Learn more about this issue (resources included below).
4. Write, call, or visit a policymaker to discuss the importance of care for PPD.
5. Attend committee hearings to speak.
6. Write a policy brief and disseminate it (sample attached).

For more information, access the following resources:

Musser, A. K., Ahmed, A. H., Foli, K. J., & Coddington, J. A. (2013). Paternal postpartum depression: What health care providers should know. *Journal of Pediatric Health Care*, 27(6), 479-485.

Postpartum Men. <http://www.pospartummen.com>

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Re: Postpartum Depression in Men

Statement of Issue: Emerging research shows that paternal postpartum depression is an underdiagnosed clinical concern. Although statistics vary greatly, evidence indicates that up to 25 percent of fathers experience depression in the first 12 postpartum months. Paternal mental health impacts the health of infants and children and has been shown to increase family stress, negatively impact parent-child bonding, and contribute to later child psychopathology. Research has also demonstrated a relationship between paternal and maternal postpartum depression. Additionally, paternal postpartum depression has become a public health issue in its impact on community care costs. Despite these ramifications, paternal postpartum depression is under screened, underdiagnosed, and undertreated. Policy and advocacy are needed to address this serious concern.

Policy Recommendation: A **needs assessment** is needed as a first step in order to determine **accurate prevalence data** and to **raise awareness** of the issue of paternal postpartum depression among legislators and health practitioners. After completing a needs assessment and raising awareness, future steps may include:

- The creation of a public awareness campaign to bring light to the issue of paternal postpartum depression.
- The creation or modification of a normed, accurate screener.
- The creation of an intervention to address paternal postpartum depression.
- Advocacy for legislation to mandate universal screening for new fathers.
- The creation of a procedure for positive screens of paternal postpartum depression.
- Focus on preventative measures and primary care for new fathers.
- Advocacy for legislation around paternity leave

Rationale: Because paternal postpartum depression as a field is still emerging, data varies greatly in terms of prevalence. Before any other steps can be taken, a thorough needs assessment will determine accurate prevalence data and paint a more accurate picture of what the healthcare landscape currently looks like for a father with postpartum depression. While universal screening may be an eventual step, many have expressed concern that these screenings alone will not help because there is nowhere to refer fathers who have a positive screen. A needs assessment will lay the foundation to create meaningful and efficient programming and access the target population.

Summary: Paternal mental health has been linked to family stress, parent-child bonding, and future child psychopathology. Overall, the care costs associated with paternal mental health and the conditions with which it is linked demonstrate the need to address this issue from a public health perspective. Postpartum depression in fathers is currently under screened, underdiagnosed, and undertreated. A needs assessment is necessary as a first step in addressing this grave problem.