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University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

‘Living with Post Natal Depression: An exploration of the experience of fathers whose partners suffer from Post Natal Depression’

Eadaoin Ryan & Caroline Sammon

CARL Research Project (combined reports)

CARL
COMMUNITY - ACADEMIC
RESEARCH LINKS
University College Cork, Ireland

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Date completed:	21st of April 2016

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- provide their services on an affordable basis;
- promote and support public access to and influence on science and technology;
- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
- enhance the transferrable skills and knowledge of students, community representatives and researchers (www.livingknowledge.org).

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Executive Summary

Background of the study

A previous study carried out in 2013 in conjunction with CARL and PND Ireland highlighted the need to include men in support provision with regard to recovery from PND (Murphy and Skinner 2013). Based on this recommendation PND Ireland required information relating to the type of service a man would engage with. Therefore this study explored the lived experience of men whose partner has a diagnosis of PND.

Research Aims

This research was designed to facilitate a greater understanding of how men experience PND. A further aim was to find out if men felt they had a role in the recovery and maintenance of their partner. An overall objective was to provide PND Ireland with information relating to the types of services that men would access for support.

Methodology

This study employed both primary and secondary research. Primary research in the shape of semi-structured interviews were utilised to gather information from five participations. The participants were identified by PND Ireland based on their partner's diagnosis of PND. Secondary research comprised of a comprehensive literature review. This included a critical analysis of the social construction of fatherhood, men's help-seeking behaviours, policy and legislation. A wide-ranging search strategy was employed by the researchers to attain research aims including grey literature and souring related unpublished thesis.

Findings

This research identified that the majority of participants were greatly impacted by their partners PND; indicating an increased risk factor of experiencing depression themselves. Participants described how professionals devalued them in their parenthood roles, suggesting that this disconnect impeded on their ability to assist their partner's recovery. Some of the participants identified that they would access professional support and all of them acknowledged that they required more information in relation to PND. With no supports available, the participants

opened up to family, friends and/or colleagues. There was a unanimous sentiment among participants that they played a significant role in the maintenance and recovery of their partner.

Recommendations

- More focus on life after birth should be presented by professionals to prepare fathers for adversities such as PND;
- Formation of fathers support group which met on alternative nights/mornings to the mothers support group.
- Development of the PND Ireland profile in terms of advertisement of the service to include fathers.
- Development of a father inclusive policy is warranted across all health and social care services which targets fathers in professional practice in perinatal services.
- Provision of psychoeducation to fathers, which seeks to develop their understanding and awareness of their partners PND diagnosis.
- A large scale longitudinal study which would explore the trajectories of fathers before parenthood and during the post-natal period.
- An expanded exploration of parenting partners of mothers experiencing PND, such as same sex couples or one parent families who are supported by a close family member such as a grandparent or a peer.
- The study supports the introduction of paid paternity leave for fathers this coming autumn. The researcher's recommends that parental leave provisions continue to be elaborated in line with our EU counterparts.
- A leaflet with practical information relating to signs, symptoms, time frames, do's and do not's of PND should be furnished to expectant fathers.

Abstract

The experience of maternal post-natal depression in mothers has been one of the most extensively researched areas of developmental psychopathology, however knowledge relating this event for fathers can be particularly limited (Beestin et al, 2014). The increased recognition of post-natal depression being a product of psychosocial factors equally suggests the risk factors this may pose to fathers during the period following child birth. Through the completion of a literature review and semi structured interviews with five fathers who experienced or are experiencing their partners post-natal depression, this study endeavors to explore the lived experience of fathers who endure this event. The story told by the participant's features feelings of demoralisation by health care professionals, with their anxieties and feelings disenfranchised from the overall experience of their partners post-natal depression. The study reveals the viewpoints of fathers on the factors which impact on their ability to support their partner with their condition. By exploring this lived reality of fathers, a valuable and unique representation of their experience has been gained.

Acknowledgements

We would like to show our utmost appreciation to all of the fathers that participated in this research. Your honesty was admirable and without whom this research would not have been possible.

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Thanks are due to Post Natal Depression Ireland, in particular Madge Fogarty. Your endless knowledge, fighting spirit and complete dedication to all those who access the Post Natal Depression Ireland service is inspiring.

We would like to thank the Community Academic Research Links, particularly Anna Kingston for giving us the opportunity to do this piece of research.

We would also like to express our sincerest thanks to our families and partners whom have been burdened with tasks that have gone beyond their familial duties at times. You have allowed us to achieve what we once believed was only an empty aspiration. Thank you.

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1.1 Introduction

This chapter will introduce the background research of this study and will include the author's rationale for undertaking this piece of research as well as the reasoning behind adopting a collaborative approach to research. This research has been completed in association with CARL (community academic research links). The aims of this dissertation will be presented, as well as the research questions which will be answered in the conclusion. The latter sections of this chapter explore the theoretical paradigm which informed this research, as well the considerations invested into the researcher's reflexivity.

1.2 Title

An Exploration of the lived experience of fathers whose partners suffer from Post-Natal Depression.

1.3 Background

A study exploring the experience of PND support services in Cork by Murphy and Skinner (2013) identified a need for education on PND for Fathers. The study also proposed a dedicated support group for spouses of mothers affected by PND. Murphy and Skinner named Fathers as being a group that needed further exploration. Beestin et al (2014) revealed that although maternal depression is one the most extensively researched areas in developmental psychopathology, the acknowledgement of fathers in this experience is marginal.

The foundations to this argument are derived from the accounts provided by the women interviewed by Murphy and Skinner in their 2013 study, such as one mother stating "w*hatever I went through it was a hundred times worse for him; he had no one to talk to"* (Murphy and Skinner, 2013, p. 55).

Although some of the mothers interviewed felt their partner did not support them with their PND, the group unanimously agreed there was a strong need for the provision of education to partners, as well as the creation of a dedicated support group. This research represent the viewpoints of fathers whose partners have PND, and how they feel they could best be supported.

1.2 Introduction to PND Ireland

The Chairperson, Mrs Fogarty founded PND Ireland in 1992 following her personal experience of post-natal depression. Before this there were no services to support mothers in overcoming their circumstances. The support group operates from Cork and is currently the only support group in Ireland. As a consequence of the challenges relating to securing funding, premises and volunteers, the HSE now part funds PND Ireland. Fundraising and charitable donations cover the remaining costs of running the organisation. The chairperson also facilitates antenatal classes in Cork University Maternity Hospital [hereafter CUMH]. The support group meets monthly in CUMH and following from this they have a monthly coffee morning in a nearby shopping centre. Among the above services they also provide a telephone support line, a drop in service by appointment, an emergency out of hour's service, a website, online discussion forum and a facebook page.

1.4 Rationale

This research has been completed as a compulsory component of the Master of Social Work course in association with CARL and PND Ireland (PND Ireland). CARL is an organisation that undertakes independent research projects from civil society groups. PND Ireland is a voluntary group formed twenty-four years ago in Cork. It is the only organisation of its kind which offers support, help and friendship to mothers and families experiencing PND free of charge.

The preceding background section of this chapter argues that the lived experience of having a partner enduring PND is something underrepresented. Although the mothers of the groups felt that educational provision and a support group may be of benefit to the fathers, the authors of this research felt an exploration of the views of fathers would prove more fruitful in taking the first steps towards supporting fathers. As social workers in training, the researchers' studies and practice placements have broadened their awareness of PND and the difficulties associated with it. The researchers are aware of the limited support services provided by PND Ireland and also other small charity organisations providing support to mothers. The authors of this piece can confirm a gap in service provision particularly in the west and mid-western regions of Ireland following the completion of two fourteen week mandatory fieldwork placement in a Maternity Medical Social Work settings. The experience resulted in the researchers identifying a complete

lack of support provision for fathers when a mother experienced PND. The researchers felt that this topic is a significant social issue that required exploration. An exploration into the experience of fathers when their partners have PND, and the information gleaned as a result will be of value to the further development of PND Ireland. The researchers had a keen interest in the social construction of the parenting roles adopted by fathers and mothers, and how this impacts on the formation of social policies.

Key Words: Post Natal Depression, Fathers, Support

1.5 Research Aims

To provide a perspective on the experience of fathers who have partners who are experiencing PND and as such address significant gaps in knowledge.

1.6 Research Objectives

- To complete a study of the personal experiences of fathers whose partners who have PND or have experienced PND.
- To complete a literature review which will provide a clear understanding of the efficacy of spousal support in the recovery process for mothers experiencing PND.
- To collect data from a selected group of fathers, identified by PND Ireland using semi structured interviews.
- To provide an analysis of these findings, identifying correlations and contrasts from the research literature.
- To present the findings to PND Ireland, UCC Carl Committee and UCC MSW Research Conference.

1.7 Research Questions

1. Do fathers feel they have a significant role to play in the treatment and recovery process for a mother with PND, and if so, what are the features of that role?

