



HOW ARE YOU DAD?

NATIONAL PILOT: REPORT EVALUATION

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INTRODUCTION

“New fathers are at increased risk of mental ill health and their needs should be assessed along with the mother and the Baby”

Hanley; Williams 2016

“We know that some fathers may struggle with their mental health and all fathers need, at the very least, someone to talk to about the changes they’re going through. Supporting fathers is a win, win, win – it’s good for the mother, it’s good for the infant, and it’s good for the dad himself.”

Roch Cantwell, 2019

The purpose of this report evaluation is to review the national How Are You Dad? (HAYD) pilot, mandated by the HAYD Advisory Group in October 2018, concluding with key findings and recommendations.

These findings and recommendations will be discussed by the Advisory Group in June 2019, with a view to seeking a mandate for any key next steps to be undertaken.

The overarching aim of the pilot has been to determine whether or not the How Are You Dad workshop would be effective on three fronts:

1. To improve practitioner and service knowledge on the issue of paternal mental health
2. To improve practitioner and service confidence in dealing with the issue of paternal mental health
3. To affect practice and service change, ensuring that the issue of paternal mental health is better supported across services.

RATIONAL

The Importance of Father Inclusion in Service Delivery.

POLICY CONTEXT

MENTAL HEALTH STRATEGY 2017-27

“Our vision for the mental health strategy is of a Scotland where people can get the right help at the right time”

(Scottish Government 2017)

GIRFEC: THE FAMILY AROUND THE CHILD

Child and Family Services across Scotland takes its approach using the National Practice Model: Getting it Right for Every Child – GIRFEC.

The model makes it clear that our practice must be focused primarily on the health and well-being needs of a child, supporting the family around the child. This model doesn't place any more importance on one parent or another, on the role or the gender of a parent. There already exists a support network around any child. It is up to us, as services, to determine, not to decide, who exists within that family framework, and who has a parenting role for each child. Our National Practice Model makes it clear that where one parent is not fully engaged, then positive outcomes for a child can be limited.

(Scottish Government 2006, Maguese; Rush 2018)

THE BEST START: A FIVE-YEAR FORWARD PLAN FOR MATERNITY AND NEONATAL CARE IN SCOTLAND

Published in 2017 by the Scottish Government, The Best Start Policy provides a five-year forward plan for maternity and neonatal Care in Scotland. Set out within the document “The new model of care”, provides the future vision of maternity and neonatal services across Scotland where:

- All mothers and babies are offered a truly family-centred, safe and compassionate approach to their care
- Fathers, partners and other family members are actively encouraged and supported to become an integral part of all aspects of care
- Women experience real continuity of care across the whole maternity journey, with vulnerable families being offered any additional tailored support they may require
- Services are redesigned using the best available evidence, to ensure optimal outcomes and sustainability, and maximize the opportunity to support normal birth processes and avoid unnecessary interventions
- Staff are empathetic, skilled and well supported to deliver high quality, safe services, every time
- Multi-professional team working is the norm within an open and honest team culture, with everyone's contribution being equally valued

(Scottish Government 2017)

EVIDENCE

The Fatherhood Institute's 2017 study, 'Who's the Bloke in the Room', found that:

Before Pregnancy

- Before Pregnancy a father's alcohol consumption, smoking and diet all affect conception and healthy child development

During Pregnancy

- During the pregnancy fathers are vital in helping pregnant mothers stop smoking and improve their health
- Fathers' mental health is crucial to mother and baby's well-being

During the Perinatal Stage

- Most men attend ante-natal services with their partner but often feel unwelcome
- It's good for fathers to attend the birth
- Mothers want and need their partner involved at every stage
- Fathers provide continuity of care
- The concerns about risk of domestic violence are valid, but can contribute to a more universal mistrust and a potentially dangerous failure to engage with fathers
- NHS policy requires 'family-centred' maternity care – but this is ignored
- Fathers – especially more disadvantaged fathers - experience 'institutional neglect'
- Fathers are scarcely more than 'visitors' in maternity services – a major reason why they are overlooked
- There are big gaps in knowledge about expectant and new fathers' needs

Recommendations from the report include:

- Deliver woman-focused, family-centred services
- Father-proof maternity staff training
- Father-proof information for expectant and new parents

(Fatherhood Institute, 2017)

FATHER'S MENTAL HEALTH

MENTAL HEALTH STRATEGY 2017-2027

“Our vision for the Mental Health Strategy is of a Scotland where can people can get the right help at the right time.”

