We all go through periods of feeling miserable and ‘out of sorts’. These periods rarely last longer than a day or perhaps a few days and don’t interfere with our day-to-day lives to any great extent. These are normal parts of our human experience and are not depression.

Depression is a common mental health problem affecting millions of people around the world at any point in time. People who are experiencing depression have a number of changes to their mood, their thinking, their behaviour and their bodily functioning which persist for weeks or months and which can lead to major disruption in their lives. People with depression will typically complain of a number of symptoms that may include:

• Persistent feelings of sadness and low mood, although some will find that their mood fluctuates during the day
• Poor concentration leading to difficulty in making decisions and performing normal everyday tasks
• Feeling unable to cope with the normal demands of life
• Sleep disturbance – either difficulty in getting off to sleep or waking in the early hours and not being able to get back to sleep, or both of these
• Reduced interest and sense of pleasure in normally enjoyed activities
• Loss of interest in sex
• Tiredness and reduced energy
• Poor appetite and consequent weight loss (although some people find they overeat and then gain weight)
• Avoidance of contact with other people
• Thoughts of suicide.

These symptoms exist on a spectrum of severity ranging from mild through moderate to severe and sometimes life-threatening.
There is no single cause of depression. It’s better to think in terms of a combination of factors which can increase the risk of depression developing. These are:

**Our genetic make-up**
Someone is at greater risk of developing depression at some point in their life if a close family member such as a parent has experienced it.

**Our psychological make-up and personality**
The way we each uniquely develop into adulthood through our childhood and early years has a role in determining how resilient we are in dealing with the hands that life deals us.

**Life events themselves**
Major negative life events such as bereavement, relationship breakdown, redundancy and unemployment quite naturally have an impact on our emotional well-being. Circumstances such as social isolation and loneliness can increase our vulnerability.

Even positive events such as impending or new parenthood require change and adaptation to new circumstances and can have a negative impact on our emotional well-being. Several such events happening close together can quickly add up to overwhelm our normal coping resources.

**Physical illnesses**
Chronic, painful, debilitating or life-threatening conditions can all impact on our state of mind. Some viral infections seem to precipitate depression in some individuals.
Postnatal Depression is a depressive illness which develops in new mothers following childbirth. In some mothers it happens fairly suddenly and within a few weeks after giving birth. They often describe it as “like a switch has been turned off.” In others it develops gradually over a period of weeks and may not be noticed by those around her for quite some time. It can occur at any time in the first year, and in some mothers its start can be traced back to late pregnancy.

Postnatal Depression affects as many as 10% to 15% of all new mums. It may last for weeks or months and in some mothers may last into the child’s second year if not detected and treated adequately.

The symptoms a new mum will experience are very much the same as those of depression generally. The important difference with Postnatal Depression is that there is a new and dependent baby in the mix. Also, Postnatal Depression develops at a time when both parents usually anticipate pleasure and fulfilment in the experience of parenthood.

A mother with Postnatal Depression may:
- Find it hard to learn and apply the new skills and tasks of motherhood and get into an effective routine
- Constantly think things like “I’m a terrible mother and wife” or “They will take my baby away”
- Have frequent worries about the health and welfare of the baby
- Have persistent, intrusive and frightening thoughts that she might harm her baby
- Start to feel that the family would be better off without her.
Yes, Postnatal Depression can be treated. As with all health conditions, the sooner it is recognised and appropriate help is sought, the better.

At the milder end of the scale measures aimed at increasing practical and social support are helpful. This can be achieved through enlisting the help of family and friends to relieve some of the practical load or to spend time with her providing a listening ear and encouragement. Local voluntary organisations like Acacia and Home-Start can play very useful roles in her recovery.

Further on up the scale more specialist psychological help such as cognitive behavioural therapy (CBT) may be required. This can usually be arranged through her GP.

More severe episodes may require antidepressant medication from the GP or from local mental health services. This will often be offered in conjunction with CBT and social support.

An episode of depression will generally resolve within a matter of weeks or months. Recovery rarely follows a smooth path and typically involves ups and downs. The best advice is to take it one day at a time.
As a new dad, especially if it’s your first child, you probably have additional worries and concerns such as:

- **HOW CAN POSTNATAL DEPRESSION AFFECT DADS?**
- **HOW WILL A NEW BABY AFFECT OUR RELATIONSHIP AND OUR LIVES?**
- **CAN WE MANAGE FINANCIALLY?**
- **AM I UP TO THE JOB OF BEING A FATHER?**

You’re also likely to be experiencing quite a bit of sleep disturbance and changes in your normal routine in the early weeks and months.

