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Identifying Postpartum Mood Disorders in Men

Melissa Larson

University of St. Thomas, Minnesota, melissa.g.larson@gmail.com

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Identifying Postpartum Mood Disorders in Men

by

Melissa G. Larson, B.A.

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of
Master of Social Work

Committee Members
Melissa Lundquist, Ph.D. (Chair)
Angela Brust, LICSW
Ashley Mercer, PsyD, LP

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

According to the American Psychological Association (2016), one in seven women are diagnosed with a postpartum mood disorder. Postpartum mood disorders have recently received an increasing amount of attention in the news and in the media. More recently, however, researchers have been questioning whether fathers are also experiencing increased mood disorders such as anxiety and depression during the postpartum period. A review of literature yielded that this assumption is accurate, and that factors such as the female partner's mental health, role transition and delayed bond with child put new fathers at risk for developing postpartum mood disorders. The literature also shows that men experience greater barriers to care than women, due to differences in symptom presentation and cultural expectations. This research examined how medical and mental health professionals could identify postpartum depression in new fathers. A systematic literature review was conducted to review the current research on this subject, locate the gaps and develop implications for future research, practice and policy. Data was gathered from five different databases and narrowed down using inclusion and exclusion criteria. Nine articles were included in the review. The results imply the importance of screening and supporting new fathers who may be dealing with postpartum mood disorders. Future research should examine potential screening tools and methods that would lead to best practices for implementing a screening process and integrating supportive interventions that would help eliminate the current substantial barriers to care that new fathers face.

Keywords: postpartum depression, postpartum, mood disorders, fathers, men, identify, support

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Introduction

Perinatal mood disorders in both men and women can be understood as psychological conditions emerging primarily out of the process of becoming a parent (Madsen, Lind & Munck, 2002). A change in hormone levels during and after pregnancy is often what leads to women developing perinatal mood disorders. However, these conditions can also be attributed to factors of individual experiences with disturbances of caregiving in one's own childhood in combination with difficulties in developing attachment with a baby and socio cultural gender norms and norms of parenting (Madsen, Lind & Munck, 2002). The word "perinatal" or "peripartum" describes the time period which includes both pre and post childbirth. Furthermore, "postnatal", or "postpartum" describe the period of one year following the birth of a child. These words are used relatively intermittently throughout research on this topic and in the media. For the purpose of continuity, the term "postpartum" will be used throughout the following discussion of peri and postpartum mood disorders due to it being most commonly referred to in the literature.

According to the American Psychological Association (2016), one in seven women are diagnosed with some type of postpartum mood disorder. Approximately 15% of women experience postpartum depression within the year immediately following the birth of a child. Additionally, at least ten percent of women experience depression during pregnancy. Based on these statistics, perinatal depression is currently the most common complication of childbirth (Postpartum Support International, 2016). These numbers are steadily growing as this illness becomes better understood and more and more women come forward. In more recent years, researchers and mental health professionals have started to wonder if this phenomenon can impact fathers as well. While still a relatively new concept, research findings tend to support this hypothesis.

The topic of postpartum mood disorders (such as depression and anxiety), is relevant to those in the field of social work due to their scope of practice. Social workers are often tasked with providing mental health treatment and brokering resources after the birth of a child. In order to do this effectively, it is imperative that social workers understand family systems and the potential barriers to success that families may face. A great deal of investigation is still necessary on this topic. This research will address one important gap in the literature by examining the implications of the presence of postpartum mood disorders in fathers, and ways in which they can be identified.

Literature Review

Shift in Role of Fathers Over Time

It used to be that a father was rarely allowed to be in the room when a woman gave birth, and once the child came home, daily life for the father did not change much. The roles and expectations of fathers have evolved significantly over time. This evolution is connected to a general development in fatherhood, from the authoritarian father of the tail end of the last century, through the breadwinner and the “dad”, to the “new father” of the present day (Lamb, 1995; Madsen, 2003; Madsen, Lind & Munck, 2002). This shift is reflected in President Obama’s Responsible Fatherhood and Strong Communities initiative. The idea of this initiative is that what makes one a man is not just the ability to have a child, but the commitment to raise that child. This perspective is closely aligned with the broader “generative fathering” movement, which draws on Erik Erikson’s principle that a key element of adult development is rooted in broadening the sense of self to include subsequent generations, which he termed “generativity” (Dollahite, Hawkins, & Brotherson, 1997).

