

AKADEMISK AVHANDLING

**Depression and distress in Swedish fathers  
in the postnatal period –  
Prevalence, correlates, identification, and support**

Pamela Massoudi

Psykologiska institutionen, Göteborgs universitet 2013

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Akademisk avhandling som för avläggande av filosofie doktorsexamen i psykologi, som med vederbörligt tillstånd av Samhällsvetenskapliga fakulteten vid Göteborgs universitet, kommer att försvaras vid offentlig disputation fredagen den 19 april, 2013, kl. 13.00, sal F1, Psykologiska institutionen, Haraldsgatan 1, Göteborg.

Fakultetsopponent: Adj. Associate Professor Stephen Matthey,  
School of Psychology, University of Sydney, Australia

Avhandlingen försvaras på engelska.

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Avhandlingen baseras på följande arbeten:

- I. Massoudi, P., Wickberg, B., Hwang, P. (2007) Screening for postnatal depression in Swedish child health care. *Acta Paediatrica*, 96:897-901.
- II. Massoudi, P., Wickberg, B., Hwang, C.P. (2011) Fathers involvement in Swedish child health care – the role of nurses' practices and attitudes. *Acta Paediatrica*, 100:396-401.
- III. Massoudi, P., Hwang, C.P., Wickberg, B. (2013) How well does the Edinburgh Postnatal Depression Scale identify depression and anxiety in fathers? A validation study in a population-based Swedish sample. *Journal of Affective Disorders*, <http://dx.doi.org/10.1016/j.jad.2013.01.005>.
- IV. Massoudi, P., Hwang, C.P., Wickberg, B. (Unpublished manuscript) Depression and distress in Swedish fathers in the postnatal period: prevalence, correlates, and help-seeking preferences.



UNIVERSITY OF GOTHENBURG  
DEPT OF PSYCHOLOGY

# DOCTORAL DISSERTATION

## Abstract

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Massoudi, P. (2013) *Depression and distress in Swedish fathers in the postnatal period - prevalence, correlates, identification, and support*. Department of Psychology, University of Gothenburg, Sweden.

The general aim of this thesis was to examine how fathers, and to some extent mothers, with postnatal depression and distress were identified and supported by nurses in Swedish child health care (CHC), and to learn more about postnatal depression in fathers and how it can be identified.

Studies I and II were based on a questionnaire sent to a random sample of 499 child health nurses in Sweden. Study I investigated how postnatal depressive symptoms in mothers were identified by child health nurses, and what factors were associated with the implementation of screening with the Edinburgh Postnatal Depression Scale (EPDS) and with offering supportive counselling. Study II investigated how CHC nurses perceived working with fathers, and to what extent they offered supportive counselling to and included fathers in clinical encounters. Half of all the nurses in the study used the EPDS to detect depressive symptoms in mothers. Having the appropriate training, access to regular supervision and clear pathways to care increased the likelihood of using the EPDS. The nurses estimated that it rarely came to their attention that a father was distressed, and few nurses had offered supportive counselling to any distressed father in the previous year. Approximately half of the nurses were ambivalent about fathers' caring capacities as compared with that of mothers.

In Study III we validated the EPDS for new fathers, and investigated the factor structure of the scale for both mothers and fathers. Study IV investigated the prevalence and correlates of depressive symptoms in fathers, and the help-seeking preferences of fathers with depressive symptoms. A population-based sample of 1,014 couples were sent a questionnaire including the EPDS and the anxiety subscale of the Hospital Anxiety and Depression Scale 3 months postnatally. All high-scoring fathers and a random sample of fathers scoring low were invited for an interview. It seems that the EPDS picks up more distress, i.e. worry, anxiety and unhappiness, than depression, when used for fathers. The EPDS yielded high sensitivity and specificity when screening for probable major depression at the optimal cut-off score of 12 or more. The positive predictive value, however, was low. The accuracy of the EPDS was modest for minor depression and low for anxiety disorders. The point prevalence of depressive symptoms (EPDS score 12 or more) was 6.3% in fathers and 12.0% in mothers. For fathers, the estimated point prevalence of major depression was 1.3%, and when minor depression was included, 6.1%. The strongest correlates of depressive symptoms in fathers were problems in the partner relationship, low partner support, a history of depression, experiencing two or more stressful life events during the past year, and a low educational level. All of the fathers with major depression were either already receiving or interested in receiving treatment. Very few fathers with anxiety disorders, minor depression or more general distress were interested in professional help. It is important that the child health services make efforts to identify and adapt their support to the varying needs of fathers showing signs of distress. Actively involving fathers in the CHC visits from the beginning is probably essential.

*Keywords:* postnatal depression, fathers, mothers, distress, anxiety, primary health care, screening, attitudes, child health care, involvement, nursing, Sweden

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