2. What are the perspectives of fathers when working with professionals in relation to their partners PND?

3. Is the social construct of fatherhood a help or hindrance to men in this situation?

4. What policies and professional practices support/affect fathers when their partner has PND?

1.8 Definitions

This section charts the definitions of key terms which have been utilised throughout this research

Peer collaboration:

Peer collaboration is the fusion of two people working together on a piece of work, in this case research, who share a goal.

Community based research:

Community based participatory research is the collaboration between academic researcher and civil society members to undertake research with the aim of promoting change De Konnig, K. and Martin, M. (1996).

Post-natal depression:

The term used to cover feelings of depression following the birth of a baby.

Paternal post-natal depression

The name used to include the feelings of depression in a father.

1.9 Theoretical Perspective

Carey (2009, p. 101) explains that feminism refers to *"the recognition of forms of gender inequality and exclusion with priority given to women's subordination to men"*. The aim of this research was not the emancipation of females, however the application of feminist theories helped shape this research. The research is complemented by the incorporation of person centred theories and strength based approaches in order to ensure the experience of fathers is in focus throughout the research.

1.10 Reflexive Positioning

Throughout this research the authors have been influenced by their personal viewpoints, and the factors which have informed this perspective such as their personal life experiences and professional training. The author's previous experience of working in social care settings have ripened their value systems, which shaped their professional outlook on social work. One researchers personal experience of parenthood, as well as her exposure to a family member who suffered with a mental illness has been a dominant influence in this research experience.

With this personal awareness, the authors strived to remain open to the possibility of the outcomes of this research conflicting with their own personal views and values. Overall, the reflexive positioning throughout this research has been informed by both researchers' professional values of equality and empowerment which is cemented by their strong aspirations for the acknowledgement of the strengths and resourcefulness within families when supported appropriately.

1.11 Summary of Methodology Used

An interpretivist methodology has been utilised in this research. The justification for this approach was the desire to illustrate the lived experience of fathers supporting their partners with their PND, illuminating factors which influence this experience. A qualitative methodology is merged with this interpretivist approach to attach meaning to the data collected (Carey, 2009). Denscombe (2003) outlines that qualitative research is the consequence of a process of interpretation, thus validating the use of a qualitative methodology.

1.12 Conclusion

This chapter has introduced the background research of this study. The chapter has provided the rationale for undertaking this project, documenting the influence a practice placement in a maternity setting has had on the decision to complete this research. The aims of this dissertation have been presented. The research questions of the study have been explicated. The concluding sections of this chapter explore the theoretical paradigm which informed this research, as well the considerations invested into the researcher's reflexivity. This dissertation advances in the next chapter where the reader will be informed of the methodological foundations of this research study.

Chapter Two: Literature Review

2.1 Introduction

In completing this review the researchers found a plethora of research relating to PND, particularly as it relates to mothers. Fathers were frequently identified within scholarship as being integral to the diagnosis, recovery and support of a mother with PND; however, research relating to the lived experience of the partner in this scenario was extremely limited. Much of the literature availed of for this exercise was gained from international studies due to limited coverage of the topic in research focusing on Irish contexts. Consulting international sources revealed the following common themes identifiable throughout much of the published scholarship to date:

- Social structures that support and acknowledge fathers whose partners are suffering from PND.
- The prevalence of Paternal Post-Natal Depression.
- Challenges fathers felt in working in partnership with professionals in terms of their partner's recovery and maintenance.

The chapter will begin by discussing what is PND, as well as meriting spousal support as a key instrument in the recovery process. The discussion develops by exploring research covering Paternal Post-Natal Depression. The chapter then examines the social construction of fatherhood which details a shift towards a more shared parenting approach. There is a brief examination of relevant legislation and policies such as the upcoming Paternity Leave Act and Vision for Change 2006. The latter part of the chapter explores the social work role when working with fathers whose partners have PND.

2.2 What is Post Natal Depression?

PND is described as a *"complex and challenging"* condition that can come as a shock to a Mother and her family (Misri et al 2000, p.555). PND Ireland defines Post-Natal depression (PND) as

"The term used to cover feelings of depression after having a baby" (Kealey and Fogarty 2010).

Due to the frequent confusion between baby blues and PND the *Diagnostic and Statistical Manual of Mental Disorders,* fourth edition has limited PND to the onset of a depressive episode as occurring in the first four weeks post-delivery (Hendrick, 2003, p 1003).

Murphy and Skinner (2013) concluded from their exploration of the experience of PND support services for mothers in Cork, that there is a need for further exploration of support services for fathers whose partners have PND. The Millennium Cohort Study, which records the journey of babies born from 2000 in the UK, shows that mothers with symptoms of PND are most likely to turn to their partners for support, as opposed to any other individual including health care staff (cited in Parenting UK Magazine 2011).

2.3 Spousal Support

The role of the father becomes more critical in the event of the mother enduring a mental health issue such as PND (Misri et al, 2000). Munaj and Siddiqui (2013) conducted research on the experience of marital satisfaction and family support during the prenatal and post-natal period in Pakistan. They detail that a helpful and understanding attitude from partners towards the mother during the prenatal and postnatal period has a significant influence on their relationship with PND. They conclude that if a mother receives social support from family during the postnatal period she may not feel depressed, with intense emotion resulting from hormonal changes (2013, p. 734).

Recovery time for mothers with PND is shown to be significantly faster when they have the support of the father according to Hogg (2014). Hogg conducted a study called the "Dads Project", which sought to gather how to support dads best in the ante natal and post-natal period in the UK. Hogg details how valuable fathers are in a baby's life, particularly if the mother is experiencing a period of depression and is unable to respond to the baby's needs (Hogg, 2014). Holtzman and Gilbert (1987 cited in Sheppard, 1994, p. 294) found that spousal support relating to looking after the children as well as household maintenance was linked with the psychological well-being of the mother. Sheppard (1994) continues this discussion of research relating to spousal support, identifying such support as a protective factor against other associated influences such as low income. Burke echoes these findings in 2003 in her study examining the effects of PND on children, further supporting the argument in favour of the father acting as a positive stimulus. These claims were promoted in a 2011 News Bulletin edition of *Parenting UK*

(2011). Burgess, head of research at the Fatherhood Institute states in relation to Fathers supporting their partners with PND:

"A father can contribute significantly to their well-being, even under the most difficult circumstances, and if his support is not forthcoming this represents a significant deficit for the family". Burgess, (2011, p. 5).

2.4 Are the spouses being supported?

"Next to suffering, the worst thing is enduring depression of someone close to you" Pitt (1993, p.102)

Kleiman (2002) advises that the father prioritise his well-being as he is essential in the mother's recovery process. She argues that partners of mothers with PND require support also. Hendrick (2003) believes that by supporting the father you are supporting the mother simultaneously. These sources point to the ways in which depression goes far beyond an atomic effect on the family member diagnosed with depression, impacting on the family as a whole. As such, it is clear that the partners of women suffering with PND also would benefit from support, fortifying them in their own care-giving and supportive roles within the family.

2.5 Paternal Post Natal Depression

Philpott (2015) is one of few scholars to explore this area in the Irish context, revealing Paternal PND is receiving little if no acknowledgement. Sheppard (1994, p. 46) outlines the psychosocial influences of PND in women as a response to *"intolerable pressure"*. It could be suggested that these pressures could also apply to men, therefore disregarding gender factors in relation to certain types of non-biological PND. As well as Philpott, Escriba-Aguir and Astazaz (2009) argue that research shows that the psychosocial factors which can be associated as an influence for mothers developing PND, may also apply to fathers. Further to this, some researchers have concluded that the existence of PND in mothers is also a risk factor in terms of the father's own mental health (Lovestone & Kumar, 1993, Harvey and Mc Grath, 1988, 1993,Ballard et al 1994).

Due to ethical consideration, the researcher's did not ask direct questions relating to Paternal PND. The authors of this piece do not disregard the significance of the diagnosis in men, but the aim of the research instead is to focus on supports for fathers when the mother suffers with PND.

2.6 Fatherhood

In the Irish context, families are experiencing a more democratic assignment of roles for fathers and mothers in recent years (Department of Health and Children, 2008). The modern-day father is based upon the ideal of a physically and emotionally present father who has an economic and social responsibility. They hold a strong bond with their child that is not viewed as complementary to a child's mother (Draper and Ives, 2013, p. 723). Previous to this, fathers experienced a more traditional assumption of their role, where their help and support was praised as an exception rather than expected as a duty; in the past, social and supportive responsibilities were seen essentially as women's territory (Kitsinger, 1994, p. 201).

Dye (1998) explains that the more cooperative concept of parenting has replaced the traditionally distinctive realms of mothering and fathering. Shared parenting is being explored by many families despite this approach to family life not being reflected widely within Irish social structures, which continue to frame women as the primary parent as opposed to an integral contributor in family life (Kitzinger, 1994). The absence of paternity leave up until recently conveyed a strong societal message in relation to the understanding of the father's role post birth and in the early days of a child's life.