A study in Denmark analyzed the relationship between contemporary men's images of child-rearing, in comparison to their experiences growing up with their own fathers (Madsen, 2009). This study, and others like it highlight that changes such as greater gender equality, the rise of women in the labor force, men's participation in childbirth, and greater sharing of family obligations have had a dramatic impact of the transition that men experience when they become fathers (Madsen, 2009; Goodman, 2003). For many men, the lack of clear guidance and models regarding how to be an engaged, generative father results in a variety of behavioral and psychological issues that often go unnoticed until a crisis or major life transition (Singley, 2014).

Paternal Postpartum Depression

The transition into the role of parent can cause great stress on the family system, which can result in the manifestation of anxiety and depression for both partners. The most significant biopsychosocial stressor related to the development of postpartum mood disorders in men is whether or not their female partner struggles with postpartum anxiety or depression. It has been found that of the women diagnosed with postpartum depression, up to 50% of their male partners are also diagnosed with postpartum depression (Kim & Swain, 2007). The stress of living with a depressed partner, who may be preoccupied, tearful, hostile and lacking in energy can have a profound impact on the father's emotional wellbeing (Zelkowitz & Milet, 1996). Men typically turn to their female partners for emotional support after the birth of a child. When a woman is experiencing postpartum depression, her partner cannot rely on her for support, which can make it more difficult for him to adjust to his new role as a father (Goodman, 2002).

Furthermore, it is a well- established finding that a couple's relationship satisfaction decreases significantly after the birth of their first child, in large part due to role conflicts and restrictions in their freedom (Twenge, Campbell & Foster, 2003) The type of marital strife may

also be related to the father's psychological adjustment in the postpartum period. Men who perceive more change in their spouses and in the husband-wife relationship are more negative about the paternal role and tend to exhibit more adjustment problems (Zelkowitz & Milet, 1996).

Mothers seem play a pivotal role in facilitating the father-child relationship. Walker and McGraw (2000) have observed that there is ample evidence suggesting that mothers actively promote relationships between children and fathers. However, others have observed that some mothers exert considerable influence over fathers by limiting their involvement with children (Doherty et al.,1998). This concept has come to be known as "maternal gatekeeping". Maternal gatekeeping can be attributed to a combination of factors, including: women's positions within the social structure, the belief that they have primary responsibility for the home and child care (Baber & Monaghan, 1988), as well as differences in personality and behavioral characteristics specific to individual mothers and fathers (Fagan & Barnett, 2003).

Fagan and Barnett's research shows a link between a father's feelings of competence and his level of involvement with his children. Fathers who feel that they are competent parents tend to be more motivated to spend time with their children, potentially because they feel they are good at it and presumably find the involvement rewarding. When a man feels a lack of competency related to his new role as a father, he is less likely to interact freely with his child and explore his responsibilities within the new family structure. This can have a profoundly negative impact on the father's mental health, as well as the relationship between the mother and the father, and the father and the child.

Presentation of Symptoms

Postpartum depression and anxiety in men is severely underdiagnosed. There are a few different reasons for this oversight. Primarily, symptoms of depression present differently in

men than they do in women. While women with postpartum depression tend to present as sad and tearful, men typically present with symptoms that resemble anger and irritability (Madsen, 2009). Men tend to be more self-isolated, self-criticizing and display a rigid affect. Many men develop patterns of over-working and substance use to mask their struggles, which tend to worsen the symptoms (Madsen, 2009).

