



World Health Organisation Collaborating Centre - Evidence Based Public Health Nursing, Midwifery and Allied Health Professions into Practice

Title: Addressing the impact of COVID-19 public health measures and the subsequent changes in health service delivery on Fathers whose partners were admitted to an inpatient Mother and Baby Unit

Author: *Heidi Hammersley (RMN) and Emma Livesey (Advanced Clinical Practitioner Trainee)*

Context

During the current pandemic, new fathers have been subjected to significant visiting restrictions after their partners were admitted onto a Mother and Baby Unit with their child under 12 months old¹.

From March 2020 to January 2021, 34 women were admitted onto Brockington Mother and Baby Unit.

28 fathers were identified as a co-parent, 14 of these were recognised (without any formal assessment) to be experiencing mental health struggles.

Fathers spoke of their own mental health and wellbeing being affected by the pressures of the separation during their partners admission and of managing the responsibility of their partners mental health on discharge without recognition of their own needs.

Other factors affecting father's mental health included:

- isolation
- stress related to frontline working
- working from home with other children to care for
- reduced support from family
- lack of face to face contact with community teams

Many men feel excluded during the pregnancy and post birth period². There is an understanding that there should be equal recognition and treatment of father's needs and mental health as a priority³ to prevent the long-term impact on the child affecting them across the lifespan^{4,5}.



Solution

Mother and Baby Units are specialist centres which uniquely enable face to face weekly contact with both parents. This consistency provides a window of opportunity for developing a beneficial relationship with fathers, to reduce the stigma barrier preventing them from seeking help^{3,6}.

Mother and Baby Units can offer an effective assessment with appropriate referral or signposting to NHS or third sector services.

Brockington Mother and Baby Unit plan to introduce a preventative strategy to include:

- Recognising fathers' mental health needs
- Offering evidence-based assessment
- Promoting a co-parenting model

By implementing a family centered public health approach to their service delivery, Brockington Mother and Baby Unit aim to enable parents to develop resilience to mental illness in the perinatal period. Stein et al 2014⁴ suggest this ultimately improves the outcome for the child, community and society.

Action

Brockington Mother and Baby Unit developed a plan based on recommendations from the recent report *Fathers Reaching Out: Why Dad's Matter*⁷ and criteria set out in the Royal College of Psychiatrists perinatal inpatient accreditation standards 4.6⁸.

Within 48 hours of admission, fathers will be offered a structured 1:1 guided by completion of:

- [Hanwill model questions](#)⁷
- [Generalised Anxiety Disorder Assessment \(GAD-7\)](#)
- [PHQ-9 \(Patient Health Questionnaire-9\)](#)
- [Karitane Parenting Confidence Scale](#)⁹

To measure outcomes and identify opportunities for change, upon discharge, fathers will complete:

- [Perinatal POEM \(Patient-rated Outcome and Experience Measure\)](#)
- [Generalised Anxiety Disorder Assessment \(GAD-7\)](#)
- [PHQ-9 \(Patient Health Questionnaire-9\)](#)

If further holistic assessment is identified this will be offered and completed by the nursing team using the 5 P's of formulation¹⁰. This identifies the presenting problem, any predisposing factors,



precipitating factors, perpetuating factors, and protective factors. With this information, an appropriate NHS referral can be made. Alternatively, nursing staff will send Dads an email or text signposting them to local, national and digital third sector services using the interactive Brockington Dad's Map (in development). The Dad's Map aims to effectively signpost new fathers to appropriate local and national support pathways, this could be for self-referral to NHS psychological interventions, or support on the digital platform such as social media.

Co-parenting education and interventions will be offered, and care planned for delivery on the unit led by the nursery nurse and health visitor team, with needs identified by the Karitane Parenting Confidence Scale⁹. Additional signposting to local, national and digital third sector parenting support will be made using the interactive Brockington Dad's Map of support services.

To promote inclusivity, family face to face 1:1 sessions are offered on a weekly basis around visiting times. This intervention focuses mental health as a family issue, supporting families to thrive on discharge.

Outcome and Impact

To date, barriers identified by a clinical leadership group regarding recordkeeping and details of the complexity of the providing assessments for partners have prevented the action from being formalised. National contact with a mother and baby perinatal leadership peer support group, has suggested that we are possibly one of the first Mother and Baby Units in the country to be attempting to translate current research in this arena into practice.

Delayed by these barriers, an informal approach was taken - we allocated a Fathers' perinatal mental health champion as a point of contact for fathers and to link in with other services. As a unit we pledged to ask 'How are you Dad?'⁷ on and during admission. Anecdotal evidence of fathers' experiences during their partner's admission further reinforces the need for Mother and Baby Units to formally assess and signpost fathers for support; especially given the impact of the pandemic with rapidly depleting contact with community services¹ also noted in the 'MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK rapid report and learning from SARS-CoV-2'¹¹.