The Fatherhood Institute, a father's rights research organisation in the UK, published an international Fairness in Families Index in 2010 which measures egalitarian parenting, cross-culturally (Fatherhood Institute, 2010). Factors which are used to assess the position of each country are issues such as parental maternity and paternity leave. Ireland was ranked at the sixteenth position out of twenty-one other countries (Fatherhood Institute, 2010, p. 6). The index suggests that the role of fathers in Irish society assumes his primary function is to provide financially for his family.

2.7 Lived Experience of Fathers

The issue of PND in mothers has been widely researched. However, as previously mentioned, there has been a scarcity of research on this experience for fathers (Beestin et al, 2014). One study found maternal PND impacted on marital relationships, the financial income of family as well restricting leisure and social activities (Fadden et al 1987). Fadden et al (1987) advocated psycho education and joint evaluations as key to the care of a depressed spouse. Michael Lurie penned a book accounting his experience of his wife's Post-Natal Depression. Although his book

is an individual account of his experience and does represent a general position of all fathers in his situation, what is does provide is a snapshot of the lived reality of the experience, which could be similar for many fathers.

" I began to wonder how many other men were in a similar situation and how they coped…..there must be others in the same boat, lying awake, without any help or guidance. There must be…" (Lurie, 2007, p.91).

2.8 Masculinity

Although this study is seeking to expose the possible lack of supports available to men it also important to consider general trends in men's behaviour with regards to seeking help. Douglas et al (2013) explain that reluctance of men to seek help is frequently understood in terms of theories relating to masculinity. This reluctance to seek help represents the male construction of *"hardiness"* (O'Brien et al, 2005). Douglas et al, (2013, p. 2) suggests that the resistance of men to seeking formal help relates to desires to maintain a perception of self-efficacy. Banks (2001) suggests that the preponderance of children's and women's health is off-putting to men in health care settings.

'Hegemonic masculinity' is a term used to describe the dominant composition of masculinity that is present in a patriarchal culture (Connell, 1995; Levant, 1996). Within this culture, men must be "competitive, aggressive, emotionally contained, self-reliant and heterosexual" (p.365). Avoiding trips to the doctor is seen as a display of masculinity, unless you are attending to a masculine illness such as sexual dysfunction, which maintains your position of masculinity (O Brien, 2005). Courtenay (2000); Lee and Owens (2002) imply that the theory of hegemonic masculinity prevents men from seeking treatment for psychological problems like depression. By adhering to elements of masculinity, they suggest men have difficulty in emotionally expressing themselves and this can increase the likelihood of mental health problems, suicide and socially undesirable behaviour such as outbursts of anger. It is likely that without encouragement from partners these men would not seek help. Sax Institute's paper "A gender based approach to mental health programs" (2014), explains that men should participate in programmes that assist men to develop or sustain feelings of self-esteem, control and responsibilities (for example around work and family) as these are linked to more preventative self-care behaviours and to positive coping with stressful life events. The above explains why many men do not reach out for

help and is a factor in the higher rates of suicide amongst men in comparison to women (CSO, 2011).

2.9 Partnership/involvement of Fathers

Shapiro (2009, p.38) reveals that fathers are encouraged to engage fully in the ante natal process as well as the birth of their children with the understanding that ultimately they are outsiders in this whole experience.

Burke's (2003) findings conclude that fathers frequently felt disregarded during interactions with health care professionals if their partner had PND. Downey and Coyne (1990) detail that partners of women who are experiencing PND are quite often overlooked during medical treatment. However, including fathers as part of the process could have positive implications. Misri et al (2000) conducted research with partners of women attending a psychiatric hospital for treatment of their PND. Their research found that the involvement of fathers increased attendance rates at appointments and assessments. This indicates the importance of the involvement of fathers in the recovery process, despite the fact that they often feel like their input is disregarded as revealed by Ferguson and Hogan (2004).

2.10 Policy and legislation

Parental Leave Act 1998

Where fathers fare equally in relation to parental leave is in the Parental Leave Act 1998 which provides effect to an EU directive on Parental Leave. The act allows for a:

"... Entitlement for men and women to avail of unpaid leave from employment to enable them to take care of their young children". Parental Leave Act (1998, p. 5)

This leave supports Fathers to take care of their baby if their partner is experiencing PND and is unable to look after their baby or needs some rest. This leave is however taken unpaid, at the loss of the parent. Therefore, although the Parental Leave Act may provide some leverage in relation to a father availing of some leave to attend to their children, the act lacks any provisions to support the parent financially, should this be an option they may consider. In his book accounting his experience of coping with his partner's PND, Michael Lurie discloses the feeling of burden

and responsibility placed on his shoulders to provide financially, much to the loss of his partner and daughter in the early days post-birth (Lurie, 2007). The financial impact of PND on the family was also relevant to the participants of the aforementioned study completed by Muchena (2007).

National Men's Health Policy

The National Men's Health Policy 2008- 2013 was developed following an in depth research project entitled the National Health Strategy 2001. This strategy outlined a need for a specific policy, focusing on men's health. This paved the way for the Department of Health and Children to facilitate the *Getting inside Men's Head* research project. Despite this policy acknowledging the strong prevalence of depression diagnosis within the male population there is no reference made to men's mental health during the post-natal period (Department of Health, 2008), which the aforementioned research has identified as significant.

A Vision for Change

A Vision for Change 2006 policy document provides a framework for mental health service provision throughout Ireland. The mission of the policy is to provide an individual service to patients that is person-centred and promotes a positive mental health for all. Despite the significant prevalence of PND in Ireland there is a scarce mention of same in the policy document. PND is referenced under the umbrella of depression in recommendation 15.5.4.

"One additional adult psychiatrist and senior nurse with perinatal expertise should be appointed to act as a resource nationally in the provision of care to women with severe perinatal mental health problems." Vision for Change (2006) p. 157.

This allusive reference also lacks any mention of the families of such women, which is a notable omission considering the importance of fathers' involvement in the treatment process as outlined by international scholarship.

Mental Health Act 2001

Derived from the European Convention on Human Rights. The Mental Health Act 2001 was developed to bring Irish mental services and legislation on par with its European counterparts. The act outlines;

"—(1) A person may be involuntarily admitted to an approved centre pursuant to an application under section 9 or 12 and detained there on the grounds that he or she is suffering from a mental disorder." Mental Health Act 2001.

In the cases of severe or profound post-natal depression that may present in the form of puerperal psychosis (psychosis that occurs following birth), this scenario may be a reality for some fathers.

D. Kelly (2011, p.441) contends that Irish legislation lacks in provisions for encouraging family members' involvement. This analysis by D. Kelly illuminates gaps in current mental health policy in Ireland relating to the roles of, and potential supports required by, the family members of PND suffers – and in particular fathers during the treatment process.

Paternity Leave

Up until recently the lack of Paternity Leave provided an indication of the disregard for the caring capacities in fathers. The introduction of the act pledges recognition for the rights of fathers, as well as bearing witness to the caring capacities within fathers and men in Irish society, aligning their leave entitlements with other neighbouring European countries. Minister Kathleen Lynch identified this shortcoming in 2013 advocating for the introduction of Paternity Leave (Lynch, 2013, p.1).

However, despite the forthcoming Paternity Leave Act, which is set to come into force in September 2016, Family Leave in Ireland remains strongly in favour of the mother. It could be suggested that at present, the social structure of no paternity leave does not lend itself to a supportive environment for fathers if they are trying to support their partners with new life in their families, let alone support their partner with PND and care for their new child.

2.11 Aspirations for Future Policy

The coalition government in July of 2015 disclosed their proposals of developing more egalitarian parental structures such as parental leave measures in recognition of better infant/child outcomes, incentivised by the issues that lack of appropriate and suitable childcare is having on the Irish labour force for middle earners (Sheahan, 2015). As intangible as these discussions may be in determining future policy, it is favourable to see a move towards these parental policy ideals which may support fathers in the experience of parenting generally, and

supporting partners with PND specifically. Additional parental leave was a core argument of many of the left wing parties in the recent electoral debates throughout the month of February 2016. It could be suggested that the diversification of parental leave would further support fathers who find themselves in this situation in the future.vc

2.12 Role of Social Work

Sheppard (1994, p. 45) states that applying specialist services such as clinical psychologists and psychiatrists may result in a misrepresentation of the reality of these women's circumstances. A strength based approach to practice recognises the resilience and resourcefulness of individuals, focusing on their strengths and potential (Howe, 2009). Through a psycho-social lens, consideration is given to how a person's world is socially constructed, recognising the impact of a mental health illness in a mother on the overall family system. This approach responds to strengths within families. Cowger and Snivley (2002); Glicken (2004) and Saleeby (2013a) cited in Teater (2014, p. 41) list possible areas in which a social worker can find strengths in an individual or a family. These areas include; "*a support network, interpersonal relationships, hopes, etc"*. The relationship between a mother and father could be identified as an interpersonal relationship which would be a strength within a scenario where a Mother is diagnosed with PND.