When a child is born, both the mother and the child are considered patients. Due to the hormone fluctuation that occurs in postpartum mothers, medical providers expect the possibility of a new mother developing a postpartum mood disorder and take appropriate steps to ensure that new moms are screened and provided with resources. Doctors are looking for signs of postpartum depression in these new mothers, which helps to eliminate some of the barriers to them seeking treatment. Because fathers are not typically identified as the primary patient during postpartum doctor visits, medical professionals do not take the same precautions with fathers, leading to them becoming largely overlooked as at risk for developing postpartum depression. This oversight, as well as a lack of information regarding PPD resources and difficulty seeking support has created a significant barrier to addressing the growing problem of postpartum mood disorders in new fathers (Letourneau et al., 2010).

Postpartum Assessment

Few medical or mental health practitioners have a clear understanding of how to integrate assessment and treatment of mood disorders into their work with new and expectant fathers. Several studies point to the need for training healthcare staff who come in contact with families during pregnancy, birth and infancy to be aware of postpartum mood disorders in men (Madsen, 2009). This training would create the opportunity for educating parents regarding how their mental health status impacts the family as a whole (Singley, 2012).

Taking a thorough mental health history of both the mother and the father is an important first step to identifying risk factors for postpartum mood disorders (Singley, 2012). Madsen also speaks to the need for developing a screening tool that would be more effective for assessing men. Ideally this screening tool would be similar to the Edinburgh Postnatal Depression Screening (EPDS) that is widely used for screening women, however it would be more specifically designed to target the symptoms that men typically experience. EPDS forms are often given to women at their postpartum follow up visits, as well as at the child's well-baby appointments to allow for symptoms to be measured over the full postpartum period. Another recommendation is assessing the strength of the couples' relationship using a validated instrument such as the Parental Alliance Inventory in order to determine the extent to which the parents' relationship is characterized by satisfaction and support (Singley, 2014).

Importance of Studying Postpartum Mood Disorders in Men

Overall, the emotional wellbeing of fathers after the birth of a child has been largely overlooked, leaving paternal postpartum depression a relatively unrecognized phenomenon. Janice Goodman (2002) conducted a literature search from 1980 to 2002, which yielded only 20 studies that included depressive levels in fathers during the first year after the birth of a child, all of which exclusively examined paternal depression in conjunction with maternal depression. Of the limited number of studies that pertain specifically to prevalence rates, only a very small number have gone beyond that to discuss the course and characteristics of depression in men during the postpartum period (Goodman 2002). The importance of raising awareness for postpartum depression in men has been emphasized by research indicating that parental stress and paternal depression has a specific and detrimental effect on their children's early behavioral and emotional development (Ramchandani, Stein, Evans & O'Connor, 2005; Madsen, 2009).

Attachment Theory, developed by John Bowlby and Mary Ainsworth, is a useful lens through which to view this topic. Due to the close link between maternal and paternal depression and the research supporting the impact that parental stress and paternal depression can have on a child's development, it is important to consider the adverse effects that mood disorders have been shown to have on attachment. A child's attachment style is formed as a direct result of the way a child is cared for by his or her parents, therefore addressing paternal postpartum mental health is in the best interest of the attachments of the entire family system.

Considering the literature discussed, the purpose of this research is to explore how medical and mental health professionals can identify postpartum mood disorders in men through a systematic review of the literature available.

Methods

Research has shown that postpartum mood disorders in either parent can have a profound impact on the relationship satisfaction between the two parents (Twenge, Campbell & Foster), as well as the behavioral and emotional development of the child (Ramchandani et al, 2005; Madsen, 2009). A systematic literature review was conducted in an effort to explore how medical and mental health professionals can identify postpartum mood disorders in men. The goal of this systematic literature review was to highlight areas of this issue that are lacking in significant research and serve as a guide for specific areas on which research should focus. The question that this systematic literature review sought to address was "how medical and mental health professionals can identify postpartum mood disorders in men?"

Sensitivity and Specificity

In an effort to include research from the full scope of available literature around this topic, a search for both sensitivity and specificity was conducted. According to Petticrew &

Roberts (2006), a sensitivity search collects a large number of studies, which gives researchers a chance to explore the broadest range of information available on the research topic. A search of specificity allows researchers to exclude irrelevant studies and create better focus resulting in more relevant articles. Because of this focus, specificity search runs the risk of missing relevant articles due to the limited nature of the search terms. Using both sensitivity as well as specificity searches was helpful in understanding the scope of the literature.

