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Post Partum Depression in Men

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Although most of us—men and women alike—are socialised to think of men as providers of support during the perinatal period and early parenthood, a wealth of research shows that 10 per cent of new dads experience paternal postpartum depression (PPD) (50 per cent when mom is depressed!) and tend to need support of their own.

However, the stigma against experiencing difficulties in early parenthood is even higher for men than for women. Society views men as stoic, self-sacrificing, and above all, strong. When men feel none of those things as new fathers, they don't want to admit it or seek help.

For this reason, Postpartum Support International (PSI), an enthusiastic supporter of International Fathers' Mental Health Day (IFMHD) on June 19, a day after Father's Day (this year it falls on June 18 otherwise celebrated on third Sunday in June in the United States, United Kingdom, Canada, India, and a number of other countries around the world), as a means to take a whole-family, father-inclusive approach by shedding light on the best practices and related resources for dads, their partners, and those who support them.

Paternal postpartum depression is often defined as an episode of major depressive disorder (MDD) occurring soon after the birth of a child. It is frequently reported in mothers but can also occur in fathers. There are no established criteria for PPD in men, although it could present over the course of a year, with symptoms of irritability restricted emotions, and depression. Risk factors include a history of depression in either parent, poverty, and hormonal changes. It might be associated with anxiety disorders and can adversely affect the father, family unit, and developing child. Treatment includes psychotherapy and pharmacotherapy.

Clinicians are encouraged to screen for depression in men during the first year postpartum and to offer treatment or treatment referral if depression is present. Paternal postpartum depression has only been studied by a small number of researchers, so it is not surprising that there is a long list of questions yet to be addressed.

It is important to identify at-risk groups of fathers for paternal PPD, such as fathers with lower incomes, fathers of very young or old age, or ethnic minority background. It is also important to study fathers in non-traditional settings, such as stay-at-home fathers, nonbiological fathers (e.g., stepfathers) or single fathers, in order to understand unique risk factors that may increase the risk for paternal PPD. It would provide us with a better picture to develop more accurate diagnostic tools and treatment programs for fathers with different backgrounds.

To mark the Father's Day and International Fathers' Mental Health Day we will be covering a case study where Deepak Gopakumar, Managing Director, Vijayalakshmi Medical Centre, Kochi is sharing his views on paternal postpartum depression and suggests creating awareness and more research on PPD.

As long as I can remember, I have always wanted to be a dad. Maybe it was because I shared a pretty healthy relationship with my parents (as healthy as a 90s Asian parent child relationship can be), especially my dad. Marriage wasn't necessarily a top priority for me growing up. Even after I passed out of college and when my friends started falling like dominos to the marriage reaper, I still didn't feel any urge.

But as you know these things tend to change when that one special person decides to waltz into your life. And so did mine after my wife (then girlfriend) and I started dating back in 2010. We decided to tie the knot in 2016 and 4 years later during the first Covid lockdown my baby girl Akeria was born. I was the 4th person to hold her as I was waiting in the post operative room right outside the operating theatre.

Despite what most people might tell you, a lot of these supposed big moments in your life don't seem all that remarkable or epiphanic and in that moment while I held her all I felt was apprehension at possibly dropping this tiny fragile thing. In the following days, after my wife was discharged, we came home and things started settling down, our entire lives revolved around the baby. Its funny its almost as if in a matter of a few days you can't even remember how you lived before this new tiny person came into your life.

Things weren't always peachy, there were plenty of sleepless nights, issues with feeding, and the dreaded post-partum depression. We were informed plenty prior to the delivery about post-partum depression and how sometimes it can be quite scary and while my wife did go through certain bouts of what seemed like moodiness, anxiety and paranoia, it was relatively peaceful. My mother, an Ob-gyn who has seen and heard of plenty of similar and much worse cases, was always present and on standby. While my wife was doing fine it was a few months later, around 5 to 6 months in, that I noticed some things weren't necessarily alright with me.

While I hadn't really experienced a euphoric burst of love for my daughter when I first held her, every day after that I felt my feelings towards her increased. But now suddenly 6 moths in I started feeling a little distant, not just to my daughter, but my

wife as well. I felt low, unenthusiastic and highly irritable with no real urge to go to work or do anything. I didn't want to talk to my friends or family or even spend any time with my child. That's when the alarms went off in my head. I realized something was terribly wrong and I started doing a bit of research on my own and came across Paternal Postpartum Depression.

