www.dadsmatteruk.org

Dads Matter UK

Supporting Dads and Mums suffering from Anxiety, Depression and Post-traumatic Stress

Joanne Bingley Memorial Foundation
Proud to Support
Dads Matter UK

WHY DADS MATTER

The aim is to raise awareness amongst dads and to encourage open discussion and disclosure of anxiety, depression and post-traumatic stress.

We want to highlight that for every mum going through postnatal depression there is a dad going through the same traumas. Health professionals need to support families as a whole, dads included.

We aim to educate everyone on the impact of perinatal mental health and make sure that everyone remembers that "Dads Matter" too!

A study by the National Child Birth Trust (NCT) found many more dads are worried:

- 1 in 3 new dads (38%) are worried or concerned about their own mental health

- 3 in 4 dads (73%) are worried or concerned about their partner's mental health.

Research from Oxford University has found that 15 per cent of fathers suffer from Postnatal Depression which revises upwards the official statistics that recognises only 10% of dads suffer.

Chris Bingley lost his wife on 30 April 2010 when she sneaked out of the house early one morning and lay down in front of an express train.

Joe was being treated at home suffering from very severe postnatal depression when she took her own life. The coroner agreed with an independent investigation that found Joe's was an "avoidable death".

Emily was just 10 weeks old when her mum died, but by this time she had already suffered crisis and stress.

There are significant adverse impacts on the children's development during the ***1001 Critical Days from Conception to Age 2*** and it is unfortunate that Chris and his daughter Emily are a "*living example*" and Case Study as to what goes wrong and the impacts it has.

Joe had suffered postnatal depression previously following a miscarriage meaning there was a 50% chance she would suffer again, but the NHS for who she worked failed her.

If Joe had been told about and admitted to the specialist Mother and Baby Unit that existed just 10 miles from her home she would have been expected to make a full recovery.

Chris works with the aim of helping mums, dads and their families get access to the right information that will help them to disclose and discuss the risks and issues associated with mental illness and with support from friends and colleagues access the care services they need.

Chris Bingley also is the founder of the ***Joanne (Joe) Bingley Memorial Foundation*** an organisation he established in September 2010 and which became a registered charity on 30 April 2011 a year after his wife died.

Chris is passionately committed to the cause for many different and varied reasons and is an unstoppable force.

The aim is to challenge and significantly change the stigma associated with mental illness, specifically Postnatal Depression and PTSD.

INTEGRATED SOCIAL CARE NETWORKS IN CHILD AND PARENTAL MENTAL HEALTH

"THE NEED" For Mums

Over 450,000 mums a year are left without access to the "talking therapies" or to other treatment necessary to make a full recovery. This has a major impact on both them and their child's early development with long lasting impacts into adulthood.

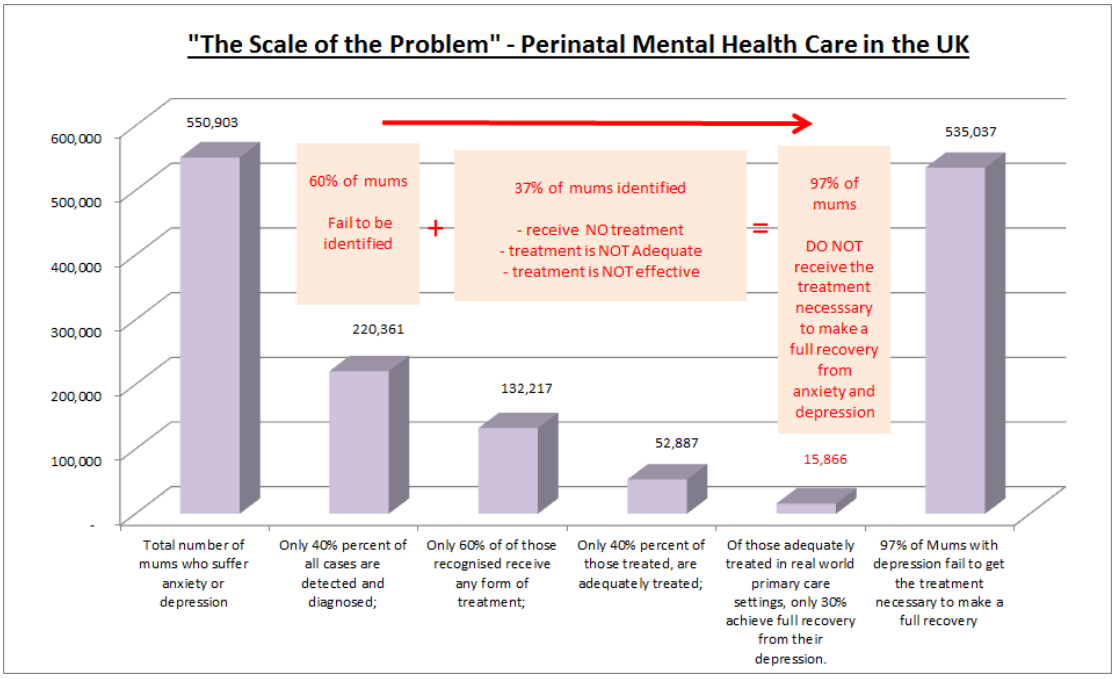
The current NICE Care Standards requires GP's not to use medication as the first response to mums suffering from Anxiety and Depression but to refer these mums for Talking Therapies.