Levels of publication. Due to the narrowness of the topic, the search started very broad. The initial study included a variety of different types of literature, such as quantitative studies, qualitative studies, peer-reviewed articles and gray literature to accurately represent the current body of literature. Upon performing the search, it was discovered that the gray literature available only addressed the occurrence of postpartum depression as an issue known to affect new fathers. This literature did not meet the criteria for inclusion in this systematic review because it did not address ways in which medical or mental health professionals could identify or intervene when working with this specific population. For this reason, only peer reviewed quantitative and qualitative articles were included in this review.

Inclusion Criteria. The earliest significant research on this topic of paternal postpartum depression appears to have been published in the early 1990's. In taking this information, as well as the fact that this is a relatively understudied subject into consideration, literature published within the last 25 years was initially planned be included in this systematic literature review. Upon performing the search, it was discovered that research specifically pertaining to screening tools or intervention methods for new fathers was not conducted until the late 2000's. For this reason, it was decided that the only articles published between the years of 2007 and 2017 would

be included in this systematic literature review. These qualifications were put in place as a means of increasing the validity of this research.

Search Terms. The following search engines were utilized: Academic Search Premier, MedLine, PsychINFO, PubMed and SocINDEX. In each database, searches were carried out using the following six combinations of search terms: “postpartum mood disorders” AND “men” and “identify”; “postpartum depression” AND “men” AND “identify”; “mental health” AND “new fathers” AND “identify”; “postpartum anxiety” AND “men” AND “identify”; “postpartum depression” AND “diagnose” AND “men”; and “perinatal mood disorders AND “screening tools” AND “men”. Academic Search Premiere generated 66 articles, five of which met the specified criteria. Medline generated 32 articles, six of which met criteria. Psych Info generated 530 articles, only five of which met criteria. Pub Med generated 126 articles, 16 of which met criteria. SocINDEX generated 18 articles, three of which met criteria. Based on these numbers, it would appear that a total of 35 articles met this study’s specified inclusion criteria. However, it is important to note that there was a great deal of overlap in the articles generated among the five data bases. After accounting for the overlap, the total number of articles that meet the inclusion criteria is reduced to 16 articles.

Exclusion Criteria. A total of 16 articles met the initial search criteria. Four of these studies were unable to be accessed for review. Articles that did not speak to means by which medical or mental health professionals could identify the presence of postpartum depression in new fathers or interventions through which they could offer support to new fathers were excluded. Two of the original 16 studies were excluded for this reason. Populations that consisted of mothers only were excluded. Studies consisting of both mothers and fathers were excluded if they did not specifically address screening or intervention methods that could be used

with fathers. One additional study was excluded for this reason. Studies that did not relate to the mental health of new fathers were also excluded. In the end, nine articles met the final criteria to be included in this systematic literature review.

Findings

The purpose of this systematic literature review was to explore how medical and mental health professionals can identify postpartum mood disorders in men. Using the databases of Academic Search Premiere, Med Line, Psych Info and Pub Med, and working within the inclusion and exclusion criteria outlined previously, nine articles met criteria and were reviewed (see Appendix A). Of the nine articles included in the systematic literature review (SLR), five articles focused on quantitative data gathered to measure the usefulness and validity of specific screening tools. Three of these five articles assessed the validity of the Edinburgh Postnatal Depression Scale (EPDS) for use with fathers in the postpartum period. One of these five articles specifically examined the Beck Depression Inventory (BDI) for use. One of these five articles compared the EDPS, the BDI and the Patient Health Questionnaire- Depression Module (PHQ-9) to determine which would produce the most accurate picture of new fathers' postpartum depression.

Two of the remaining four articles did not focus on a specific type of screening, but rather compiled qualitative data regarding fathers' personal experiences with depression and anxiety during the postpartum period, as well as specific ways medical professionals could more effectively offer support to new fathers who may be struggling with postpartum depression. An additional study, which was quantitative in nature, utilized the five question Mental Health Inventory (MHI) to measure distress in men before, during and after their partner's pregnancy. The final article included in the SLR provided a summary of existing literature regarding how

midwives can support families dealing with paternal postnatal depression. All nine articles included in this systematic literature review centered on identifying and supporting new fathers during the postpartum period.