(Scottish Government 2017)

- It is estimated that 38% of dads to suffer from post-natal anxiety and stress (NCT 2018)
- Up to 50% of dads who support mums with Postnatal Depression go on to suffer from depression (Fatherhood institute 2010)
- 10% of dads are estimated to suffer from post-natal depression (Fatherhood institute 2010)

DADS' IMPACT ON MUMS' MENTAL HEALTH

- One of the two most significant predictors of a pregnant woman's emotional wellbeing is her partner's emotional wellbeing
- Perceived support by baby's dad in a sample of young highly disadvantaged mothers was strongly associated with lower rates of depression
- A mother's mental health is strongly associated with the quality of her relationship with her partner
- Decreased involvement by young fathers increases young mothers' parenting stress Pre-Conception/During Pregnancy
- One of the two most significant predictors of a pregnant woman's emotional wellbeing is her partner's emotional wellbeing
- Partner-support during the pregnancy predicts the quality of THE MOTHER'S parenting after the birth (Fatherhood Institute 2018)

IMPACT OF DADS' MENTAL HEALTH ON CHILDREN

When a dad is struggling with his mental health, this can impact negatively on the health and well-being of his child.

- Depressive symptoms in fathers during childhood were associated with adolescent depression aged 13-14. This association was independent of, and as strong as, maternal depressive symptoms.
(Lewis, G et al. 2017)
- A father's absence (combined lack of time and quality) is linked to aggression, anti-social behaviour, low self-esteem in children
(Fatherhood Institute, 2007)
- Having an absent father can contribute to a child's difficulties with peer relationships including bullying
(Parke and colleagues, 2004)
- "School readiness" in young children is associated with high levels of paternal sensitivity
(Campbell & von Stauffenberg, 2008)
- Paternal depression is associated with a higher risk of child attention problems
(Van Batenburg-Eddes et al. 2013)
- Children whose fathers were depressed in both the prenatal and postnatal periods had the highest risks of subsequent psychopathology
(Ramchandani et al. 2008)
- When both parents are suffering from postnatal depression, studies have shown there is less emotional attachment with the infant, higher parenting stress, increased risk of behavioural and cognitive problems in children, and greater marital dissatisfaction
(Hanington et al. 2012)
- While 100% of mums are asked about their mental health only 16% of dads were asked during routine antenatal appointments.
(Fatherhood Institute, 2018)

HOW ARE YOU DAD? ADVISORY GROUP: BACKGROUND

In October 2018 Fathers Network Scotland facilitated a round table discussion about fathers during pregnancy and at the birth with a small group of policy makers and practitioners with a mix of regional and national remits.

Participants first heard from Adrienne Burgess CEO of the Fatherhood Institute and author of the Nuffield Report: *'Who's the bloke in the room? Fathers during pregnancy and at the birth in the UK'*. Adrienne shared the evidence used to develop the report and discussed the six recommendations identified to make fathers welcome throughout pregnancy, birth and early infancy.

The group then discussed how the recommendations correlated with the Scottish Government's: *'The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland'*, and how best to take action.

Next Steps

The Advisory Group supported the roll out of the *'How Are You Dad?'* workshop as a pilot across four health board areas, as outlined in the pilot proposal:

- What Is Paternal Mental Health
- When Can Problems Occur
- Impact on Children, Mums and Dads
- Red Flags – How to identify potential mental health issues
- Good Practice

It was agreed that the evidence base demonstrated a strong case for the learning to be embedded across the workforce, and that the evaluation of this pilot would determine its effectiveness in delivering these learning outcomes.

Delivery

A total of 8 sessions were delivered to 66 staff across five Health Board Areas: Greater Glasgow; North Lanarkshire; Fife; Tayside; East Lothian.

Content and Workbook

Content of the workshop was structured around original material from the FNS Understanding Dad training, material from the NHS England perinatal talk, *"Understanding Paternal Mental Health"*, composed by Mark Williams from Fathers Reaching Out and Dr Jane Hadley, NHS England, with additional research sourced from a variety of key papers.

The accompanying workbook draft was sent out to members of the Advisory Group for comment. Consequently, the final draft of the workbook has been amended, with some additional material included, based on the advice and guidance from group members.

Facilitation

Each session was delivered in partnership by Fathers Network Scotland and Fathers Reaching Out as a half day interactive workshop. The majority of participating staff came from within NHS perinatal services, including midwifery and health visiting.

Around one quarter of participants were from Third sector and other family support and counselling services, including Social Work.

HOW ARE YOU DAD? SESSION FEEDBACK

Participants were asked to evaluate the quality of the workshop, and said:

Eye opening. I never realised dads could suffer from post-natal depression. This has given me the confidence to approach dads and to know what to ask them.