2.13 Conclusion

The shortage of research relating to the perspective of the fathers whose partners have PND, particularly in the Irish context, reveals a gap in knowledge relating to this experience for fathers. Payne details how service users will frequently demonstrate knowledge and a better understanding of their circumstances (Payne, 2005, p.59). Therefore, it would be beneficial to follow this model. The authors contend that it is essential that research be completed with fathers of mothers with PND in an effort to provide a sense of this lived reality for fathers as well as mothers, especially considering a current context in which cooperative parenting, as opposed to separatist maternal and paternal roles, is becoming more common and indeed could be seen as more equitable and beneficial to the family as a whole. This guidance from the HSE maps the expectations on fathers if their partner has PND, with no direction on what support is available to them. It could be suggested that this may be because there is no exploration of what a father experiences during an event like this, therefore it is hard to predict how to support them. This dissertation endeavours to shed some light on these important questions.

Chapter Three: Research Design and Methodology

3.1 Introduction

This chapter describes the research design and methodology utilised for this thesis. The project comprises a combination of primary and secondary research. The chapter will explain the theoretical frameworks informing the analysis as well as the methodology applied. It will document the researchers' involvement in undertaking a CBPR project as well as their experience of working collaboratively on this research. The latter part of the chapter explores the limitations of the research. The chapter concludes with a discussion on the ethical dilemma the researchers experienced with regard to participants disclosing personal information.

3.2 Theoretical Perspective

"Feminist social workers showed how the analysis of social structures could be linked to a sensitive understanding of an individual's personal experience" (Howe, 2009, p. 145). Feminist approaches attempt to involve research participants in the research process as opposed to treating individuals as subjects of the research, this approach suited our method of data collection. Dalrymple and Burke (1995 cited in Howe 2009, p.146) maintain that by analysing in this way the experience of people from oppressed groups, those people can gain control of their representation. The contribution of the fathers in this research has highlighted the risk of vulnerability of the fathers when their partner has PND, offering an insight of the experience of fathers.

3.3 Methodology

An interpretative perspective was applied to this research as it attempts to unearth the *"meaning and reality of people's experiences"* (Carey, 2009, p.53). Carey goes on to outline that interpretivist's attempt to gain an understanding of how to understand the world around them. Drawing on Carey's proposed methodology, we asked our participants to provide their opinion, their perspective on what the experience of having a partner with post-natal depression was like for them with the aim of gaining insight into their perception of their world.

3.4 Qualitative Research

A number of ways of exploring the experience of fathers when their partner has PND was discussed during the initial mentoring meeting with PND Ireland. It was concluded that semi

structured interviews with fathers would be the most fruitful option for the purpose of this research. This form of interview invites participants to provide a *first-hand perspective* of what an experience is like for somebody, in this case the experience for fathers when their partner experiences post-natal depression (Brett Davies 2007 p. 29). Brett Davies contends that the aim of this type of approach is to stimulate reflection and exploration (Brett Davies, 2007 p.29). *'The use of semi structured interviews has become the principal means by which feminists have sought to achieve the active involvement of their respondents in the construction of data about their lives'* (Graham, cited in Reinharz, 1992, p. 18).

Upon completion of a review of the literature surrounding PND and supports for fathers it was discovered that fathers play an integral role when their partners experience post-natal depression in terms of diagnosis and recovery. The area of the father's involvement is one which lacks minimal insight or exploration. Thus, qualitative research was identified as the best method of research design for this project. Qualitative methods allow for a more exploratory approach to research which *"seeks meaning"* (Walliman, 2011 and Carey, 2009, p.37).

3.5 Search Strategy

A literature search was completed at University College Cork library. This was followed by an electronic search of the following electronic search databases: JSTORE, Science Direct, Web of Science, Academic Search Complete, OCLC Firstsearch, Scopus and Google Advanced Scholar. Due to the minimal research relating to the Irish experience, an unpublished master's thesis was also sourced from the Department of Epidemiology and Public Health

Key terms used for both literature and electronic searches were post-natal depression, father's role, distress post-partum depression, spousal support, fatherhood gender roles, maternal depression. As well as this a search of websites which encompassed mental health issues.

3.6 Exclusion Criteria

The lived experience of fathers when their partner has post-natal depression was concentrated on for this research. Based on the literature review, paternal PND appeared to be a reoccurring theme within scholarship. In our introductory meeting with the chairperson of PND Ireland, it was concluded that paternal post-natal depression was not to be a primary focus of this research despite its prevalence. Subsequently, one participant disclosed his feelings of depression which he felt were directly connected with his experience of trauma during birth and his wives post-

natal depression. This disclosure warranted the extended exploration of paternal depression as a theme despite initial intentions of exclusion.

3.7 Community Participatory Research

De Konnig and Martin describe the aim of community based participatory research (CBPR) as creating knowledge not only from the researcher perspectives but also of those who are being researched (De Konnig and Martin, 1996, p.1). CPR is a collaborative approach to research which strives to combine knowledge and practice so as to achieve social change (Community Health Scholars Program 2001 cited in Minkler and Wallerstein, 2003 p. 4). The marriage of the practice knowledge of the chairperson of PND with our skills in conducting interviews allowed for the experience of the fathers reign through.

3.8 Peer Collaboration

Historical childcare inquiries outline the failure of agencies to work effectively in a collaborative manner (Buckley and O' Nolan, 2013). A newspaper article penned by Jones in the *Irish Times* in January 2016 signalled that interagency collaboration continues be a challenge for professionals when working on cases. The authors identified challenges in interagency collaboration as features of their practice placements whilst completing their MSW. Thus, this experience, coupled with their knowledge of the recommendations of previous inquiries emphasised the necessity of developing skills in working collaboratively with a colleague for a shared goal, which in this case was the completion of a CARL Project. The peer collaboration employed by the researchers was a unique approach amongst MSW Students. Despite the possibility of conflict within their partnership, the collaboration between them served them both well throughout the research process in terms of support and sharing of resources. The partnership encouraged the authors to actively engage in the research from the outset due to the shared commitment to the project. The researchers of this piece were breaking new ground on the MSW by undertaking this approach, which resulted in them at times receiving mixed messages from the course on what was expected from them and the research when working collaboratively.

3.9 Sampling

Fathers for this research project were recruited using a purposive sampling technique which involved selecting a number of participants who shared similar characteristics (Carey, 2009).

Although a snowballing technique was explored in the earlier stages of the research this sampling technique was most appropriate as the participants were all familiar with services provided by PND Ireland.

3.10 Analysis of Data

Throughout the literature review process of the research, the researchers were intrigued by the role of gender in this experience for fathers. However, as the research unfolded, this was not a dominant theme in the interviews; instead other ideas were being highlighted which the author had not considered. Dawson ascertains that thematic analysis is advantageous as the themes come from the data as opposed to being imposed by the researcher (2006). One of the researchers became anxious at this point in the research as the data was not taking shape in the way she had visualised initially. Discussion with her research partner and research lecturer directed the author towards thematic analysis. The authors referred to Aronson's (1996 cited in Carey, 2009, p.166) six principles of thematic analysis to guide her through this period of uncertainty in the research (see appendices).

This approach to thematic analysis allowed the researchers of this piece to identify emerging themes from the data, which were then compared with the literature from the review, and analysed in this context. Walliman (2012) identifies the potential danger of distortion when writing up interviews such as being guided by one's own assumptions, ignoring idiosyncratic aspects of how a person expresses themselves in an interview such as repetition and subtle humour (Walliman, 2012, p. 48). Taking this into consideration, the interviews were recorded and transcribed verbatim. The researchers were aware that interpretation of the research was open to influence from their own background and beliefs, and the role these may play in analysing data (Denscombe, 2003, p. 281). As such, the researchers made every effort to remain alert to personal biases potentially stemming from their own ideological and identity position when interpreting their findings. The collaborative approach to research further provided an opportunity for these influences to be identified.

3.11 Limitations of Research

This is a small scale piece of social research. Therefore it does not present a comprehensive assessment of the lived experience of all fathers whose partners suffer with post-natal depression. It can, however, highlight the necessity to explore further the lived experience of fathers in this

situation. Recruitment from personal contacts was explored during mentoring meetings with our community partner, CARL coordinator and our college tutors; however recruitment by PND Ireland was agreed to be the best option in terms of ethical procedures in relation to recruitment. Walliman (2011 p. 47) details how completing research with family and friends poses the risk of participants feeling obliged to participate which may limit their freedom to refuse. It was decided that participants would be recruited solely from spouses of mothers accessing the PND service in Cork. The rationale for this was that it was felt that this would provide a more concentrated representative sample, allowing also the opportunity to garner feedback from the fathers on what their experience is of the PND Ireland support group in terms of the supports available.

There were initial plans for fourteen research participants to be recruited. Fourteen research participants was an ambitious undertaking which was unsuccessful in being fulfilled. In the end, five willing research participants were recruited. The researchers struggled with the dynamics of participatory research during some junctures of the research, in which contact was initiated mostly by the two researchers with the Chairperson of PND. A meeting was convened by the CARL Coordinator, the chairperson of PND Ireland, college tutors, the authors of this piece. The roles and requirements of all parties involved were redefined at this meeting as well as what was realistically achievable for the research going forward at this point.