On top of these (and other) normal worries that many new dads have to deal with, your wife or partner has now become a different person from the one you once knew. You may feel emotionally neglected by her and physically rejected by her. She may have become irritable, hostile and abusive to you at times. Whatever you try nothing you do seems to be right.

You may be spending time at work preoccupied and wondering how things are at home. On the other hand work might be a welcome refuge from home, so you try and spend more time there. This in itself may give you conflict and guilt over where your loyalties should lie.

You may feel very isolated and alone with these concerns, not knowing who you can talk to about them. Probably one of your worst fears is whether she will ever return to the way she was before. Or is this the way it will always be from now on?
As described in the previous section, if your wife or partner develops Postnatal Depression then you are likely to be under considerable stress and may go on to develop depression yourself.

However, even without Postnatal Depression in a wife or partner, fathers have a higher risk of developing depression in the first year of fatherhood than similarly aged men who aren’t fathers. This is now increasingly being referred to as Paternal Postnatal Depression.

Many men find it hard to talk about such feelings and bottle them up for quite a long period of time. They may then go on to express their feelings with irritability and short temper to those around them like family, friends and workmates.

A lot of men may drink more alcohol or take other drugs in an attempt to deal with these feelings. The combination of these mean that they are less likely to be seen as depressed by those around them and are less likely to seek appropriate help and treatment in dealing with their depression.

Remember, depression is not a sign of weakness any more than a physical health problem is. It is a treatable health condition.
• The first step is to recognise and acknowledge that your wife or partner is ill right now
• Talk to her about it and find out more about Postnatal Depression for yourself
• Listen to her and take her worrying thoughts seriously. They may seem trivial and unwarranted to you, but to her they’re very serious and real
• Encourage her to seek help. The GP and Health Visitor are key people to speak to
• If she has already sought help then support her in that and involve yourself in the support she is offered
• Try not to judge her or criticise her. She’s probably doing a lot of that herself right now
• Try not to retaliate in kind when she’s irritable and snappy with you. Remind yourself that it isn’t the real her behaving like that
• Reassure her that you are there for her and that things will improve in time
• Show love and affection but avoid overly sexual demands. She won’t be ready for that for a while yet
• Help out as much as you can with the child-care and housework – but don’t wait to be asked!
If your wife or partner develops Postnatal Depression, then in addition to the above, it’s very important that you take care of your own health.

- Try to maintain your normal exercise and relaxation activities – as much as time will allow right now. After all a baby gives you a good reason for a walk around your local park, which will also give your wife or partner some much needed time to herself.
- Maintain a healthy diet.
- Find someone to confide in about it. A close friend or family member perhaps. Acacia Dads provides such a service. You are not betraying her trust by doing this. You are helping yourself to support her for the greater benefit of your family.

If you suspect that you may be becoming depressed then it’s very important that you seek appropriate advice for yourself. Speak to your GP. Be totally honest about how you are feeling. You won’t be saying anything that he or she hasn’t heard before.

Don’t be tempted to try to fix it yourself by drinking more alcohol or taking other recreational drugs. This will not help the situation in the long term. You really need to act quickly. You owe it to yourself, your wife or partner, and most importantly your new baby to ensure that you’re firing on all cylinders right now. Again, Acacia Dads provides a support service for men in your situation.
Acacia Family Support
www.acacia.org.uk
A charity based in Birmingham, West Midlands. Provides telephone, individual face to face and group support to families affected by Postnatal Depression. Acacia Dads is a service provided by Acacia for fathers who are affected by Postnatal Depression in a wife/partner or for themselves.

Association for Post Natal Illness
www.apni.org
A national charity providing advice and telephone support to women affected by Postnatal Depression.

DAD.info
www.dad.info
A website covering a wide breadth of advice and information for fathers. Includes sections on physical and emotional well-being.

Depression Alliance
www.depressionalliance.org
A national charity providing information and support for individuals affected by depression.

Fathersreachingout.com
www.fathersreachingout.com
A support group/network for men whose wives or partners are suffering from post natal depression.

Home-Start UK
www.home-start.org.uk
A national charity with local branches offering support to families with children under 5 years and who are experiencing a range of difficulties.

MIND
www.mind.org.uk
A national mental health charity.

PANDAS Foundation
www.pandasfoundation.org.uk
Offering support to individuals affected by prenatal depression, postnatal depression and postnatal psychosis.

Royal College of Psychiatrists
www.rcpsych.ac.uk
Website contains a wide range of downloadable information and advice leaflets on mental health conditions and treatments.
Acacia Family Support
5a Coleshill Street
Sutton Coldfield
West Midlands
B72 1SD
0121 301 5990
Helpline 07944 900 499
(Monday to Friday, 9am to 6pm)
@Acacia_Family
AcaciaFS
www.acacia.org.uk