Really powerful session. It has really highlighted the importance for us as midwives that this is a one chance engagement during pregnancy, which could affect the family and child for life.

Very useful and well delivered training. Kept me engaged throughout.

Our service (Midwife) is aimed at women, and this workshop has changed my perspective. I will do more now to think about how we can start discussion with dads about their mental health.

Question	Yes / No
<ul style="list-style-type: none"> Would you recommend the training? 	Yes 100%

HOW ARE YOU DAD? POST PILOT EVALUATION

Of the 66 people who received training during the pilot we received 28 responses to the follow up survey (closed on 19 May 2019) which was created to assess how training has impacted on practice.

The survey asked participants to score the following statements out of five: one being 'not at all', five being 'totally'.

Question	Score out of 5
<ul style="list-style-type: none"> My awareness of Paternal Mental Health during the perinatal period has improved. 	4.5
<ul style="list-style-type: none"> My awareness of the impact poor Paternal Mental Health can have on mums, babies and the family unit has improved. 	4.3
<ul style="list-style-type: none"> I have a greater understanding of some of the warning signs and symptoms associated poor Paternal Mental Health. 	4.3
<ul style="list-style-type: none"> I am more confident asking about dads Mental Health. 	4.6
<ul style="list-style-type: none"> I am more confident in signposting dads with poor Paternal Mental Health and their families to further support services & opportunities. 	4.4

Question	Yes / No
<ul style="list-style-type: none"> Have you been able to identify any small changes to your practice that will support dad's mental health? 	Yes - 96%

Survey Participants were asked what key practice changes they had identified as a result of the training. Some key themes emerged from the feedback:

- Talking to Mums
- Including Fathers
- Improved Confidence
- Asking about a Dad's Mental Health
- Signposting & Information
- Changing Cultures from Within

"After the course and I decided I would invite dads to the ante natal visit and ask dad's how they felt about the birth."

Here are some of the things they said:

"I feel much more comfortable in broaching mental health with fathers. I am in a much better position to signpost mothers and fathers and have shared this information with my colleagues."

"I was just not previously aware of the impact that dad's mental health has on families - our training as midwives and our whole ethos has always been "woman centred". This training really opened my eyes to the importance of paternal mental health awareness and how easy it is for us as practitioners to help."

"I am more aware that Dads need support. I have made it a point of asking Dad's by their self, "how are you feeling?" or, "how are you coping with the changes?"

"Before it really wouldn't have been a routine thing for me to ask about dad, only if there were any real concerns. I am now making sure I always talk to Dad and if he is not there asking mum how he is."

See Appendix A for further comments

"I have signposted a family I support to Dad's work in East Lothian."

"We have introduced Dad's education sessions at work."

Question	Yes / No
<ul style="list-style-type: none"> “Were you able to implement any of these practice changes?” 	Yes - 89%
<ul style="list-style-type: none"> Have you noticed the impact this has made on dads, mums, wider family and staff, either specific incidence or more generally?” 	Yes - 60%

Comments include:

“Yes, the families are working more together and are more engaged, the relationship with their children is stronger.”

“Yes! a little example- I asked a patient whilst at an antenatal appointment how her partner was at home and it really opened a whole can of worms- she voiced concerns around his mental health, she didn't know what to do, who she could speak to, she didn't want social work involved etc- the long and short is- her partner ended up having a short inpatient stay and received help from mental health services and the outcomes so far are positive! All just from asking a small question.”

“One parent shared that discussing PND in men will give him the confidence to look for support if he ever felt he was suffering from depression, he shared he would be able to speak to his partner or a family member/ friend”

See Appendix A for further comments



CONCLUSIONS

The case for improvements in service engagement with dads and father figures has been established, and the evidence base around the importance of understanding paternal mental health is now compelling and no longer in question.

The overarching aim of this pilot has been to determine whether or not the How Are You Dad? workshop would be effective on three fronts:

1. To improve practitioner and service knowledge on the issue of paternal mental health
2. To improve practitioner and service confidence in dealing with the issue of paternal mental health
3. To affect practice and service change, ensuring that the issue of paternal mental health is better supported across services.

The pilot workshop evaluations demonstrated the positive immediate impact of the training in relation to both improved understanding and confidence, and also in inspiring the identification of key practice changes.

The post session survey demonstrated that this learning had been sustained in the short to medium term by participants that completed the survey. The survey also outlined a number of anecdotal and specific key practice changes and observations that have demonstrated how most training participants have been able to implement and encourage change within their own practice, within their teams and sometimes across services.

