

## **Submission to the Productivity Commission Inquiry into The Social & Economic Benefits of Improving Mental Health**

Although the Productivity Commission Draft Report makes a strong case for re-orienting the existing mental health care system to be consumer centred and recognises the importance of early intervention, there is one serious flaw – the mental health of fathers is marginalised.

### **1. Some recent developments to inform a more comprehensive approach to perinatal mental health that recognises the interrelation of paternal and maternal mental health**

In what was described as a ‘radical action to support families’, [The National Health Service England] (<https://www.england.nhs.uk/2018/12/partners-of-new-mums-with-mental-illness-set-to-get-targeted-support-on-the-nhs/>) will now offer mental health screening and treatment for new fathers. Not all fathers though, only the partners of new mothers diagnosed with mental illness will be eligible.

It certainly is an unusual step. In Australia, for example, screening mothers both before and after the birth is standard but fathers are not routinely assessed at any point. The very idea that new fathers could also have mental health issues may seem odd. However, there is now increasing evidence that men also experience postnatal mental health and adjustment issues that deserve attention.

Of 1500 men surveyed by beyondblue, 1 in 4 declared that only mothers could get postnatal depression. Health professionals too can be so focused on the risk to mothers that fathers’ mental health is overlooked.

It is true that the rates of depression for new fathers, [estimated at 10%] (<https://jamanetwork.com/journals/jama/fullarticle/185905>), is approximately half that for mothers. That still amounts to more than 30,000 babies who start life with a father who is miserable and irritable on top of the normal fatigue and stress that comes with a newborn. Having a stressed and depressed father can have serious implications for parenting and infants and relationships during these critical periods.

These dads are more likely to be withdrawn and speak with less warmth to their infant. Compared to those who are well, fathers who are depressed are also [more likely to use physical discipline on even one year old babies and participate less in the enjoyable parenting tasks] (<http://pediatrics.aappublications.org/content/127/4/612.short>) such as reading storybooks.

We now know that there can be long-term consequences of sad dads. Compared to children of fathers without signs of depression, those whose fathers who show signs of depression in the first year will have [three times the risk for behaviour problems when in pre-school] ([https://www.mja.com.au/system/files/issues/195\\_11\\_121211/fle10192\\_fm.pdf](https://www.mja.com.au/system/files/issues/195_11_121211/fle10192_fm.pdf)) and [twice the risk

of mental health problems once at school. ](  
<https://www.sciencedirect.com/science/article/abs/pii/S0890856709623947>)

If that weren't enough reason to find all the depressed fathers and offer them treatment, when the predictors of mothers' depression are examined, fathers' mental health stands out among the most influential.

The NHS will not target all fathers with mental health issues, just those where the mothers have depression, anxiety or the more serious mental illness. This strategy may be simply a way to dip their toe into the water of fathers' mental health. But there is a logic to the approach in that the relationship between the parents may yield the biggest gain for the health dollar.

Treating these dads has multiple benefits. [The emotional and practical support that a father can offer to his mentally ill partner can contribute to her healing.](  
<https://www.sciencedirect.com/science/article/abs/pii/S0884217515310984>) [Mothers with mental illness identify their partner as their main support. ]

(<https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-016-0344-0>)And his involvement in caring for their infant can also have dual benefits. The mother is relieved of some responsibility for the care and the impact of the impaired care by the mother can be lessened. Supporting fathers in this role and improving their confidence in parenting has major benefits.

Deciding to screen fathers is the first step. The hard part is to engage men in screening and then follow through with treatment when there are many barriers. Fathers have relatively little contact with health services, they return to work soon after the birth and there is stigma to combat.[ Many do not recognise their own symptoms of mental ill health. ]  
(<https://journals.sagepub.com/doi/abs/10.1177/1557988315581395>)

According to Terri Smith, CEO of the national helpline for perinatal depression PANDA, "When we talk to dads, we hear just how hard it is for them to reach out for help. They tell us they really want to be there to support their new family, and they are embarrassed that they might need help when their partner has done the hard yards of pregnancy and labour".