3.12 Ethics

In line with the UCC procedure for ethical research, approval for this research was sought and granted from the MSW Team through the submission of a completed student research ethical approval form. PND Ireland recruited the participants that contributed to this research. Denscombe details there are important ethical issues to be aware of when working with support groups which relate to *"intrusion, privacy and research on vulnerable groups*" (2003, p.50). The researchers identified during the preparatory stage of this research that participating in the research ran the risk of causing unintended upset to partners of the fathers or personal distress for the fathers in relation to disclosing their experience.

Walliman describes the principles of ethical research being to produce no ill effects to the participants and where possible to create a gain for the participants in the research and the wider field (2011, p. 48). The researchers felt that the minimal research in the area failed to represent the reality of this experience for fathers at a political level, thus failing to advocate the

imperative role played by fathers in the recovery of a mother form PND. With this in mind the researchers believed that this area warranted further exploration.

Written consent, information sheets and a schedule of the semi structured interview questions were furnished to all participants that partook in the research. These documents informed the participants of any potential harm that may be caused as a result of participating in the research such as personal distress. Information gleaned from the data collection phase of the research process has been used solely for the purpose of this research. The researchers advised participants of the possible routes of dissemination such as PND Ireland using the findings in public announcements. The participants also were advised of the confidentiality of the records maintained. Research participants were informed that they could withdraw their involvement at any time up until the 1st of April. The respondents were informed that all information gathered was stored on a memory stick which holds an encrypted file to which only the authors of this piece have access.

Denscombe (2007) writes about the consequences of participants making personal disclosures and the impact these disclosures may unintentionally have on participants' lives. He advises that there is a broad agreement that researchers need to protect the anonymity of participants so as to ensure confidentiality of information. The researchers' experience of completing the interviews led them to explore their ethical considerations further when they became aware of the vulnerability of some of the fathers. The experience for some of the fathers involved in the research was very present. The researchers in consultation with their tutors discussed the implications of their new awareness of some father's vulnerability and the implications this had for the researchers going forth with the research in terms of maintaining confidentiality within such a small sample of research participants. The manner in which the researchers presented the findings in the data analysis chapter was examined more extensively by the peer researchers.

3.13 Conclusion

This research design was created to gather the most relevant and representative data which provided a perspective of the lived experience of fathers when their partner experienced post-natal depression. This chapter has outlined an understanding of what was required of us when working with a CBR project. The chapter ends with a discussion on the ethical dilemma

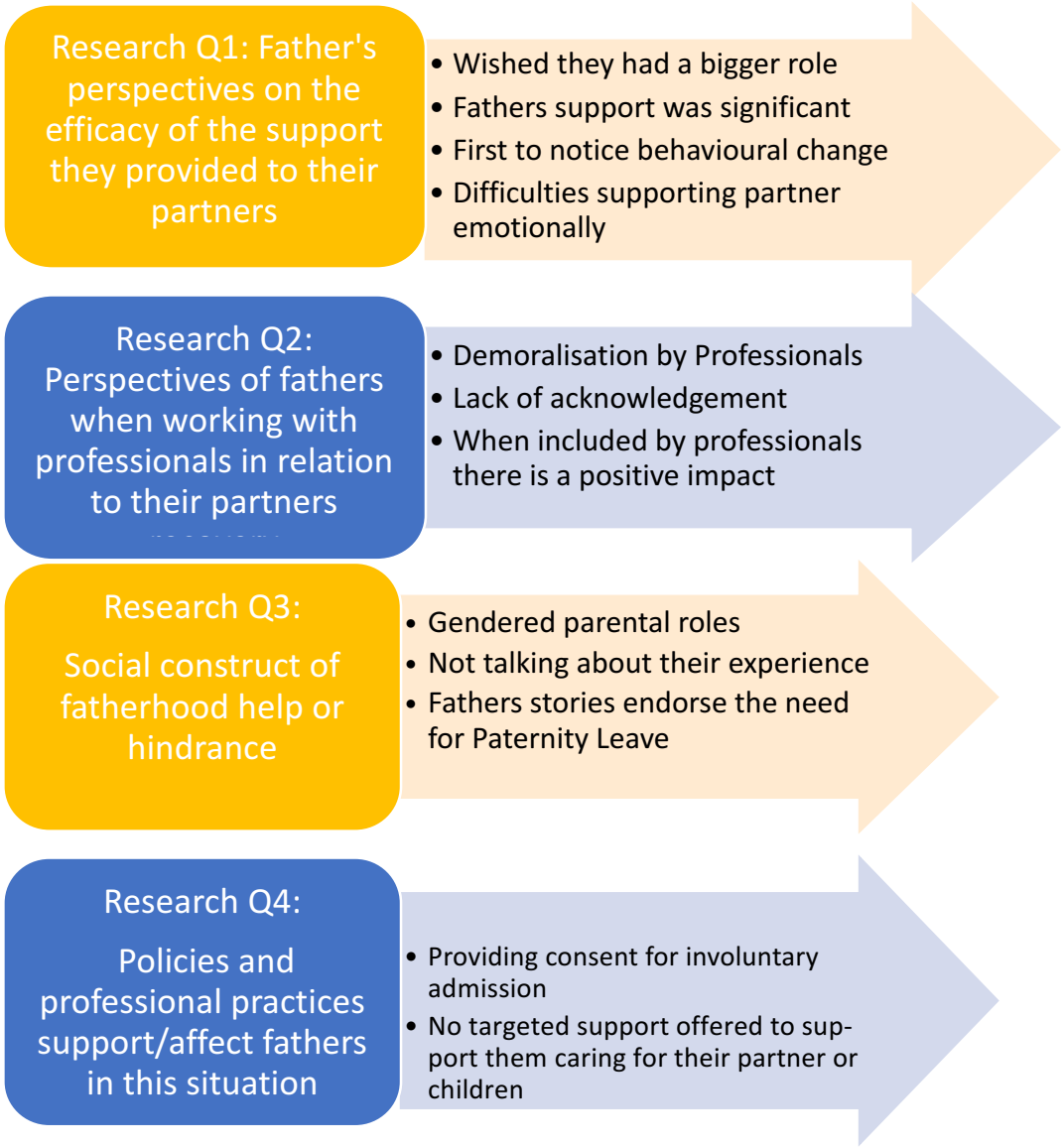
experienced when the researchers' became aware of the vulnerability of some of the research participants, which was not forecast prior to commencing the research.

Chapter Four: Research Findings and Discussion

4.1 Introduction

This chapter analyses the findings gathered from interviews with five fathers whose partners have or currently are experiencing PND. The data provides a perspective from fathers of this sample. It does not seek to represent the general population of fathers who have a partner experiencing post-natal depression. In the interests of anonymity, the names, places and characteristics of the participants have been modified to ensure confidentiality.

Figure 1: Snapshot of findings



4.2 Research Question One

What are the father's perspectives on the efficacy of the support they provide to their partners?

Identifying the problem

All the fathers spoke about noticing a change in their partners which was the onset of PND. Robert explained his partner reacted to everything in life with *"doom and gloom"*. Joey relayed:

"I noticed she wasn't her usual chirpy self, so we had talked about it"

"She had said she was thinking about going to doctor and I encouraged her to go"

Eamonn detailed how he had noticed something different with his partner over the first couple of weeks post birth. This compelled him to discuss the matter with his GP. It was through this conversation with his GP that the initial steps were made in relation to seeking help for his partner.

"I had been kind of telling her what was going on with Louise…the doctor said to me when I was talking to him to make sure she made an appointment with himself and then he gave me the information then on the support group information and stuff…Eamonn

"I just wanted to physically fix things and I couldn't…" Joey

Joey spoke about noticing a change in his partner. He longed to do something about her depressive feelings. Joey described the challenge of accepting he could not "fix" these feelings his partner was enduring.

Fathers perspectives on their role

Researcher: "So would you feel you had a significant role in your wives maintenance and recovery of her PND?"

Michael: "O Yea…. most definitely I did, 100%."

"In the early days, she wasn't capable of minding the children on her own, so with family I supported her with that" Martin.

There was a unanimous agreement amongst all of the respondents that they had fulfilled a significant role in their partner's recovery. Their input ranged from helping their partners to attend support group meetings or accessing psychiatric treatment.

The respondents displayed insight into their partner's awareness of their change in mood. This understanding demonstrates the sensitivity of the fathers.

"To be honest she knew herself, she is a very practical woman she knows herself well, I said to her about talking to doctor" Eamonn

Far from the lack of trying, there were some aspects of the father's supportive and caring role that they struggled with. Robert spoke about his challenge with meeting his partner's emotional needs.

"Like I didn't know what to do, Lorraine would say to me would you ever just come over and give me a hug, and I would, I would have to be told what to do." Robert

Accessing help

"I encouraged her to go and get a bit of counselling and that I would fall in and look after the little ones, I was saying go and get any help that you want, like I would tell her I'll be back from work at 6 o clock, so you can head on off to your class at 7. I was very supportive of her I know, like I don't know a lot about depression, but I do know that it can be serious, I told her I understood that it wasn't as simple as taking a Panadol, so like I was saying to her; you need to go talk with the people that know more about it than I do"-Robert

Robert provides an account of how he supported his wife attend support meetings with PND Ireland. The fathers spoke of the adjustment in their caring duties whilst their partners recovered. Martin provided an example of the practical aspect of his role diversifying such as now feeding a small baby which he had not being doing previous to his partners admission to hospital.