Of the fathers that were struggling, their voices were heard:

Like the name 'Mother and Baby Unit' suggests I thought it should just be about my partner and baby and not all of us. I feel relief from being asked how I was, and grateful for the understanding that my experience of Birth Trauma compounded by my own childhood has left me feeling how I do. I know it took time for me to talk about this with you, but I am getting support through my work and GP now.



Correlation between Dad's mental health and Mum's presentation was clear⁶, alongside the need to have individual assessments:

"There has been a lack of face to face support for her when she's at home and without that we are both crumbling. The responsibility is overwhelming, I spend my days at work scared what I will come home to... it's made me ill."

"I'm worried about my partner he's really stressed and struggling, I feel it's all my fault and my mental health is getting worse, when I go home, he feels he can't leave me alone. I feel like a child and trapped in my own home. I don't know what to do to reassure him I'm ok."

The need for formal recognition, inclusion and screening of fathers was highlighted in a recent Royal College of Psychiatrists (2019)⁶ accreditation survey of Brockington Mother and Baby Unit. In line with the accreditation requirements of all Mother and Baby Units, five fathers from a 6-month time frame responded to an anonymous survey. This cohort of five is deemed by the Royal College of Psychiatrists to be generalisable to fathers' experiences locally.

Of the five fathers that responded, 100% felt included in the decisions relating to their significant others, yet in relation to their own needs they responded that their experiences on the unit were mixed:

- 40% stating they were offered individual 1:1 time to discuss their concerns, family history and own needs
- 60% of fathers felt supported by the ward staff members
- 60% were advised how to access a carers support group
- 20% were advised how to access a statutory carers assessment.

Lessons Learned and Recommendations

Identifying a Fathers' Mental Health Champion within the team worked well. The champion raised awareness to the multi-disciplinary team of the latest evidence to formally recognise fathers' mental health needs; and encouraged a ward pledge on International Fathers' Mental Health Day to ask #How are you Dad? This redirected a focus on the family and prompted staff to check in with Dad. The Dads felt more included and verbalised they felt relief that their feelings were 'normal' and experienced by other new parents.



One father had the courage to share his experience:

“When I came in this morning you asked me how I was? I don’t want xxx to know how much I am also struggling. I’ve been like this way before she came in, I’m not sure what I can do but I can’t carry on like this, I’m not sleeping during the night, I avoid her calls because my heads not in the right place and I put off visiting...”

Using current evidence, a more formal approach was considered, this has identified structural barriers which need to be addressed prior to implementation for inpatient or outpatient services. A research study would provide the evidence to support the needs and any additional funding requirements:

The challenges we currently face are:

- How and where to document any assessment for Dad?
Should this be triage during Mum’s admission, with full assessment offered within specialist inpatient perinatal services who have more face to face contact with Dad?
- What do with do with this information?
If we follow a more effective and streamlined approach to formally assess, refer and recognise Dad’s needs, in an inclusive and holistic family centred approach, we should also be ensuring confidentiality in record keeping, and offering a safe place for fathers to talk openly.

One father highlighted a critical point:

“It’s not just Mums that have babies is it? Or are there to care for them 24/7? There is very much a co-parenting paradigm in modern day families, yet it seems backward that services are not really set up to support this. We are all about equality these days but I am not sure that the right mental health recognition and support for men is in place at the moment– we only have to look at male suicide statistics to see this...”

Local Sustainability:

A National Campaigner and Author has been commissioned to deliver training to the perinatal service and perinatal champions in our care groups. This has been arranged each month for 12 months. The perinatal service now includes perinatal awareness training and is deliver to all perinatal staff. Outreach training for midwives and health visitors is also available.

Commissioning a peer support worker (Father with lived experience) to be based on the Mother and Baby Unit, with community outreach work.



National Sustainability:

Inclusion to formally recognise and assess fathers' mental health in the Royal College of Psychiatrists (2019)⁶ perinatal inpatient standards, would prevent disparity in service delivery nationally and promote family inclusive practice.

Reviewing the Mother and Baby Unit to become perinatal mental health unit is under discussion to be openly more inclusive to Dads. In addition, discussions are in progress to resource a peer support worker to expand this approach.

