MEN’S EXPERIENCES OF PARTNERS’ POSTNATAL MENTAL ILLNESS

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ABSTRACT Muchena, G. (2007) Men’s experiences of partners’ postnatal mental illness. Nursing Times; 103: 48, 32–33. This study explored men’s reactions to fatherhood and their knowledge and attitudes about postnatal mental illness. Men experienced significant psychological trauma when their partners were admitted to the mother-and-baby unit. They also experienced relationship and family problems, chronic sleep deprivation, financial constraints and reduced input at work. In some men, these factors and the psychological trauma combined may easily develop into mental ill health.

INTRODUCTION
This study aimed to investigate the experiences of men whose spouses or partners were admitted to the mother-and-baby unit with postnatal psychiatric illness. The focus was to gain an insight into their reaction, attitudes, coping strategies and knowledge about stressors. The study also aimed to understand fathers’ needs through subjective reports and explore their expectations of their fatherhood role.

The two main diagnoses of puerperal psychosis and postnatal depression were used to determine differences in experience between male partners. Another dimension was to examine the experiential differences of fathers when their partners received treatment as inpatients or in the community.

METHOD
The study was undertaken on a psychiatric mother-and-baby unit in Hertfordshire. The unit aims to offer comprehensive hospital-based care to mothers experiencing mental disorders associated with childbirth. A multidisciplinary team provides specialist mental health assessment and treatment. Efforts are made to involve fathers in the care process. They are encouraged to attend a group and support is offered to help them develop in their fathering roles.

Semi-structured interviews were used to gather information about participants’ experiences. Eight men from a total of 40 potential participants were divided into two groups of four, representing those whose partners had puerperal psychosis or postnatal depression. The two groups were divided into four subgroups, representing inpatient and post-discharge partners. Data was analysed by thematic analysis procedures.

RESULTS AND DISCUSSION
In addition to a compromised lifestyle, disturbed routines and increased responsibility, partners of mothers admitted to the mother-and-baby unit experienced moderate to severe sleep deprivation. The findings of this study provide further evidence to support those of Armstrong et al (1998). They suggest that the effects of chronic sleep deprivation – including clinically significant fatigue, compromised functioning and impaired cognitive capacity – are very important but previously underestimated factors in maternal and paternal distress.

The birth of a baby and the mother’s admission caused problems for all families but especially for the younger ones. Financial problems brought conflicting thoughts for working fathers, as they found the extra costs of the new baby could not be met if working hours were reduced.

Fathers’ attitudes to the baby
There was a general positive feeling towards the baby and the new fatherhood role. However, this feeling was not sustained when the mother fell ill and was admitted to the mother-and-baby unit. This suggests that fathers are more interested in watching their babies grow and therefore play a passive role in supporting their partner emotionally and practically. It indicates that they believe that mothers naturally have more to do with babies and hence should assume more responsibilities.

The study has highlighted a lack of appropriate resources where postnatal men can access help.

Healthcare professionals need to devise approaches to better support men in their transition to fatherhood, which can be a damaging experience for some men.

In services, there is a need to change preconceived ideas and start valuing fathers’ experiences and understanding the differences between individual fathers.

Couple counselling and psychotherapy, provided when the mother has postnatal depression and with the aim of strengthening the relationship and alleviating depression, could be incorporated into primary care.

More funding is needed to increase availability of resources for health visitors to carry out more thorough assessments of postnatal couples.

More funding could be directed towards increasing antenatal education about postnatal depression and, at the same time, involving fathers from an early stage in pregnancy through to birth and the postnatal phase.

Brief interventions using cognitive behavioural therapy and problem-solving approaches may be effective in reducing depressive symptoms in both men and women during the postnatal period.
Reactions to hospital admission
The men’s reaction to their partners’ admission to the inpatient unit was one of shock and disbelief. The deterioration in mothers’ postnatal conditions was so rapid that the men felt helpless and puzzled.