"She was breastfeeding and I had to go get bottles and all that stuff, I didn't really know what I was at…"

4.3 Discussion

These findings mirror the hypothesis of this research which promotes the claim of supporting fathers to care for their partners when experiencing post-natal depression being essential in

supporting the mother with PND (Misri et al 2000, Hogg, 2014, Holtzman and Gilbert, 1987, Shepperd, 1994, Burgess, 2011 and Marks et all 1996). All of the fathers who participated in this research displayed a helpful and understanding attitude to their partners with PND which Munaj and Siddiqui (2013) claim is essential in terms of a mother's recovery.

Practically supporting their partners in terms of attending groups and psychiatry appointments was a dominant feature in relation to their discussions on how they supported their partners. There were significant elements of discomfort in relation to their ability to support their partners' emotional needs. Feeling helpless was an overarching feeling among all of the respondents, confirming Muchena (2007) findings.

4.4 Research Question Two

What are the perspectives of fathers when working with professionals in relation to their partners PND

Partnership

Some of the fathers felt no need to discuss their experience with the GP. Other fathers felt that they could not discuss their situation with their GP as they felt this would further distress their partner as their partner may feel they have burdened them.

Eamonn accounted the support of his GP in relation to his partners PND as being pivotal, describing him as *"fantastic"*. Eamonn appeared to have the strongest relationship with his GP amongst all of the participants. He spoke of the reassurance he provided when explaining PND to Eamonn. Eamonn was advised by his GP about the biological features of PND which supported him in understanding the symptoms of this experience in his partner.

The ability to build rapport with family was significant to some of the fathers in terms of empathy for their situation. Through the review of research it became apparent that fathers experienced feelings of exclusion during interactions with health care professionals (Ferguson and Hogan, 2004, Burke, 2003, Downey, 1990, Misri, et al 2000, Shapiro, 2009).

Disenfranchised in the experience

They spoke about their feeling of demoralisation following meeting psychiatrists. Martin spoke about the contrast between the requirement for him to provide written consent for his partner to

be admitted, with his exclusion from all other decisions and meetings held with regard to his partners care while inpatient. Michael echoed these statements describing his experience of his partner attending a psychiatrist.

"I was desperate that day, I was extremely worried, I just wanted the psychiatrist to provide me with some information." Michael

Eamonn spoke of his experience with professionals while attending the hospital pre and post birth of his daughter. The needs of both him and his partner were not met by the doctors or consultants involved in the birth. He felt that this experience is a defining characteristic of the onset of his PND.

Eamonn, Michael and Martin all qualified their accounts with an explanation of their awareness of professional's inabilities to discuss individual cases due to their respect for confidentiality. Martin expressed his lack of knowledge as to why his partner has to attend tribunal meetings alone. He disclosed that these meetings were very traumatic for his partner and he felt his lack of inclusion created a barrier to him supporting his partner in this situation.

Inclusion

Martin spoke about accessing psychotherapy with his partner which he described as hugely beneficial as they attended this therapy together. Other partners spoke of attending the Post Natal Ireland Support Group with their partner. Of the fathers that joined either of these outlets with their partner, they all spoke extremely positively about this support, regarding it as a significant source of support to them in terms of understanding what their partner is feeling. However, some fathers had reservations about fully disclosing their own experience as they are of the opinion the group was primarily for the benefit of mothers.

4.5 Discussion

The literature and accounts above provided by the fathers suggests an inadequacy in professionals in what Burgess (2011) refers to as *"routinely"* bringing fathers into the perinatal preparatory periods and care which would serve as a support to fathers. Muchena (2007) found that fathers find the experience even more stressful when they are not supported to understand what their partner is going through. There was a strong consensus among the respondents that they needed to be included in their partners care plans as they would be the individuals

supporting their partners and ensuring that they looked after themselves, however this was not orchestrated in practice, confirming Shapiros findings (2009).

4.6 Research Question Three

Is the social construct of fatherhood a help or hindrance in this situation?

Men being men

Joey explained during his interview that he didn't discuss his experience with anybody, not even his family. He rationalised this as it being a man thing that men just didn't talk about these things.

" I dunno really do men really talk about it"-Joey

Some of the men spoke about disclosing their experience with work colleagues who had also shared the experience of their spouses enduring PND. The respondents spoke with family primarily about their experience. None of the participants spoke about talking about this event with close friends or social peers.

Redefining their parental roles

Michael spoke about how he felt he was treated by health care professionals at his primary health care clinic. He felt he was not acknowledged credibly for his role, therefore felt inferior, thus making him reluctant to ask for help. He gave an account of bringing his son to GP for his vaccination and the conversation he had with the nurse.

"O you have a job to do today…how do I ask for advice if you are made feel this way"

Parental Leave

Many of the men spoke about the severe lack of sleep between them and their partners. Eamonn spoke about experiencing severe sleep deprivation and trying to support his partner, complete his parental duties as well as continue to work.

"The biggest challenge that I had was the lack of sleep, because it affected everything, I had to get up and go to work like, and we were fresh with each other as well, like it wasn't the usual for parents…she was constantly crying, and then I was worried about that..." –Eamonn

He continued this discussion describing using his lunch break during his working day as an opportunity to catch up on sleep in his car.

Michael spoke about taking two weeks of his annual leave off at the beginning but having to return to work. He explained that this return to work, as well as his partner's ability to conceal her PND resulted in her PND not being recognised until months later. He explained this resulted in the PND hitting crisis point.

Robert spoke of the positive impact the flexibility of his job had in supporting his partner with her PND. Robert relayed that due to flexi-time hours in his job he was able to adjust his work schedule within reason to suit his partners needs better.

4.7 Discussion

The evaluation of literature made a link between a father's reluctance to seek help and men's masculinity (Douglas et al 2013, O' Brien et al 2005, Banks, 2001). The above findings outline the need to routinely support men in this experience and be alert for situations where a father may be overwhelmed by the experience. Flexibility with their working hours acted as a supportive measure in the fathers interviewed for this research. Muchena (2007) outlines the difficulties some fathers faced with regards to their working responsibilities. Sleep deprivation was an influential theme and is a reoccurring theme of many similar studies which this research projects follows (Muchena, 2007 and Lovestone and Kumar, 1993). The literature review reflects a tension between father's parental aspirations and their practices (Rotundo, 1985, La Rossa, 1988, Dermot, 2008 and Lamb 2010) which has been confirmed by the accounts provided by the respondents in relation the expectations of his role as a father.

4.8 Research Question Four

What policies/legislation and professional support/affect fathers in this situation?

Mental Health Act

One participant disclosed his experience of his partner being involuntarily admitted following a psychotic episode.

"it's put back on you, 'look she needs to be admitted but you have to give your consent', you know where sometimes you might need that decision taken out of your hands you know, you know you are too emotionally attached…I don't want her to go through that, I know she does not want

to go to hospital whereas I would have thought a doctor who is trained to know when somebody is gone to that stage, they should be the ones making the decision" –Martin

However this experience contrasted with his involvement while his partner was inpatient. He found he was disenfranchised from his partners' treatment while in hospital, as well as when she was discharged.

Professional Practice

The fathers were never actively asked how this experience was for them and how they were coping in practical terms. Martin describes the overwhelming experience of his partner being admitted.

"I had a baby in one hand, a two year old in the other hand and I had Caroline…it was very difficult…you don't where to turn...I' don't recall PND ever being brought up at Ante-Natal Classes…years on and we are still dealing with this experience….I just felt there should have been something, something to look for, signs like this…" Martin

None of the participants had any involvement with a medical or mental health social worker. Eamon spoke about having a prior awareness of PND, which he had gained from his ante- natal classes. Eamonn described being concerned.

"yea I was concerned a bit, that this could be a bit….you know the way you would be thinking in the first couple of weeks" Eamonn.

Michael spoke about his confusion with the uncertainty of the first couple of weeks with a new born, coupled with a concern for his partner's adjustment to her new role, as well as the impact establishing breastfeeding had on them both. Michael said that they he had no understanding of the signs he should have been looking for in his partner.