The populations for each study varied in size. The four quantitative studies that focused on the validity of the use of the EPDS, the BDI and the PHQ-9 as screening tools included sample sizes ranging from 189 men to 885 men. Two of these studies were conducted in Brazil, one in the United Kingdom, one in Sweden and one in China. One article summarized a longitudinal quantitative study conducted in Australia regarding new fatherhood and psychological distress. The sample size for this study was 349 new and expectant fathers. The two qualitative studies included sample sizes of 11 men and 19 men, and were conducted in the United Kingdom and in Canada. The final study summarized existing literature on supporting new fathers.

Thematic Analysis

Through analysis of the literature, four interrelated themes emerged from this systematic review regarding how medical and mental health professionals can identify postpartum mood disorders in men. These themes include: 1) the validity of the EPDS; 2) the link between maternal postpartum depression and paternal postpartum depression; 3) lack of men feeling prepared for their new role; and 4) support and coping strategies.

The EPDS is the most widely supported screening tool for men. The Edinburgh Postnatal Depression Scale is the most utilized and supported tool for screening mothers during the postpartum period (Matijasevich et al., 2014). According to Massoudi, Hwang and Wickberg (2013), only four validation studies (five including theirs) had been done prior up to 2014 on the use of the EPDS with new fathers. Four of the nine articles included in the SLR used quantitative

research methods to determine the validity of the use of the EPDS for new fathers. All four of these studies confirmed the validity of the use of the EPDS with new fathers to varying degrees (Edmondson, Psychogiou, Vlachos, Netsi, & Ramchandani, 2010; Lai, Tang, Lee, Yip, & Chung, 2010; Massoudi et al., 2013; Matijasevich et al., 2014).

The cutoff score for determining that the patient had scored “positive” for depression was the aspect of the EPDS examined most extensively. Massoudi et al.’s (2013) research suggests that previous research supports a lower cut- off score for use with fathers than what was used for mothers. The reasoning for this was that it is widely accepted that men are typically less expressive of negative emotions than are women (Massoudi et al., 2013).

According to three of the studies, a score of 10 was the determined to be the optimal cutoff score in terms of accuracy (Edmondson et al., 2010; Lai et al., 2010; Massoudi et al., 2013). Results from these studies showed that if the cutoff score was set lower the sensitivity of the tool was increased and captured more men, but the specificity decreased, meaning less of these men were actually diagnosed with depression through the use of the structured clinical interview. If the cutoff was higher, the opposite was true, more men were found to be depressed, but a significant number of men who otherwise qualified as depressed, were screened out by this tool.

One of the factors that has set the EPDS apart from other screening tools as the preferred tool for screening women during the postpartum period is the fact that it excludes questions regarding whether or not the new mother is experiencing common somatic symptoms of depression such as fatigue and lack of sleep (Lai et al., 2010). It can be assumed that a new mother is experiencing these symptoms at a significantly increased rate due to the responsibility of caring for a newborn. The inclusion of these symptoms on a screening tool may erroneously

increase a woman's score, incorrectly indicating depression or portraying the woman as more severely depressed than she may actually be (Lai et al., 2010). In their research, Lai et al. (2010) makes the case that this assumption can be extended to include men as well. This evidence was used to support their findings that the EPDS is the superior screening tool for paternal postpartum depression.

While it has been widely supported that this exclusion was important for accuracy when used among women, there was some question as to if it may have the opposite effect with men. It is known that men tend to report symptoms of depression using different language than women. Men commonly categorize depression as a stress issue, rather than identifying symptoms as a potential mental health concern (Vieira Da Silva Magalhaes et al., 2008; Darwin et al., 2017). Additionally, men tend to describe how the "stress" is impacting them physically. According to Vieira Da Silva Magalhaes et al. (2008), this disconnect is reason to consider whether it may be beneficial to continue to use tools that include these somatic symptoms, such as the Beck Depression Inventory, when working with men.