But the provision of talking therapy is mainly the responsibility of IAPT services and The Economic Cost Report into Perinatal Mental Health, published in Oct 2014 by the Maternal Mental Health Alliance, describes in "The Scale of the Problem" how:

- **IAPT Service have the capacity to treat less than 15% of people identified with common mental illnesses but they do not have specialist training, skills or experience in perinatal mental health.**
- **of all cases of perinatal depression, only 40% are detected and diagnosed;**
- **of those recognised, only 60% receive any form of treatment;**
- **of those treated, only 40% are adequately treated; and**
- **of those adequately treated in real world primary care settings, only 30% achieve full recovery from their depression.**

These imply that Clinical Mental Health Services are successful in achieving a full recovery in less than 3% of all cases of perinatal anxiety and depression.

Child and Adolescent Mental Health Services (CAHMS) suffer a similar problem in that IAPT Service have the capacity to treat less than 15% of people identified giving an overall prospect of successful full recovery in less than 7% of children suffering anxiety and depression.



Whilst GP's are supposed to use "talking therapies" as the first line of response, with little or no access to IAPT Services 97% of mums fail to receive the treatment necessary to make a full recovery which condemning them, their children, partners and families to a future of anxiety and fear.

“THE NEED” For Dads

Recent research from Oxford University found that 15 per cent of fathers suffer from Postnatal Depression.

This is due to financial and many other reasons but also because if their partners suffer depression or anxiety then there is an impact from their partners illness that affects the father which can make him feel isolated.

Fathers then use negative coping skills like drink and drugs to cope with their feeling and many tend to ignore they're issues until it hits crisis point many years later.

Postnatal Depression is depression from the time the child is born to the first twelve months and many fathers don't really understand the full feeling of depression due to masking their feeling with Alcohol as their main coping method.

Post-Traumatic Stress Disorder has been highlighted by soldiers in the army in recent years, but fathers can experience this at the birth. PTSD is an experience involving the threat of death or serious injury to an individual or another person close to them (e.g. their baby) or their partner (wife).

A normal response includes feelings of intense fear, feelings of helplessness or feelings of horror to the experience. But where there are persistent recurring fears of the event by way of intrusive memories, flashbacks and night mares then the individual will usually feel distressed, anxious or panicky when exposed to things which remind them of the event.

Avoidance by men of anything that reminds them of the trauma can include not talking about it, although sometimes women may go through a stage of talking and envisaging their traumatic experience so that it obsesses them at times.

Bad memories and the need to avoid any reminders of the trauma will often result in difficulties with sleeping and concentrating. Sufferers may also feel angry, irritable and be hyper vigilant (feel jumpy or on their guard at all times).

Fathers may suffer from anxiety during the pregnancy and after the baby is born and this can be brought on through many reasons. Unfortunately anxiety can over-lap in to depression.

Fathers may feel anxious due to the unknown and if they could cope with the knowledge of commitment.

There are many reasons why the father can suffer from anxiety during the postnatal period. It is often accompanied by muscular tension, restlessness, fatigue and problems in concentration.

This can affect their working and family life which has an impact on the whole family.