RECOMMENDATIONS

Fathers Network Scotland offers the following ten key recommendations for consideration:

1. Understanding the issues encompassing Paternal Mental Health during the Perinatal period is an essential requirement of all staff within Health, Local Authority and Third Sector Services who have a role supporting children, mothers and fathers during this period and the early years.
2. The content of any aspect of a nationwide work programme should be developed in collaboration between NES NHS Scotland, the National Perinatal Mental Health Network, and Fathers Network Scotland.
3. HAYD learning outcomes are embedded within the National Perinatal Mental Health Curriculum and in undergraduate study facilitated in partnership with NES NHS Scotland
4. HAYD learning outcomes are facilitated through the design of a variety of learning platforms, including:
 - a. Modular eLearning platform
 - b. 45-minute tutorial/talk
 - c. Full day course
 - d. The completion of the workbook as a stand-alone learning tool
5. Fathers Network Scotland should continue to facilitate the HAYD workshop across Scottish health boards in the short to medium term
6. Long term workshop sustainability across Scottish Health Board areas should be ensured through the delivery of Train the Trainer sessions, facilitated by Fathers Network Scotland, targeting trainers from Health, Local Authority and Third Sector Services.
7. The progress of this work should be reported to the Managed Clinical Network, and captured within the action plan of the Managed Clinical Network. Where a local Perinatal Mental Health Network exists, such as in Greater Glasgow, the development and support of the HAYD learning outcomes should be captured and monitored in the network action plan.
8. Create material templates to help practitioners engage and support fathers. These materials to be designed in partnership with key members of the HAYD Advisory Group, and through consultation with the HAYD Advisory Group.
9. Each Health Board Area to develop clear guidance for staff and services that may encounter fathers that may have profound or acute mental health problems requiring clinical intervention and support. Guidance to be included in any staff materials developed by HAYD Advisory Group.
10. Key national bodies with a remit to lead mental health policy and strategy, such as S.A.M.H., to be consulted on the HAYD Pilot Report Evaluation, and to be invited to participate in any future HAYD Advisory Group discussion and collaborative work.

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APPENDIX A

Talking to Mums

- “Speaking to mums during our Mellow Bumps groups to make them aware that dads' mental health can be affected adversely as a result of having a new baby. Generally raising awareness.”
- “I am more aware of mums speaking about their partner’s behaviours and keen to spend time thinking about this.”
- “Encouraging mums to make dads aware they are able to contact if concerns with mental health arise.”
- “Ensuring to check on how dads are. If a mum states that she does not wish to have dad visiting, having a conversation to explore reasons and if appropriate, ensuring she is aware of how important both parents are to a child's wellbeing. Made sure that there are posters with contact groups/numbers specifically for dads visible within the family rooms.”
- “To ask mothers if dads are not around.”
- “I have been inviting women to ask their partners along to antenatal appointments, asking how they are through the women (as most girls come to their antenatal appointments alone).”

Including Fathers

- “I was just not previously aware of the impact that dad's mental health has on families - our training as midwives and our whole ethos has always been “woman centred”. This training really opened my eyes to the importance of paternal mental health awareness and how easy it is for us as practitioners to help.”
- “I am much more aware of including dads when working with families and including dads in the groups I facilitate.”
- “I now always offer them something to eat if they have been here all day, even if it’s just a simple sandwich.”
- “I now include dads name with mum when sending out the HV antenatal letter.”
- “I am encouraging Dad's to be involved as much as possible in the early day's.”
- “I am now trying to ensure that dads feel that they can be involved with the health visiting service. I ensure that I include Dad when speaking to mum or entering their room, sharing a joke and ensuring it is a happier atmosphere.”
- “Being more aware of paternal mental health has made me more inclusive of dads when inquiring about maternal mental health.”
- “This course has encouraged me to consider what resources are available locally and the importance of discussing this with fathers as well as mothers.”

- “After the course and I decided I would invite dads to the ante natal visit and also ask dad's how they felt about the birth.”
- “In the postnatal period, when most partners are present, I have been asking them how they found the birth experience, are they sleeping, how are they feeling.”
- “I was able to make the groups more dad friendly and include dads more when supporting families.”
- “Before it really wouldn't have been a routine thing for me to ask about, only really if there were any real concerns. I am now making sure I always talk to Dad and if he is not there asking mum how he is.”
- “I am spending some more time with dads as they can take longer to open up about things.”
- “I have been inviting dads to the antenatal visits and also asking dad's how they feel about the birth.”