Link between maternal postpartum depression and paternal postpartum depression. The majority of the studies included in this systematic literature review, both quantitative and qualitative address the connection between maternal and paternal postpartum depression. It has been accepted among the field that somewhere between 24% and 50% of men whose partners have PPD also experience depression in the first year after childbirth (Letourneau, Duffett- Leger, Dennis, Stewart, & Tryphonopoulos, 2011). This is an important correlation because the implication of these findings may be a key to medical professionals determining ways to successfully identify new fathers that are struggling with postpartum depression and create a way to bridge the gap that currently exists between men experiencing

postpartum depression and their access to resources. Because of the strong correlation between maternal and paternal postpartum depression, Philpott (2016) suggested that it may be more efficient and accurate to focus screening efforts on the male partners of mothers that have been diagnosed with postpartum depression, rather than implementing programs to screen all new fathers.

Lack of feeling prepared. According to two of the qualitative articles yielded by the SLR, paternal postpartum depression was never addressed during pregnancy or at the child's birth (Philpott, 2016). Many men experiencing postpartum depression did not identify it as such because they were not properly prepared to identify symptoms of warning signs (Philpott, 2016; Letourneau et al., 2016). Many shared that they would have greatly appreciated reading material on the subject to help them better understand that it occurs relatively often. The reading material that is distributed at prenatal appointments and classes is targeted towards women (Letourneau et al., 2011). While this may be logical because the woman is the patient, it has left expectant fathers feeling left out and unprepared for this significantly life changing event.

Support and Coping Strategies. Qualitative studies also showed that men reported that their female partner is the person they are most likely to rely on for emotional support. This dynamic is often complicated by the arrival of a new baby (Letourneau, 2011; Philipott, 2016). The mother is often preoccupied with the needs of the child and unable to provide emotional support to the father to the same degree experienced prior to the child's birth. While men reported that they understand this shift in dynamics and often are not upset by the concept, the reality is that they often feel a lack of support as a result and have difficulty identifying alternative avenues through which to access that type of support. According to Darwin et al. (2017), while the birth of a child impacts the whole family, men typically experience a lesser

degree of change in their lives upon the birth of a new child than women do. This can be attributed to men usually returning to work within one to two weeks of the birth. Men also experience significantly less physical burden since they are not actually giving birth. While most new fathers experience a decrease in sleep, they are still typically able sleep more than the child's mother. Most men were able to identify how the differences between their experiences as a new parent differed from those of their female partners. For these reasons, many of the new fathers struggling with symptoms of postpartum depression resigned to doing so in silence out of fear of burdening their partner, many of whom were likely suffering from their own symptoms of postpartum depression.

Men tend to gravitate towards more practical and external methods of coping with depression and anxiety, rather than the relational strategies to which women are more often drawn. Work, getting out of the house, exercise/sports, avoidance and substance use or abuse were found to be the most common examples of these types of methods utilized by men.

Many men were more comfortable opening up to those with whom they already had established relationships. They reported being more likely to be honest about their experience and struggle in a relationship within which they already felt comfortable. Others reported that they felt the casualness of some of their friendships and the joking-type atmosphere that exists in such friendships was a deterring factor for seeking support within them. These men reported they would feel more comfortable accessing a medical professional or a therapist because of the expected level of professionalism they could provide created safety.

Discussion

This systematic review was conducted to explore the literature available regarding how medical and mental health professionals can identify postpartum mood disorders in men. What

emerged from the current body of literature regarding paternal postpartum depression was a great deal of problem identification, but an overall lack of definitive evidence currently available to determine the most effective interventions for supporting fathers with postpartum depression. The current evidence does support the use of the Edinburgh Postnatal Depression Scale with new fathers, deeming it is a valid screening tool for men during the postpartum period. While the current research sets a nice foundation to build upon, it is important to consider that further research is needed to confirm its effectiveness on a wider scale.

