

Description

Happy Father’s Day! How are you feeling?

Laura Godfrey-Isaacs, artist, midwife and birth activist

On the 22nd June it is Father’s Mental Health Day in the UK. What’s it mean to be a father in 2020?

Last year, I took part in a discussion with Guerrilla Science about fatherhood and mental health, at Shambala Festival, alongside Viren Swami, Professor of Social Psychology. It was fascinating to hear testimony from Viren, who had postnatal depression after the birth of his first child. How he hadn’t recognised what was happening to him, despite being an experienced professional working in the field. About the expectations and pressures he felt about becoming a father, and how if he hadn’t got help, he might not be here to tell the story.

Other fathers at the event recounted birth trauma, struggles with addiction and how they couldn’t talk easily to friends and family about the profound changes fatherhood had brought. They also spoke of a weight of societal expectation and pressure.



I thought back to my own father, who before training as a psychotherapist late in life, conformed to a rigid gender divide, was ‘strong and silent’ and left most emotional work in the family to my mother. The only time I saw him cry was when our family dog died, which was a shocking spectacle, as it was so rare. However, after his training, which involved going into intense therapy himself, he was transformed into a openly emotional person, finally able to process traumatic war experiences and keen to engage with his own and other people’s feelings, whether difficult or not.

How are you doing?

I thought too about the father of my own children, who is attentive and physically affectionate and nurturing to my two daughters, but often struggles with the emotional work, remaining resolutely stoic throughout the many challenges of life and parenting.



My experience, as a community midwife, is particularly around the transition into parenting. Paternal mental health hasn't been considered a major concern for midwives until recently. Often we don't meet the father – they may no longer be in a relationship with the mother or absent for other reasons. Our contact is small, whatever the circumstances, as partners only have 2 weeks 'paternity' leave, rarely take shared parental leave and do not get protected time off from work to attend antenatal appointments. However, at the first visit at home after birth, I've started asking every father or partner I meet '*how are you doing*?' I have been amazed at the number of issues that emerge, and the surprise expressed by those being asked. One new father disclosed a recent bereavement, another that he is on antidepressants and finding things hard. A father who is blind expressed his fears at not being able to live up to societal expectations, and the ability to be a 'hands on' parent. But many fathers are dismissive of their own experiences, and reluctant to open up – however, I understand that a middle-aged, cis white woman and a healthcare professional, is not always the most comfortable person to disclose to, however much I try to connect.

It's a midwife's role

Previously, I was alert to any male behaviour that might be seen as a threat towards the family, but seldom considered their wellbeing. A lot of our training as midwives, unfortunately, focuses on men as perpetrators of domestic abuse, and this is particularly pertinent during the Corona virus, with Lockdown seeing a dangerous increase in incidences. However, the mental health and wellbeing of fathers and partners is part of our remit, is crucial to the health of the whole family and if not supported can negatively impact everyone. Issues such as previous mental health problems, drug or alcohol addictions or major life events such as a bereavements or unemployment are likely to be compounded by the recent shift to new parenthood, and the birth itself could have contributed, particularly if it was traumatic.

Why is this area of family health so badly served? The rightful focus of support around mother and baby, shouldn't mean that we don't consider partners, and we also need to include Trans birth parents, who do not identify as women. Men, and those that identify as men have traditionally found it harder to express how they feel, seek support for mental health or disclose substance misuse issues. Recent research reveals that 1:10 male partners experience Postnatal Depression (PND) and suicide is the biggest cause of death for men between 20 – 49 years old, our main demographic. The Birth Trauma Association estimate around 30,000 women a year experience birth trauma, which implies a similar number of partners are living with the consequences of this, in some way.

Being a man



Attending the *Being a Man Festival* at the Southbank Centre a few years ago, it was refreshing to hear men openly discuss these issues in such a public forum, such as actor Robert Webb, who wrote '*How Not to be a Boy*' . This book unpacks the many damaging expectations and 'rules' around masculinity, initiated from birth, which encourage a suppression of vulnerability and issues around mental health. In addition, a certain cultural notion of 'Britishness' for some, which further defines men as weak if they express emotions such as crying:

> *The great thing about refusing to feel feelings is that, once you've denied them, you don't have to take responsibility for them. Your feelings will be someone else's problem – your mother's problem, your girlfriend's problem, your wife's problem. If it has to come out at all, let it come out as anger. You're allowed to be angry. It's boyish and man-like to be angry.*



Also, Jeffery Boake, author of *'Hold tight: Black masculinity, Millennials & the meaning of Grime'* powerfully discussed toxic masculinity and how it affects Black British men:

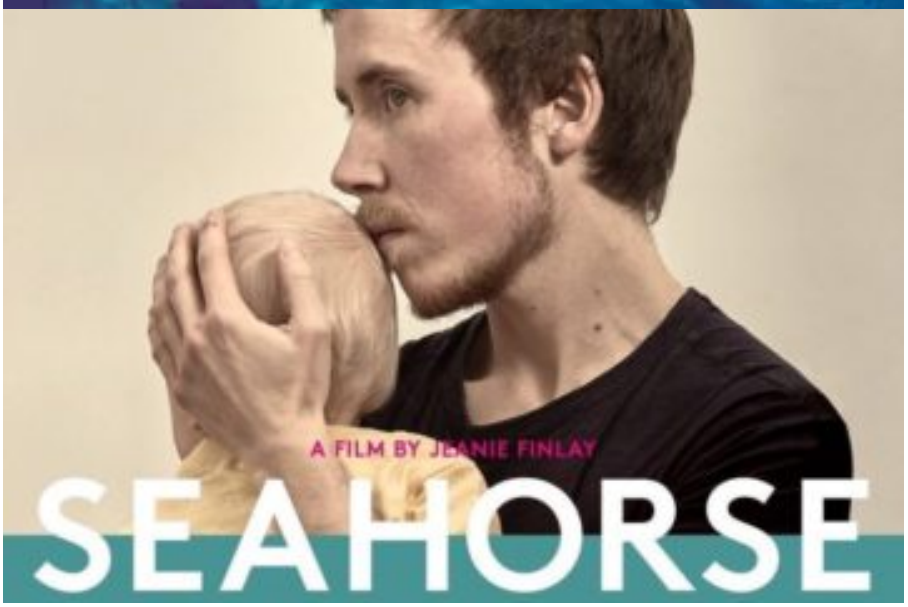
> *.. of course, all men are subject to the same toxic pressures which ask you to put up a front and be macho and successful and all that. For black men, starting from a position of marginalisation, it can turn into a weird kind of insecurity. That's one of the things I find so intriguing about grime, the nervous bravado and quirky, introverted extroversion. I still feel like black men get treated as default tough, which is a pressurised perception to have, because it doesn't really permit basic vulnerability. And everyone is vulnerable. It's human.*



Trans fathers matter too

Trans fathers too are starting to be more open, and there are some amazing resources, including films that giving vital insights into their experiences, such as *'Deal with the Universe'* starring and directed by Jason Barker and *'Seahorse'* about Freddie McConnell's story, directed by Jeanie Finlay. Freddie also hosts a great BBC Sounds Podcast called *'Pride and Joy'* which explores issues around Queer parenting. And the Trans Pregnancy research project, which held a major international conference earlier this year (2020) is very informative.





Support for mental health

The high rates of suicide in men, who are *three times more likely to die in this way than women*, is a stark reminder that men suffer mental distress at what could be seen to be alarming levels. A new openness around male mental health is really welcome and can be seen through these and other initiatives particularly through parenthood. Campaigner Mark Williams, has written powerfully *about his own experiences of postnatal depression* for example. Specific forms of support are increasing such as charities CALM (The Campaign Against Living Miserably) and mainstream organisations providing specialist advice such as MIND, Mental Health Foundation and the campaigning Movember, around male suicide. Where I work there is a great young fathers group, I can refer to, and Jane Hanley & Mark Williams book *'Fathers and Perinatal Mental Health'* is a really useful resource for all birth workers, as is the website run by Mark, *Fathers Reaching Out*. Radical organisations such as *Respect* also work with perpetrators of domestic abuse in a way to address the root causes of domestic abuse and prevent it reoccurring, which often starts or escalates during pregnancy.

However, I see men's reluctance to discuss mental health, not only after birth, but at the booking appointment (the first appointment in pregnancy), which partners often attend. They overwhelmingly answer 'no' to any questions about mental health problems, substance misuse or issues from their childhood. Whereas, so many women report histories or have current issues. Many men don't seem to know who their family doctor (GP) is and aren't even registered anywhere. How can you even get a referral for support if you don't have a GP? So how can we support men and fathers to open up

about their internal worlds, seek support when they need it and take a more equal share in the emotional work of caring?

At Shambala strategies were discussed such as unpacking social, cultural and gender stereotypes and economic & structural issues which affect men and fathers, that Jeffery Boake , Robert Webb and others allude to in their work. Addressing male mental health seriously with partners, friends & family, adopting healthy strategies to deal with stress and support wellbeing, as well as seeking professional help and support early. Other voices such as Nitin Sweeny, who's book '*Depression Hates a Moving Target: How Running With My Dog Brought Me Back From the Brink*' suggest powerful ways to adopt healthy behaviours that support mental health and wellbeing.

I hope midwives and other health care professionals will start to take paternal and partner mental health more seriously, and see members of the whole family, whether nuclear, blended or Queer/gender-non conforming as important. We can start by having paternal mental health and wellbeing on our radar, routinely asking #HowAreYouDaddy (or partner), discussing the transition into parenthood, and knowing about the support organisations that can help. It is also advisable to encourage partners to attend antenatal courses and birth preparation classes – there are lots of excellent ones for couples and some for men on their own which can be a way to find space to open up about fears and anxieties of becoming a parent in a peer group.



We can also encourage more research into paternal mental health – and I am proud to be involved with a group, led by Midwife Sally Pezaro, 'The Academic Midwife' who is conducting research into birth workers attitudes to Trans people who are birthing. The Queer Birth Club also provides excellent training in providing care for LGBT+ families. In this way we can hopefully help breakdown gender stereotypes that inhibit men from opening up about their emotional lives, understand better birthing people who identify as men, encourage a more equal share in care work and prevent damaging coping mechanisms such as violence, substance misuse or suicide.

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