Many dads also suffer from Maternal OCD (Obsessive-Compulsive Disorder) where sufferers see the danger everywhere. Some fathers perform ritualistic behaviour to protect themselves from having bad thoughts such as refusing to bathe their baby out of fear of death by drowning. OCD is picked up more after the twelve months perinatal period but it can be treated quickly if the education is there for the father.

For the vast majority of dads there are little to know services, although they should be able to access the same “talking therapies” as mums IAPT Services have the capacity to treat less than 15% of those referred.

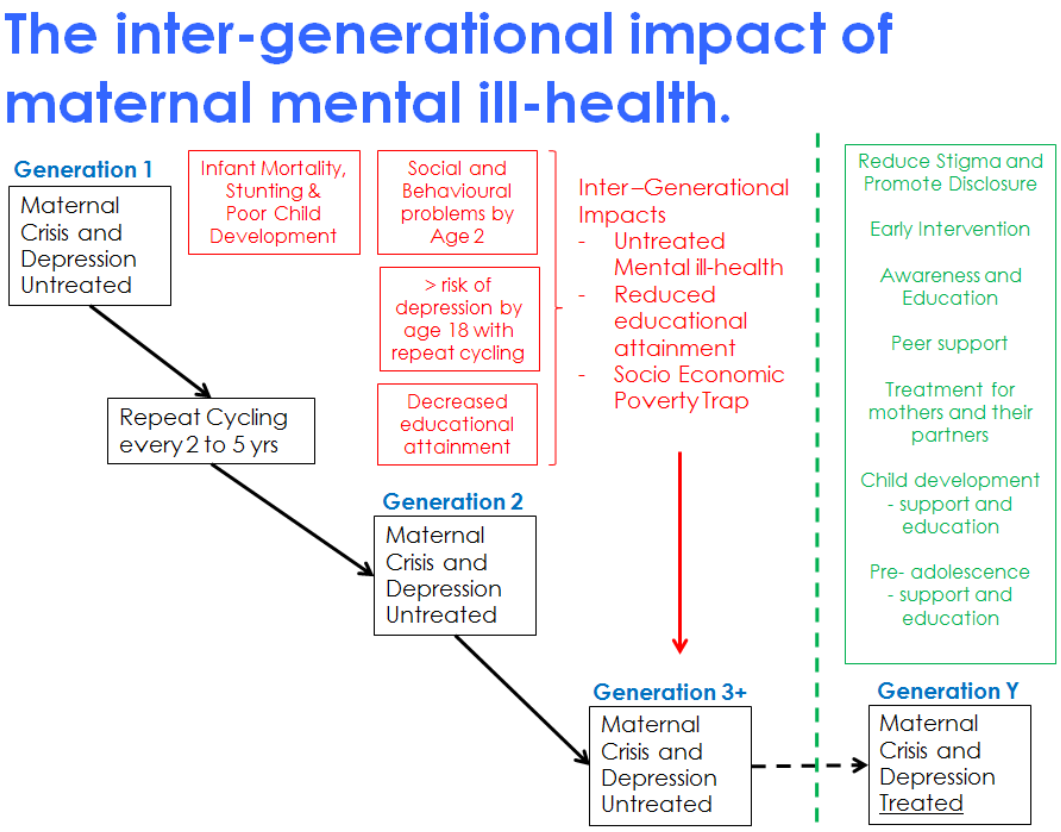
No wonder over 50% of Mums and Dads suffer in silence in fear to seek help.

“THE NEED” For Children

Suicide as a result of depression is the leading cause of maternal death in the UK, and the failure to provide specialist perinatal mental health service leaves "*60,000 mums suffering in silence*" every year.

Many people do not realise that the suffering of these mums has an adverse impact on the development of their children during *the first “1001 critical days”.* Behavioural problems, reduced learning ability, increased likelihood of depression prior to age 16 and a life-time of increased risks to mental illness are all a result of the exposure of the developing child to *toxic stress*.

At the Marcé Society International Conference held in Swansea (Sept 2014) the failure by the UK, Canada and USA to tackle perinatal mental illness was raised by a number speakers. It was argued that Perinatal Mental Healthcare is the key to unlocking the inter-generational impact of mental ill-health.



Without the support from specialist services only “Educated Parents” have been shown to have significant success in overcoming and breaking this adverse inter-generational child-development cycle.