In the initial few months after a child is born and, in some cases, even up to a year, the mother is the primary care giver especially when it comes to nursing and soothing and the father normally takes a more behind the scenes role of changing diapers, doing other work around the house etc and while this is in no way the rule, it is often the case in most heterosexual new parents. This often can cause a lot of friction between the partners and for me there were plenty of times I felt almost useless when it came to the day-to-day matters of the baby.

Furthermore, research has shown that men's testosterone levels are known to drop in preparation of arrival of the baby. Testosterone levels start to decrease at least a few months before the childbirth and maintain low levels for several months after the childbirth. Several researchers suggest that such decrease leads to lower aggression, better concentration in parenting, and stronger attachment with the infant. Interestingly, recent studies on older men show a significant correlation between low testosterone levels and depression. Men aged 45 to 60 who are clinically depressed also exhibit lower testosterone levels than normal men.

Upon realising that I actually have a problem, I started researching in ways that can remedy it. The logical course of action at this point was to seek therapy or to "talk to someone about it". While this is a very standard and routine treatment for most individuals suffering from any form of depression, I however, have always found a certain flaw in this method when it comes to men. Most women when they experience pain, look for comfort with other people. They are extremely durable and adaptable so they would endure and power through that pain with the connections they have built with others.

Men are taught all their lives not to be a burden on anyone or this world. For them reaching out to someone to deal with the pain sounds exactly like being a burden on someone else. Men need to know there is a reason and a solution for the pain.

Talk therapy may help individuals find a deeper insight into what's troubling them and maybe feel loved or heard, but most male depression stem from a feeling of powerlessness or helplessness and men tend to equate this post therapy love with pity rather than actual problem solving. If a solution cannot be found then the discussion is pointless and in fact may even aggravate the issue even further. This treatment gap has resulted in a higher dropout rate in men when it comes to therapy.

Data from outpatient populations suggest that approximately one in four individuals who seek therapy for mental health problems drop out prematurely. I spoke to a lot of other men who have attended therapy sessions with most of them coming back with the same response, i.e it was just a lot of talk with no solution in sight, or the therapist told me the answer lies within me or other similar catchphrase.

I however was lucky to have a strong sense of duty instilled in me by my dad. He would always say, you may have the best of days or you may have the worst of days but regardless, always dress up and show up. I approached fatherhood with a newfound sense of duty. This new tiny human was my responsibility and while I may not necessarily love the late nights or the lack of sleep, I will perform this duty to the best of my ability. Along with this I restarted working out and eating healthy as the dad-bod I had developed in the past few months wasn't doing my self-esteem any favours. The overall improvement in my fitness level along with clean eating really boosted my testosterone levels and overall happiness.

While I had the presence of mind to understand and help myself, not every other man is as fortunate. While maternal postpartum depression is widely discussed and recognized as a serious health issue, it's often hard for people to take seriously the idea of a man having similar problems.

Overall, depression rates in men are about half those of women. Yet men exhibit significantly higher rates of substance use and account for three-quarters of suicides. There is some evidence that new fathers are especially at risk for the latter. This discrepancy suggests that many men are experiencing depression, but not addressing it.

In fact, men are half as likely to seek help for mental health concerns compared with women as unlike women, men are often socialized to value independence, dominance, stoicism, strength, self-reliance and control over their emotions, and many see weakness as shameful. Couple this with the huge gulf in treatment modality and the general lack of understanding of the male psyche from a psychotherapy point of view, what we have is a very silent but potent epidemic.

I personally believe that while a deeper study into this gap between the treatment and the disorder among men is warranted and alternate treatment methods are found, smaller steps such as counsellors in schools and colleges just paying a little extra attention to the boys or even clinical psychologists attending to women suffering from postpartum depression just ask the fathers if they're doing alright and educate them of the symptoms of Paternal postpartum depression, can go a long way. Even though I may be from the healthcare industry, I myself am a non-medico and while I cannot speak intelligently about the

research that needs to be done, I believe creating awareness seems like a smart first step.

There are still bad days, but they are far and few in between. My quality of life has greatly improved as is my bond with my family. My daughter is my world and the bond we share is unique and undoubtedly the greatest joy of my life.

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