It is important to note that the sample sizes included in each of these studies were relatively small. Sample sizes were also quite homogenous, the majority of research focused on middle class men who were currently living with their child's mother. Another important consideration is that none of the studies included were conducted in the United States. Cultural differences may impact the results of the studies performed, which may make their results less applicable in areas outside which they were performed. Current research available does not speak to same sex couples, those with fertility issues or foster parents. Further research is needed in all of these areas.

Much less is known about paternal postpartum depression than maternal postpartum depression. The research that is available on paternal postpartum depression centers around its existence, its prevalence and its presentation of symptoms. Little to no research beyond what is included in this systematic review has been done to explore the implementation of interventions developed to meet the support needs of fathers faced with coping with postpartum depression.

Researchers have already determined that paternal postpartum depression tends to occur later than maternal postpartum depression. The onset of maternal postpartum depression tends to occur in the first month postpartum. Researchers have found that the onset paternal postpartum

depression tends to occur closer to six months postpartum and may take as long as 9 months to a year to fully become observable. Another potential limitation of the current research available on this topic is that the majority of the research included in the SLR was conducted on men between birth and five months postpartum. The timing of these studies may have had an impact on the results. If these studies were conducted later in the postpartum period, the results may have been significantly different, potentially more accurate.

Practice Implications and Future Research

A specific set of diagnostic criteria for postpartum depression in women is outlined in the Diagnostic and Statistical Manual of Mental Disorders under the diagnosis “Depressive Disorder with Peripartum Onset”. The occurrence of postpartum depression observed in men is not even mentioned as an option in the current DSM 5 language, therefore there is currently no formally agreed upon criteria for diagnosing paternal postpartum depression. Primary care providers who see men may not be particularly well versed in postpartum mood disorders in general. They may not even be aware of the occurrence of paternal postpartum depression. Moreover, that symptoms manifest differently in men than in women, and often not according to the current DSM-5 criteria. Increased education and awareness is needed among health care providers to ensure that they are properly equipped to handle the complexity of this issue.

Additionally, even though current research supports the validity of the EPDS, the research still points out potential limitations for its use with new fathers. The current research leaves the door open for the support of the creation of a new screening tool that may be even better suited for use with men. The validation of paternal postpartum depression and the agreement on or development of a screening tool are very important steps to take in order to

legitimize these experiences that a significant number of new fathers are facing and allow them access to much needed support.

Invite fathers into the conversation. Many of the fathers that participated in the studies included in the SLR spoke to being largely excluded from any conversations regarding postpartum depression for both their partners and themselves. Prenatal appointments tend to exclude the fathers completely and more often than not, fathers do not attend well baby checkups past the initial newborn appointment. The combination of these factors, as well as others contribute to the disconnect felt by new fathers.

By not inviting new fathers into these conversations and trying to engage them, they are left feeling disconnected and isolated as they try to adjust to the new requirements and expectations that accompany the shift of their role into that of both a father and a partner. There is currently a significant discrepancy between what is expected of fathers and partners and the availability of resources and dialogue at these men's disposal to prepare them for a successful transition. The creation of reading material to be specifically consumed by men could be beneficial step in beginning to bridge this gap.

Much of the research spoke to the ways in which men most commonly seek support; most often from their female partners or within already established relationships. Given that it is well known among the medical and mental health communities that men generally do not seek out health care at the same rates as women, or for the same reasons, it is important to make sure that moms are aware of the risks and the symptoms of postpartum depression in their male partners. However, placing this responsibility on the shoulders of new mothers is a lot to ask considering these women are also adjusting to a new baby and are often dealing with mental health concerns of their own during this time. Utilizing this information to create accessible

support for both parents could also be beneficial in developing interventions. Perhaps this could involve educating both new mothers and fathers about paternal postpartum depression during prenatal OB appointments. It could also include setting aside a specific amount of time that must be dedicated to addressing the father when the couple is in the hospital for the child's birth, as well as at the initial newborn well-child appointment.