Over the last ten years In the UK despite a plethora of NHS policy statements, Care Standards, Specialist Commissioning Guidelines and Department of Health promises on Perinatal Mental Health there has been a failure to commission specialist perinatal mental health care services across most of the UK.

Maps on Perinatal Mental Health Provision can be viewed at www.everyonesbusiness.org.uk

The vast majority of the UK does not have access to the specialist perinatal psychiatric services required. an estimated economic cost of failing to do so of £8.1bn compared to £300m for providing these services.

Adult Mental Health Services are successful in achieving a full recovery in less than 3% of all cases of perinatal anxiety and depression and Child and Adolescent Mental Health Services (CAHMS) suffer a similar problem with less than 7% of children suffering anxiety and depression achieving a successful full recovery.

EVIDENCE FROM LEADING EXPERTS IN THE UK AND WORLDWIDE

Prof Graham Thornicroft
Stigma and discrimination in his review of the #TimeToChange campaign

Whilst evaluation of the UK government campaign "there is no health without mental health" shows to have had a positive change in attitudes to mental health key lessons learned includes the need to provide information (raise awareness) and discuss (encourage disclosure) at the first opportunity to overcome barriers and allow for early intervention.

Disclosure and discussion are key to overcoming the fears people have about the consequences in talking about their mental health problems which include:

- Loss of work
- Lack of and the poor quality of mental health care
- Social Services intervention and/or Police Intervention
- Reactions from friends, family and colleagues

Whilst 50% of people will suffer at some point in their lives from some form of anxiety and depression and talking to peers helps over half.....most are too scared to talk openly.

Prof Vikram Patel
WORLD HEALTH ORGANISATION - Maternal Mental Health and Global Health
Early Interventions in Anxiety and Depression (in low costs resource poor countries)

Key to preventing a "repeating cycle" of anxiety or depression is resolving the triggers/factors that were the cause of the crisis or anxiety. Research evidence is that failure to treat and resolve these sometimes complex triggers results in "repeating cycles" that may last for decades.

The good news is that it is not necessary to have trained and qualified perinatal mental health professionals to make a significant difference, as peer support can be very effective too.

Research from India and Pakistan (countries with low-incomes and resources) has shown in field trails covering 18,000 participants, that with "Training in Basic Awareness" and providing "Information Sheets on How to Help", Psychosocial Interventions from peer support volunteers can provide effective support and treatment for 50% of those suffering from anxiety or mild to moderate depression….. a "lesson to be learned" and implemented in richer countries with limited resources.

Francine de Montigny, et al
Dads and Postnatal Depression – Increased risks from mums with PND and impact upon the child

Whilst most dads may be unqualified, untrained and not specialists in in mental health they are the "peer support" for their partners. Evidence, if any was needed, supporting the importance of involving dads in caring for mums and the need to provide dads with information, assistance and support.

Whilst fewer than 10% of dads suffer from postnatal depression, the latest research into postnatal depression in dads shows dads are twice as likely to suffer from depression if their partners are also suffering from depression. This being the most significant risk factor ahead of previous mental ill-health or a history of other family members suffering mental ill-health.

Dads (even if suffering depression) are still able to bond with their child and can help reduce the negative impact on child development where mums are suffering from depression.

It has been shown that educated parents (i.e. those with A-level education or higher), who suffer from postnatal depression have a significantly lower impact on adverse child-hood development and risks.

i.e. Education is a key factor in minimising the long-term child impacts and risks.

www.joebingleymemorialfoundation.org.uk

the joanne (joe) bingley memorial foundation

Charity Registration Number: 1141638

Emily Bingley – an Example of the Intergenerational impacts of Perinatal Mental Illness

On 30th April 2010 "Mummy Joe" died when Emily she was just 10 weeks old.

Emily's "Mummy Joe" was being treated at home suffering from very severe postnatal depression when she sneaked out of the house early one morning, leaving her husband Chris and daughter in bed, Joe lay down in front of a train.

For 8 of her first 10 weeks of life Emily had suffered physical and emotional anxiety and distress. After being fed she would be constantly screaming and even when a lack of hind milk resulted in severe weight loss at 6 weeks, breastfeeding was still being encouraged despite Joe's medical records describing her as "on the way to suffering postnatal depression"

Whilst grieving and struggling to care for his already distressed daughter. ……following Joe's traumatic death the Mental Health Crisis Team told Health Visitors and other services that her husband Chris was to be left alone for at least 6 to 8 weeks …….. as after all he had the support of his 65 year old retired parents!