Improved Confidence

- “I feel much more comfortable in broaching mental health with fathers. I am in a much better position to signpost mothers and fathers and have shared this information with my colleagues. In conjunction with our newly appointed perinatal mental health midwife I am keen to develop a maternity perinatal mental health leaflet for mothers and fathers with tips and resources. This leaflet would be visible and easily access in the clinical area. I hope that this will encourage mental health to be discussed as openly as physical health.”
- “I have been able to have a better understanding in how best to discuss issues with dad, questions and suggestions to help support all the family.”
- “I feel more confident about asking dads about how they are doing.”

Asking about a Dad's Mental Health

- “I always make a point of asking Dads 'how are you?' on visits now.”
- “I now support Dad's more by talking to them about their feeling's post-delivery.”
- “I co-facilitate the dads2b program in West Lothian. The training has allowed me to spend more time talking and supporting the group about men with Post Natal Depression.”
- “More aware to ask dads who have witnessed difficult births, “How are you doing?”
- “I will now routinely ask DADS of their experiences within the labour wards and if this has had a negative effect on their mental health which subsequently may have led to their now disadvantaged life, example homelessness, addiction, and trauma experiences.”
- “I am more aware that Dads need support. I have made it a point of asking Dad's by their self, “how are you feeling?” or, “how are you coping with the changes?”

- “Asking dads more about the birth experience.”
- “My team regularly have contact with dads in the immediate postnatal period when we are supporting breastfeeding mothers. We have always tried to engage / involve dads as a support for mum but we will use the opportunity to also ask about how birth experience and parenthood is for dad and raise issues of paternal perinatal mental health issues.”
- “I have now been asking dads similar questions to specifically ask dad how they have been coping.”
- “I am consciously trying to make men more aware of the issues around PND and encouraging them to talk with their partner about it now before their baby arrives. It will hopefully make it less of a taboo subject for families.”
- “I have discussed the possibility of 1:1 conversation with the hospital chaplain (who is agreeable) if dads would find this helpful.”

Signposting & Information

- “Signposting Dads to mental health website info and app.”
- “Signposting to information regarding DADS mental health and GPs with a more detailed information about possible reasons for disadvantaged lifestyles.”
- “We have a poster displayed in the parents sitting room to signpost dads where to go for help.”
- “I have signposted a family I support to Dad's work in East Lothian.”
- “I have ensured details of where dads (in particular) can go for help and support on the hospital web page and Facebook site.”

Changing Cultures from Within

- I have noticed a change in attitude towards Dad's in our Maternity Service
- We are now trying our upmost to include Dads More now when they are staying over with their partners.
- I am now raising awareness of dad's mental health across Greater Glasgow Council.
- We have introduced Dad's education sessions at work.
- I am sharing with my colleagues the importance of changing attitudes towards Dad's and also trying to make them aware of the impact this has on the family unit in the future.
- Two of my team members also attended training and learning has been shared at a team meeting with wider team.
- I talk of this during teaching sessions with staff and also during conversations with parents.

- We always mention this in our antenatal groups now

Impact

- Yes! a little example- I asked a patient whilst at an antenatal appointment how her partner was at home and it really opened a whole can of worms- she voiced concerns around his mental health, she didn't know what to do, who she could speak to, she didn't want social work involved etc- the long and short is- her partner ended up having a short inpatient stay and received help from mental health services and the outcomes so far are positive! All just from asking a small question.
- Yes, the families are working more together and are more engaged, the relationship with their children is stronger.
- One parent shared that discussing PND in men will give him the confidence to look for support if he ever felt he was suffering from depression, he shared he would be able to speak to his partner or a family member/ friend.
- We ran a mental health and wellbeing session during one of our dads' groups following this training. All the dads engaged well and appeared to get a lot out of the session.
- I am more aware of the impact this can have on families. I observe the family more closely and I am confident in asking how are you really feeling, and encourage more than am ok.
- I am definitely seeing a more collaborative approach to this area of work
- Staff reporting more confidence in speaking with dad.
- I have noticed that Dads have been a bit more open about how they felt during the delivery of their baby and are more forthcoming about admitting that it is not easy in the early days and that it is important to be working as a team with their partner.
- To be honest -not in the first instance but believe by raising this issue and empowering staff to appreciate, recognize and discuss any concerns or issues that may highlight the need for extra support for families, either by discussing this themselves or referring the family appropriately.
- Too Early to say yet, but I think it is a fantastic scheme to be a part off.
- I am a step removed from direct contact with families so not exactly have I noticed any specific incidence but I do not doubt that one will arise.
- Not as yet but I feel that it is still early days. I have been sharing the knowledge for the training with colleagues to raise awareness of the issue and the need to ask dad how they are.