Conclusion

One strength of this systematic literature review is that it used information from multiple databases to include as many articles as possible. However, only nine articles were found that met the search criteria, which limits the conclusions that can be drawn from this information. Another limitation of this study is that only articles written in English were included. Articles that could not be accessed through the online databases included in the study were also excluded. However, even with those limitations, this systematic review was able to represent both the breadth and depth of the current research. The results of this systematic literature review fall in line with that of the greater body of literature regarding this subject. The results support that the current research that exists confirms that the occurrence of perinatal mood disorders in men is a legitimate concern, and that these disorders can have long lasting negative effects on the child's development, attachment style and the overall health of the family. However, there is very little research that addresses what medical and mental health professional should do with this information going forward to best support the health of new fathers and their families. The research articles included in this systematic literature review nearly exhaust the pool of existing research regarding the field's current knowledge regarding how to identify and support men dealing with perinatal mood disorders. Much more research will need to be done on this subject to guide medical and mental health professionals towards best practices.

In her presentation “The Hustle for Worthiness”, well know author and shame researcher Brene Brown poignantly states, “We are not doing anything for women and girls if we are not doing something for men and boys.” This quote speaks to the connection between the health and wellbeing of fathers and the health and wellbeing of families. Research has shown time and time again how the experiences of early childhood shape a child’s development and future capacity for secure and healthy attachment. These reasons specifically highlight the importance and relevance of further research regarding on how medical professionals could effectively identify and support new father experiencing perinatal mood disorders.

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Appendix A

Title	Author and Year Published	Research Design, Sample Size, Location	Screening Tool(s)
Fathers' Views and Experiences of Their Own Mental Health During Pregnancy and the First Postnatal Year: A Qualitative Interview Study of Men Participating in the UK Born and Bred in Yorkshire (BaBY) Cohort.	Darwin Z, Galdas P, Hinchliff S, Littlewood E, McMillan D, McGowan L, & Gilbody S (2017)	Qualitative Study, 19 men, United Kingdom	Interviews
Depression in fathers in the Postnatal Period: Assessment of the Edinburgh Postnatal Depression Scale as a Screening Measure.	Edmondson, O. J. H., Psychogiou, L., Vlachos, H., Netsi, E., & Ramchandani, P. G. (2010)	Quantitative Study, 189 men, United Kingdom	EPDS/ Structured Diagnostic Interview
Detecting Postnatal Depression in Chinese Men: A Comparison of Three Instruments	Lai, B.P., Tang, A.K., Lee, D.T., Yip, A.S., & Chung, T.K. (2010)	Quantitative Study, 551 men, China	EPDS/BD I/PHQ-9
New Fatherhood and Psychological Distress: A Longitudinal Study of Australian Men.	Leach, L.S., Olesen, S.C., Butterworth, P., & Poyser, C. (2014)	Quantitative Study, 349 men, Australia	MHI
Identifying the Support Needs of Fathers Affected by Postpartum Depression: A Pilot Study	Letourneau, N., Duffett- Leger, L., Dennis, C., Stewart, M., & Tryphonopoulos, P. D. (2011)	Qualitative Study, 11 men, Canada	Interviews
How well does the Edinburgh Postnatal Depression Scale Identify Depression and Anxiety in Fathers? A Validation Study in a Population based Swedish Sample.	Massoudi, P., Hwang, C.P., & Wickberg, B. (2013)	Quantitative Study, 885 men, Sweden	EPDS/ PRIME-MD
Validation of the Edinburgh Postnatal Depression Scale (EPDS) for Screening of Major Depressive Episode Among Adults From the General Population	Matijasevich, A., Munhoz, T.N., Tavares, B.F., Barbosa, A.P., da Silva, D.M., Abitante, M.S., Dall'Agnol, T.A., & Santos, I.S. (2014)	Quantitative Study, 447 men and women, Brazil	EPDS/ Structured Diagnostic Interview
Paternal Postnatal Depression: How Midwives Can Support Families	Philpott, L. F. (2016)	Review of Existing Literature, Great Britain	N/A
Validity of the Beck Depression Inventory in the Postpartum Period	Vieira Da Silva Magalhaes, P., Tavares Pinheiro, R., Lessa Horta, B., Amaral Tavares Pinheiro, K., & Azevedo Da Silva, R. (2008)	Quantitative Study, 386 men, Brazil	BDI