

offer valuable support. In men where pharmacological therapy such as selective serotonin reuptake inhibitors is appropriate (lack of response to above treatments or moderate or severe severity), clinicians must monitor and review patients for side-effects, possibility of self-harm and suicide, and any response in symptoms. If the depressive episode resolves, discontinuation of antidepressants must be considered.¹¹

Challenges and opportunities

The perinatal period is a sensitive time for men and women's mental health, with impacts on partners and infants. In the absence of specific clinical guidance, male partners will benefit from greater awareness of paternal perinatal depression among GPs, general practice clinicians, and community care providers. It is essential to recognise that men do experience perinatal depression, which can be associated with distressing emotions, including feelings of failure to live up to (socially and culturally driven) expectations of fatherhood.

Challenges include distance of health visiting from general practices in some settings and often limited record sharing.¹² Thus, screening, father-specific perinatal mental health support, and psychoeducation are areas of opportunity to improve

practice. Fathers' mental health is often stigmatised, and some may feel shame at experiencing depression perinatally,² despite parenthood being a uniquely stressful time in many men's lives. Viewing their situation outside of a medical lens, suggesting men seek support through their networks of family and peers, may be a helpful first step in supporting the transition to fatherhood in a non-medicalised way.

Collecting and recording mental health assessment data for male parents in shared health records accessible to GPs and HVs would facilitate screening, identification, and treatment of paternal perinatal depression. In the current absence of such data linkage a 'think family'¹³ approach, with a particular focus on the first 5 years of a child's life, will have immediate and long-term benefits for all.



"... it is recommended that GPs and HVs [health visitors] ask about depression prior to the birth of a child as well as onset around the birth of a child, since the support fathers require is likely to vary."



References

1. Paulson J, Dauber S, Leiferman J. Individual and combined effects of postpartum depression in mothers and fathers on parenting behavior. *Pediatrics* 2006; **118**(2): 659–668.
2. Davenport C, Lambie J, Owen C, Swami V. How do fathers experience depression during the perinatal period? A qualitative systematic review. *JBI Evid Synth* 2022; **20**(9): 2244–2302.
3. Nishimura A, Fujita Y, Katsuta M, et al. Paternal postnatal depression in Japan: an investigation of correlated factors including relationship with a partner. *BMC Pregnancy Childbirth* 2015; **15**: 128.
4. Ramchandani PG, O'Connor TG, Evans J, et al. The effects of pre- and postnatal depression in fathers: a natural experiment comparing the effects of exposure to depression on offspring. *J Child Psychol Psychiatry* 2008; **49**(10): 1069–1078.
5. World Health Organization. International Classification of Diseases 11th Revision. 2024. <https://icd.who.int/browse/2024-01/mms/en> (accessed 14 May 2024).
6. Baldwin S, Malone M, Sandall J, Bick D. A qualitative exploratory study of UK first-time fathers' experiences, mental health and wellbeing needs during their transition to fatherhood. *BMJ Open* 2019; **9**(9): e030792.
7. Davenport CJ, Swami V. Exploring fathers' experiences of seeking support for postnatal depression. *Primary Health Care* 2023; DOI: 10.7748/phc.2023.e1810.
8. National Institute of Health and Care Excellence (NICE). *Antenatal and postnatal mental health: clinical management and service guidance. CG192*. London: NICE, 2020. <https://www.nice.org.uk/guidance/cg192> (accessed 30 Apr 2024).
9. Price R. A project to support fathers with paternal postnatal depression. *Journal of Health Visiting* 2018; DOI: 10.12968/johv.2018.6.8.380.
10. Davenport C, Swami V. Health visitors' experiences of supporting fathers with paternal postnatal depression. *Journal of Health Visiting* 2023; **11**(9): 378–390.
11. NICE. *Depression in adults: treatment and management. NG222*. London: NICE, 2022. <https://www.nice.org.uk/guidance/ng222/chapter/Recommendations#treatment-for-a-new-episode-of-less-severe-depression> (accessed 14 May 2024).
12. Bryar RM, Cowley SA, Adams CM, et al. Health visiting in primary care in England: a crisis waiting to happen? *Br J Gen Pract* 2017; DOI: <https://doi.org/10.3399/bjgp17X689449>.
13. Darwin Z, Domoney J, Iles J, et al. *Involving and supporting partners and other family members in specialist perinatal mental health services: good practice guide*. 2021. <https://www.england.nhs.uk/wp-content/uploads/2021/03/Good-practice-guide-March-2021.pdf> (accessed 14 May 2024).

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