References

- [1] National Institute of Health Research (NIHR) (2020) [Online]. Available from: <https://oxfordhealthbrc.nihr.ac.uk/our-work/oxppl/pregnancy-and-the-perinatal-period/>
- [2] Mayers, A., Hambidge, S., Bryant, O. *et al.* Supporting women who develop poor postnatal mental health: what support do fathers receive to support their partner and their own mental health?. *BMC Pregnancy Childbirth* **20**, 359 (2020). <https://doi.org/10.1186/s12884-020-03043-2>
- [3] Hanley, J. and Williams, M. (2019) Fathers and perinatal mental health: A guide for Recognition, Treatment and Management. Routledge. <https://www.routledge.com/Fathers-and-Perinatal-Mental-Health-A-Guide-for-Recognition-Treatment/Hanley-Williams/p/book/9781138330320>
- [4] Stein A, Pearson RM, Goodman SH, Rapa E, Rahman A, McCallum M, Howard LM, Pariante CM. Effects of perinatal mental disorders on the fetus and child. *Lancet*. 2014 Nov 15;384(9956):1800-19. doi: 10.1016/S0140-6736(14)61277-0. Epub 2014 Nov 14. PMID: 25455250. <https://pubmed.ncbi.nlm.nih.gov/25455250/>
- [5] Sweeney, S. and MacBeth, A., (2016). The effects of paternal depression on child and adolescent outcomes: a systematic review. *Journal of Affective Disorders*, 205, pp.44-59. [online]. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S0165032715312404>
- [6] Royal College of Obstetricians and Gynaecologists (2017) *Maternal Mental Health - Women's Voices*. [Online]. Available from: <https://www.rcog.org.uk/globalassets/documents/patients/information/maternalmental-healthwomens-voices.pdf>



- [7] Williams, M. (2020) *Fathers Reaching out why dads matter: 10 years of findings on the importance of fathers mental health in the perinatal period*
<https://maternalmentalhealthalliance.org/download/fathers-reaching-out-why-dads-matter-10-years-of-findings-on-the-importance-of-fathers-mental-health-in-the-perinatal-period/>
- [8] Royal College of Psychiatrists (2019) *Standards for Inpatient Perinatal Mental Health Services Seventh Edition* (ed:Lucas,H.)[online]. Available from: [perinatal-inpatient-standards--seventh-ed.pdf \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/perinatal-inpatient-standards--seventh-ed.pdf)
- [9] Karitane Parenting Confidence Scale (2008)
<https://plct.files.wordpress.com/2019/01/karitane-parenting-confidence-scale-manual-copy.pdf>
- [10] Weerasekera, P., 1996. Multiperspective case formulation: A step towards treatment integration. Krieger Publishing Company. <https://psycnet.apa.org/record/1998-07251-000>
- [11] Knight,M., Bunch,K., Cairns,A., Cantwell,R., Cox,P., Kenyon,S., Kotnis,R., Lucas,N., Lucas,S., Marshall,L., Nelson-Piercy,C., Page,L., Rodger,A., Shakespeare,J., Tuffnell, D., Kurinczuk, K. (2020) *Saving Lives, Improving Mothers' Care Rapid report: Learning from SARS-CoV-2-related and associated maternal deaths in the UK* [MBRRACE-UK_Maternal_Report_2020_v10_FINAL.pdf \(ox.ac.uk\)](https://www.ox.ac.uk/MBRRACE-UK_Maternal_Report_2020_v10_FINAL.pdf)
- Marrs, J., Cossar, J. & Wroblewska, A. (2014) "Keeping the family together and bonding: a father's role in a perinatal mental health unit", *Journal of Reproductive and Infant Psychology*, vol. 32, no. 4, pp. 340-354.
<https://www.tandfonline.com/doi/full/10.1080/02646838.2014.920951?scroll=top&needAccess=true>
- NHS (2019a) *The NHS Long Term Plan*. [Online]. Available from:<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf>
- NHS (2019b) *NHS Mental Health Implementation Plan 2019/20 – 2023/24*. [Online]. Available from: [NHS Mental Health Implementation Plan 2019/20 – 2023/24 \(longtermplan.nhs.uk\)](https://www.longtermplan.nhs.uk/nhs-mental-health-implementation-plan-2019-20-2023-24)
- Philpott, L.F., Savage, E., FitzGerald, S. and Leahy-Warren, P., (2019). Anxiety in fathers in the perinatal period: A systematic review. *Midwifery*. [online]. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S0266613819301214>
- Spitzer RL, Kroenke K, Williams JBW, and the Patient Health Questionnaire Primary Care Study Group. (1999). Validation and Utility of a Self-report Version of PRIME-MD: The PHQ Primary Care Study. *JAMA*. 1999;282(18):1737–1744. doi:10.1001/jama.282.18.1737.
<https://jamanetwork.com/journals/jama/article-abstract/192080>



Public Health
England



WHO Collaborating Centre for Public Health Nursing and Midwifery

Spitzer RL, Kroenke K, Williams JBW, Löwe B. (2006) A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7. Arch Intern Med. 2006;166(10):1092–1097. doi:10.1001/archinte.166.10.1092