Perspectives on accessing services

There was a variance in the data collected in relation to accessing services. The reasoning for this is the differing levels of services required for each of the couples due to the spectrum of PND experienced. For some of the women a hospital admission was required, others treated their depression at home through counselling or medication from their GP. All participants credited the vital role PND Ireland peer support group meetings played in the recovery and maintenance

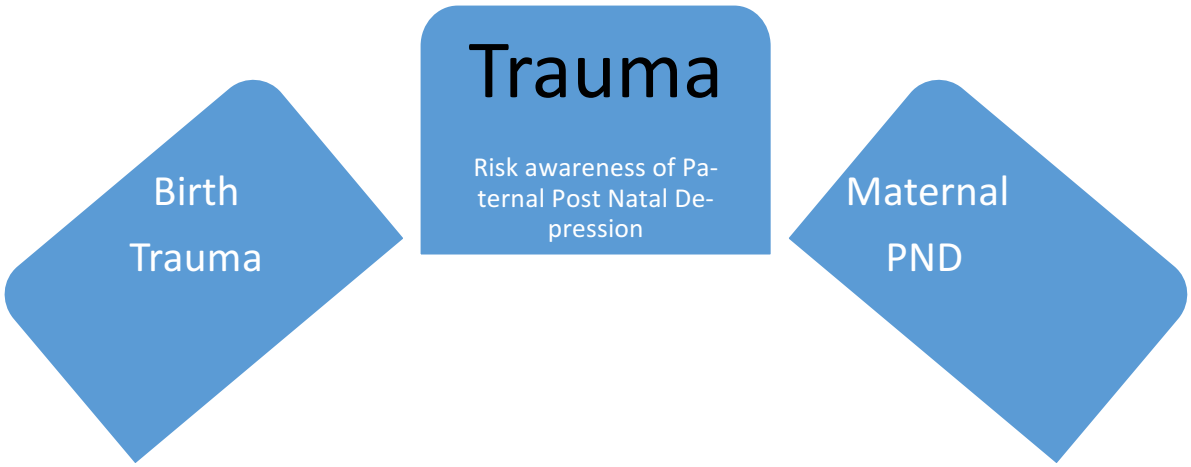
of their partners PND. Many stated not knowing what they would have done if this service was not available to them. *"The fact the group is a voluntary service is ridiculous"*

Martin spoke about the challenge in accessing services post discharge from hospital. He agreed the response to his partners PND as being very reactive. He relayed accessing psychotherapy with his wife and children at one point and credits this as being invaluable to them at the time. However, Martin advised that they were not referred to service post multiple admissions to hospital.

4.9 Discussion

The research stating the tendency to overlook men in the clinical situation has been confirmed by the accounts provided by the fathers in this research (Burke, 2003, Ferguson and Hogan, 2004, Downey and Coyne, 1990, Misri et al, 2000 and Shapiro, 2009). The literature review revealed that Irish Mental health policy fails to provide any measures which would acknowledge and ensure family involvement in mental health treatment, which has been an unfortunate reality for some of the respondents of this research (D. Kelly, 2011).

Figure 2: Trauma: An Unexpected Theme



Eamonn relayed the events following his daughter Maisie's birth where both his partner and daughter were experiencing medical complications;

"we genuinely didn't know whether she was alive or not….no one would tell us…she lost consciousness and blood…Maisie was down on neo natal…and there was nearly ten minutes

there where taught I was nearly going to lose the two of them. It is that type of situation that would mark somebody" Eamonn

Trauma at birth was a feature of many of the interviews.

"it was a traumatic birth, I wasn't expecting that, we had four fairly straightforward ones previous to this….I think that had a lot to do with it…the post-natal depression and the traumatic birth…

Michael

The circumstances surrounding the diagnosis of PND in some mothers was traumatic.

"they said it was more than likely a psychotic episode related to post-natal depression, it all just happened so quickly, in matter of minutes I was driving her to a primary care centre where she was later admitted" Martin

Joey revealed how he could identify how some fathers may have feelings of depression themselves when going through the experience of a loved one having PND. One research participant spoke about his feelings of depression. This participant believed there was a direct link between his depressive feelings and trauma encountered during the birth of daughter, as well as his partner's post-natal depression.

4.10 Trauma

Next to suffering depression itself it is the people closest to the person that suffers the most (Pitt, 1993). The researchers were surprised with the high incidence of trauma experienced by the fathers. These accounts of trauma experienced during birth as well as in relation to a mother's mental health validate the conclusions of studies which identify a relationship between experience of trauma, paternal depression and post-natal depression (Philpott, 2015, Escriba-Aguir and Astazaz, 2009, Lovestone & Kumar, 1993, Harvey & Mc Grath, 1988, and Ballard et al 1994).

4.11 Conclusion

In interpreting the data, the lack of acknowledgement of fathers by professionals posed a question for the researchers' as to what was the basis to this attitude from professionals. The data suggests a tension between parental aspirations of fathers and their experience with

professionals. In analysing the data, the experience of trauma in fathers was a stronger theme than first envisaged. In all, the data has provided a perspective of the reality of their experience of their partners PND. The findings do not suggest an existence of paternal PND in all scenarios where there is an experience of trauma and maternal PND present. However, it does suggest an uncertainty in the presumption of fathers dealing with this situation adequately, thus not requiring further support. The preceding chapter endeavours to respond to this data with recommendations for future research and practice.

Chapter Five: Conclusions and Recommendations

5.1 Introduction

This chapter provides the concluding comments of this study. It summarises the aims set out at the beginning of the research, appraising the strengths within the research and what the researchers; feel has limited the research. The chapter offers recommendations to PND Ireland, the state, service providers and future researchers. A reflection from both researchers on the experience of this study closes the chapter.

5.2 Summary of the Research

This research aimed to explore the lived experience of fathers when their partners endured post-natal depression. The study revealed fathers felt they had a significant role in their partner's recovery from PND. Literature associated with maternal PND outlined fathers often felt undermined and excluded by health care professionals in the ante natal and post-natal period. This finding was supported by the accounts provided by the fathers in this research. Familial support was a defining characteristic of all the fathers' experiences. The research data highlighted the vulnerability of fathers during the post-natal period, in terms of their own mental health. The research would have benefitted from an extended research sample categorized by differing types of PND experienced by the women whom the fathers were supporting. There was a variance in the types of services accessed by the couples which produced contrasting accounts from the respondents.

5.3 Implications for Social Work Practice

None of the fathers interviewed for this research had any interactions with a medical or mental health social worker. The accounts provided by the participants as well as literature review have led us to consider if the findings of this research is applicable to social work practice. The potential for a social work role in this situation is considerable in terms of counselling a father in their new caring role towards their mentally unwell partner, advocating for their rights in relation to inclusion in their partners treatment, advice and guidance on a practical level, as well as providing psychoeducation in relation to their partner's diagnosis. The authors of this piece believe it would be of benefit to apply a strengths based perspective when working with fathers in this situation. The application of this perspective would meet the fathers voiced needs in terms of acknowledgement and inclusion in their treatment process.

5.4 Recommendations

5.4.1 Post Natal Depression Ireland

Father inclusive policy

Some of the respondents to the research recommended the establishment of a targeted fathers support services. Suggestions for this were the formation of fathers support group which met on alternative nights/mornings to the mothers support group.

Father friendly environment

Participants of the research expressed their feelings that the PND Ireland Organisation exclusively supported mothers. The researcher recommends the development of the PND Ireland profile in terms of advertisement of the service to include fathers.

5.4.2 Practice Recommendations

Father inclusive policy across services

From the research the development of a father inclusive policy is warranted across all health and social care services which targets fathers in professionals practice in perinatal services.

Psycho Education

For all of the fathers included in this research, an understanding and information on their partners PND was concurrent in all their aspirations for future practice.

5.4.3 Research Opportunities

Large scale longitudinal study

The study should explore the trajectories of fathers before parenthood and during the post-natal period.

Extension of research sample

The researchers recognise the need for an expanded exploration of parenting partners of mothers experiencing PND, where it is same sex couples or one parent families who are supported by a close family member such as a grandparent or a peer.

5.4.4 Structural Recommendations

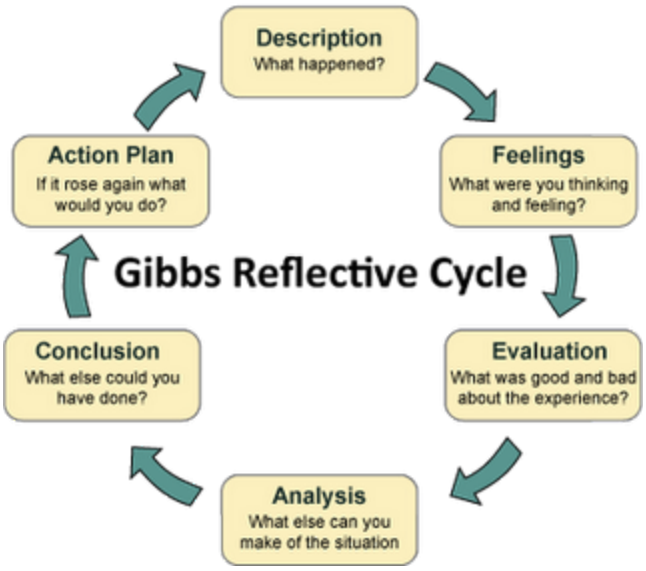
Statutory support services

There are no statutory agencies in operation in Ireland with the primary aim of supporting women and their families who have PND. This research has highlighted the need to develop targeted support structures which respond to the needs of families when enduring post-natal depression.