This finding suggests that fathers had no previous knowledge of detecting postnatal psychiatric illness in their partners. They did not know to whom they could turn nor how to deal with the situation. It was evident that they experienced heightened stress levels and psychological disturbances when they found themselves in this situation.

Guilt and communication issues
The failure to detect the deteriorating condition in mothers brought much guilt for men, especially among those who were highly qualified healthcare professionals.

Fathers therefore carried a burden of stress related to their partners’ deteriorating condition. Outbursts of anger as well as feelings of sadness were commonly reported by participants as they attempted to process and deal with emerging experiences.

Communication between couples was characterised by distorted emotional feelings.

Men’s use of services
There was a general reluctance among fathers to use mainstream services for psychological problems. Six participants experienced some psychological disturbance but only two sought professional help.

Fathers tended to use informal services such as chat rooms or telephone helplines, or sought emotional support from friends. Three attempted to gain comfort by drinking alcohol with friends in pubs. These measures provided instant but transitory relief from their psychological problems.

Fathers’ mental health
Fathers experienced high stress levels as a result of delayed response from services. Prolonged stress and anxiety can easily develop into depression (Kleinman, 2001). Although there was a great sense of relief among fathers on admission of their partners to the mother-and-baby unit, they generally remained confused and anxious and, in others, sadness and depression prevailed. This finding shows that fathers felt reassured when mothers were admitted. However, in families of more than two children, fathers may have felt challenged when they considered their ‘inadequate’ parenting skills were then needed to look after the older children.

This observation is supported by the Father and Child Trust (2007), which states that transition to fatherhood is a substantial change in a man’s life and one that fundamentally changes his role in the family. Some men continue to struggle with these changes, which can affect their mental health.

A new father may experience a range of symptoms. He may: find it difficult to relate properly to his baby; be negligent about work commitments; be irritable; delay coming home from work; seek more solitude than usual; feel guilty about his small contribution; feel superfluous within the mother-baby harmony; or stop socialising. All these symptoms can indicate that adjustment problems have developed into depression.

Impact on relationships
Generally, partners felt that their marriages had ended following hospital admission. It appears that physical separation of the mother and the new baby breaks the family unit and, as a result, affection within the relationship can dwindle. While some partners re-established themselves in the relationships, others had sustained arguments and a ‘blame culture’ developed to the extent that relationships suffered irreparable damage.

It is worth noting that some relationships actually grew stronger as fathers tried to offer support through this predicament.

Comparisons between subgroups
In comparison, partners of women admitted with puerperal psychosyphsis had a more challenging experience than those of mothers with postnatal depression.

Since the prevalence rate of puerperal psychosyphsis is low, little is known about its prognosis in the general population. All partners were at least aware of the general symptoms of depression and could easily relate these to how their partners felt.

What is fundamental in this study is that the difference in diagnosis had no significant bearing on fathers’ experiences. The magnitude of adverse effects on partners was universal among all subgroups.

In the same context, partners of inpatient mothers experienced more stress than those who received treatment in the community. A hospital stay for mothers only provided transitory respite because the strain resumed post discharge.

Fathers felt their family unit had been broken, especially when they compared their experiences with men in the general population whose partners had not been admitted to hospital with postnatal psychiatric illnesses.

CONCLUSION
Research indicates that the impact of postnatal psychiatric disorder on partners is greater than that of general psychiatric illness because of the additional burdens of parenthood. However, according to this research, whether the disorder in mothers was psychotic or non-psychotic in nature seems to have little bearing on the size of the impact on fathers.

When comparing partners of inpatient and post-discharge mothers, it appears that the hospital stay gives partners some respite, although the adverse experiences remain. This study has achieved its aims by showing that some men experience psychological trauma when their partners are admitted to the mother-and-baby unit with postnatal mental illness. This could develop into psychiatric illness in some men who do not seek help.

REFERENCES

Father and Child Trust (2007) www.fatherandchild.net.nz