Australia is ahead of the UK in this regard.[ Beyondblue have developed effective public awareness campaigns about male depression] (<https://www.beyondblue.org.au/who-does-it-affect/men>). With funding from Movember, they have also supported [SMS4dads,] ([www.sms4dads.com](http://www.sms4dads.com) )sending texts to fathers during and after the pregnancy via their mobile phones.

The texts provide information and links to online resources to help fathers develop healthy attachments with their infants and offer support to the mother. They also include a Mood Tracker to identify distressed dads. A recent pilot in rural Queensland sending texts to both mothers with severe mental illness and their partners has recently concluded and found that fathers stayed in the program and commented on the usefulness of the messages.

The UK have decided that perinatal mental health, with fathers included, will become an ongoing feature of its long-term national health plan. In Australia, we should also set this as a focus and develop approaches to early intervention and mental health support for fathers that benefit parents and infants.

## 2. Specific points in the Draft Report where fathers' mental health has been marginalised.

Report heading	Comment
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<p><b>Improving infant wellbeing by supporting parents and families</b></p>	<p>Fathers' depression is mentioned in the introduction and the absence of any screening for fathers is noted. The following discussion of screening and services, however, is completely focused on mothers as if any mention of 'parents' can be read as 'mothers'.</p> <p>The inability of existing Parenting programs and Home Visiting to engage and support fathers is not mentioned. Instead it is assumed that 'parenting programs' will somehow address fathers' needs.</p> <p>However, As the November 2018 the Legislative Assembly of New South Wales Committee on Community Services report on <b>Support for New Parents and Babies in New South Wales</b> found "<i>Child and family health services and parenting programs can exclude new fathers</i>" and recommended "<i>That NSW Health updates parenting information and services to recognise and promote the role of fathers in parenting</i>" and "<i>That NSW Health expands programs for new fathers more widely across the state and explores other options for engaging this cohort.</i>"</p>
<p><b>DRAFT RECOMMENDATION 17.1 — PERINATAL MENTAL HEALTH</b></p>	
<p>Governments should take coordinated action to achieve universal screening for perinatal mental illness.</p>	<p>Who is to be included in 'universal screening'? Is this recommendation assuming that there will suddenly be new screening programs offered to fathers?</p>
<p>In the short term (in the next 2 years) ☐ The Australian Institute of Health and Welfare should expand the Perinatal National Minimum Data Set, to include indicators of mental health screening, outcomes and referrals. This data should be reported by State and Territory Governments. ☐ State and Territory Governments should use the data to evaluate the effectiveness of health checks for infants and new parents, and adjust practice guidelines in accordance with outcomes.</p>	<p>This recommendation ignores the fact that the Perinatal National Minimum Data Set includes <u>no data at all</u> about fathers.</p>
<p>In the long term (over 5 – 10 years) ☐ The National Mental Health Commission should monitor and report on progress towards universal screening.</p>	<p>Without an explicit recommendation to include fathers why would there be any change from the existing maternal focus?</p>
<p>State and Territory Governments should put in place strategies to reach universal levels of screening for perinatal mental illness for new parents.</p>	<p>The discussion in this report repeatedly confuses 'parents' with 'mothers' so expecting that State and Territory</p>

	Governments to adopt a more inclusive approach without explicit direction is unrealistic.
Such strategies should be implemented primarily through existing maternal and child health services, and make use of a range of screening channels, including online screening and outreach services.	How will existing services change to include fathers? Without this component this recommendation will result in marginalising fathers further.

Work pressure prevented me making a submission to the inquiry prior to the draft report being released. I commend the Commission for mapping out a better mental health system would improve people's quality of life, and their economic and social participation. I trust that your final report will be able to include fathers in a way that will make achieving this reform more likely.

Sincerely  
Associate Professor Richard Fletcher