The only contact during this period was the Mental Health Crisis Team sending out in the post a request to complete a Treatment Evaluation Feedback Form and then a reminder letter 2 weeks after Joe had died.

When the Mental Health Crisis Team eventually contacted Chris their primary concern was to explain how they could have done nothing more to treat his wife prior to her death and how "these things just happen".

Their only offer of help was to provide the similar drug treatment that had failed his wife, to help Chris to cope with his grief and his emotional and mental distress.

There was no offer to help with providing care for his daughter or any signposting to the services from such organisations as Home Start or any of the other family or child services that were available.

When in April 2012 Kirklees social services conducted a "Safeguarding Risk Assessment" they decided there were no signs of any issues or problems that caused concern and Chris was told they thought everything was FINE!

Hence Chris was left alone with no NHS or Social Services support to discover on his own the increased risks to his daughters early years child-hood development and the potential impact on her long-term development.

Emily is now 5 years old and started school full time in September 2014.

Having been in nursery part-time since the age of 2 Emily is used to the routine and she is a happy, confident, caring, loving child. Her academic progress in the Early Years Foundation programme so far is exemplary.

BUT the school headmistress has raised concerns and placed a "request for support" asking for specialist support and advice as:

Emily is showing signs of "Unusually strong Emotional Attachment to her female teachers" and signs of "Behavioural and Attachment Issues" with both her grandparents and father

…… Not really a big surprise as she has always bonded strongly with her female nursery carers.
…… Emily is the only one her class without a mummy and she would like to adopt one of her own!

The school has asked why there has been no early intervention….. which now is too late!
And where can they find specialist help ?

Child and Adolescent Mental Health Services (IAPT) have a capacity to treat only 15% of those referred, a waiting time of up to 2 years and effective treatment rates less than 45%

……. for Emily it will be TOO LATE!

Perinatal Mental Ill-health - The impact on Child-hood Development and Adolescence

With anxiety just as prevalent as mild to moderate depression, early intervention is crucial both in terms of reducing any impact on child development and in reducing the duration and complexity of treatment required by those suffering the anxiety or depression.

There is a significant body of evidence that mums with depression or anxiety (*i.e. the main carer*) have an adverse impact on the early development of their child which at least doubles the risks of:

- disengagement at 3 mths equates to behavioural problems at 12 months
- anti-social behavioural issues by the age of 2
- behavioural issues and depression during adolescence
- depression prior to age 18 with recurrence by age 25

Joe (Joanne Bingley) was hospitalized twice at HRI with difficulties breastfeeding, and it was on the second stay in hospital when she did not want to leave and it was suspected she was suffering from postnatal depression. But Joe was never referred to the specialist perinatal psychiatric services in accordance with care standards.

There was a family history of mental illness and postnatal depression and Joe had received treatment after suffering postnatal depression following a termination/miscarriage.

Despite there being a 50% risk of Joe suffering postnatal depression following the birth of her child, none of the ante-natal or postnatal risk assessments were completed.

Even after Joe was diagnosed with severe postnatal depression and described how she wanted to end her life and that of her child, the mental health crisis team that were called in by her GP to provide treatment, never informed her or her husband of the specialist perinatal psychiatric services that should have been treating her and that were available at the time of her death just 10 miles from where they lived.

At the Coroner's Inquest in October 2011 he accepted as fact the findings of the eminent experts who had conducted and reported in September 2010 the Independent Investigation into Joe's death and found that the clinical evidence was that Joe should have been hospitalised and least 3 days before she died and if this had occurred she would have been expected to make a full recovery. The coroner also stated that the failure to discuss or disclose treatment options other than home care was a failure to obtain "Informed Consent" and that if Joe had received the hospital treatment she would never have died in the manner and at the time she did.

Joe's was one of the many "avoidable deaths" each year from perinatal mental illness.

The Marcé Society *has an evidence base built over 30+ years that shows that without assessment (screening), intervention and treatment, maternal mental ill-health has adverse life impacts not only upon the mother but on the child, mother's partner and the entire family with a lowering of health and well-being, and poor or reduced socio-economic attainment that continues across generations.* [JBMF hand-out "Perinatal Mental Health Care - The key to unlocking Mental Health"]