Extended parental leave

The study supports the introduction of paid paternity leave for fathers this coming autumn. The researcher's recommend that parental leave provisions continue to be elaborated in line with our EU counterparts.

Figure 3: Reflective Cycle



Gibbs (1988)

5.5 Personal Reflection

The following is a personal reflection of our experience of collaborating with a peer on this piece of research as well as working with our community partner PND Ireland.

Personal Reflection Caroline

During the research process I experienced both academic and personal challenges. Personal challenges were overcome under the guidance of my tutor, to whom I will be forever grateful. With regard to academic challenges, initially I was overwhelmed regarding the task that lay ahead. Having had little experience with composing a document of this size, I continued to fixate on how challenging this process was going to be. However, after creating a research map that outlined structured deadlines for pieces of work, it became less daunting. From this experience, I have learned that having a plan which outlines achievable goals and rewards, helped me overcome the overwhelming feelings attached to this piece of research. This is a skill which I will endeavour to employ as a practising social worker to alleviate stresses relating to work, such as managing a heavy caseload.

Following conversations about my topic with my peers and professionals alike, I was left with a sense of unease. Apparently, choosing to study men would be more difficult than women because they are less likely to open up about their experiences. This view gained precedence as it became apparent there was difficulty in recruiting men to participate. As weeks went by without participants, I began to have doubts, I envisioned changing my topic. However, I was determined to stick with it because I knew as a budding social worker this topic would enhance my professional development significantly. To name but a few, I envisioned that it would provide me with an opportunity to practice my counselling, advocacy and lobbying skills. Therefore I saw this as an opportunity to challenge myself. To embark on a journey laden with adversity, which could be compared to the challenges clients of social work services overcome to disengage with services. By devising alternative plans, I believe it provided me the opportunity to really connect with my topic. I set out to become a social worker to equip me with the skills to improve one's quality of life, to become a voice for those marginalised within society and to support policies which promote equality for all. As I began to breakdown the elements contained in this piece of research I began to understand why it was so important to me. The skills highlighted above were entwined in this piece of research and therefore it correlated with my personal value base.

These preconceived ideas relating to engaging men impacted on how I prepared for interviews. The term 'taking blood from a stone' was used by a professional I spoke to in relation to getting

some men to talk about their feelings. In an attempt to combat this, I had a notebook by the phone which included probing phrases and open-ended questions. This also alleviated some stress for me relating to carrying out the interviews. Even though I knew I was in charge of the interviews the anxiety, nerves and pressure I felt in advance of conducting them mirrored how I feel in advance of job interviews. The participants wished to be contacted via the telephone. I would have preferred to conduct face-to-face interviews as I felt having this personable connection would allow me to take more from the interview. For example from working with non verbal clients within the disability sector, I am confident in my abilities to hear what is not being said through nonverbal communication. Having said all this I could not have been more wrong. My perception of men not opening up was completely shattered. I have learned a valuable lesson which I will carry with me throughout my social work career. That is; never have preconceived ideas in relation to service users and always take my cues from the client. In hindsight, conducting an interview over the phone gave the men the confidence to completely open up and be forthcoming with information. They did not have to worry about emasculating themselves in front of a female, which is crucial according to the literature relating to masculinity. In ways it also protected me from showing my vulnerability; I could not help but feel sorry for the men involved. Having controlled emotional involvement is key to social work and while I did practice this I believe my facial expressions could have let me down had this been a face-to-face interview. The pain, despair and distress they experienced because of their lack of knowledge and the devaluing position professionals placed on them angered and made me feel ill-at-ease.

Having had a poor experience relating to group work previously, I was cautious to agree to work collaboratively on the topic. After an open and frank conversation with my colleague we concluded that we would apply ground rules stemming from my previous poor experience. I am happy to say the experience could not have gone better. It has restored my faith in group work and emphasises the value of peer support. As researchers we each had our strengths which we brought to the project. The strengths I brought to the project are being organised, creative and hardworking. We worked in harmony with each other and I felt having another person to confer with alleviated a lot of stress. However, it was not all smooth. We experienced a dilemma nearing completion of the project. If we maintained contact throughout the analysis phase, effectively both projects could end up being very similar. Consequently we decided not to have

contact during the analysis phase. On reflection while I missed our supportive chats, it will hopefully further substantiate the findings should they correlate.

In summary what I have learned about myself is that I am thorough, resilient and enjoy a challenge. I had worried about the fact I have not had PND nor do I have children however I believe this did not take away from the research and it also gave me the opportunity to practise my empathy skills. This academic exercise has taught me invaluable life lessons which will enhance my professional development. For example I am now aware that I need to work on controlling my emotional involvement, while I already knew to refrain from creating preconceived ideas - I need to work harder at this and from rising to the challenge of group work it has improved my teamwork skills. I also believe I have enhanced my ability to think on my feet and outside the box to devise back up plans. For example, while this topic appears to be gaining momentum, it is still in its infancy. Therefore sourcing literature was extremely laborious. So to overcome this obstacle I initially planned on conducting comparative literature research. I intended on exploring the lived experience of partners with similar illnesses such as depression. Then I began to examine related bibliographies, partaking in grey literature research and sourced an unpublished Master's thesis which was related to the topic.

Overall, while this was one of the most demanding things I have ever done, I feel an enormous sense of achievement having completed it. I now view research as an enjoyable and enlightening process, I have gained invaluable experience in conducting participatory research for an organisation in the hope of promoting some social action. In hindsight, if I had chosen a topic which was widely researched and employed a student's perspective on this topic; life would have been a lot easier for me. However I definitely would not have gained the level of skills and experience I currently possess from carrying out this study.

Personal Reflection Eadaoin

Gibbs reflective cycle has been used to frame this reflection. I have been enthralled from start to finish in this research experience. Having completed an undergraduate thesis, I was aware of how labour intensive a thesis may be. I was drawn to conducting a piece of research that could potentially be relevant to the development of an organisation. Growing up with a family member

who has endured mental health issues, I have always had a strong interest in mental health. The combination of both these elements cemented my wish to undertake a collaborative research piece with a community partner.

Conducting a joint study with my research partner Caroline was an extremely positive and supportive experience. We were both concerned that we would produce similar themes from the data analysis stage of the research. Caroline suggested we refrain from consulting each other about themes during this process period. Caroline's efficiency during this time was key to bringing me through this research concern I had during the data analysis period of the dissertation.

My experience of the interviews with the fathers were challenging in the sense I had to remain conscious of research role in this scenario as opposed to my helping role I seem to naturally assume. The trauma that some of the fathers had experienced with no intervention from professionals working with the family at the times resulted in me feeling quite strongly on occasions.

Despite the stress experienced from meeting a deadline, I surprised myself with how much I enjoyed the research process. I was excited by the unanticipated events which propped up along the research journey. The collaboration made the overall experience more supportive, as research problems encountered were shared, and thus halved as a result.

I began this research with the aim of satisfying my curiosity in relation to the experience of fathers when their partner has PND. I was not expecting to conclude the study with further questions relating to this experience; what underpins the challenges in professionals when working with fathers? Is a preoccupation of the medical model for some health care professionals an influencing factor in their relationship with fathers? As I close the door on this research journey, I am of the opinion now that the more I have learned the less I know.

"The more I read, the more I acquire, the more certain I am that I know nothing." Voltaire

5.6 Conclusion

This chapter has presented the researchers concluding comments of this study. It summarises the aims set out at the beginning of the research, appraising the strengths within the research and what the researchers' felt limited their research. The chapter offers recommendations to PND

Ireland, the state, service providers and future researchers. The latter section of the chapter offers a personal reflection on the experience of this study for the researchers, outlining their experience of working collaboratively with a peer and a community organisation.

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Appendices

Draft Semi Structured Interview Questions

1. When did you first notice/suspect a change in your partner? What did you think was initially going on?
2. What did you do when you realised that your partner may need outside supports?
3. What has been your experience of facilitating your partner to access support?
4. What supports did you have at this time?
5. What supports did you need?
6. What was your experience on accessing services?
7. What has been the biggest support to you during this time?
8. What has been the biggest challenge to you during this time?
9. How would you describe the support you received in relation to your partners PND?
10. Do you feel your had a significant role in the maintenance and recovery of your partner?
11. Would you make any suggestions in relation to preparing Fathers for birth or during the post natal period?
12. Did you ever access the discussion group on the Post Natal Depression Ireland website?
13. How do you feel now following the interview?

INFORMATION SHEET

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Purpose of the Study; As part of the requirements for the Master of Social Work at UCC, we will be carrying out research in collaboration with Post Natal Depression Ireland. The study is concerned with two pieces of research;

1. The lived experience of Fathers when their partner experiences Post Natal Depression,
2. The supports services Fathers accessed during this period.

What will the study involve? The study will involve semi structured interviews with Fathers whose partners are experiencing Postnatal Depression. The research will be conducted by Eadaoin Ryan and Caroline Sammon. The interview will take approximately forty five minutes.

Why have you been asked to take part? You have been approached by Post Natal Depression Ireland to take part due to your experience of your partner having Postnatal Depression.

Do you have to take part? No. Participation in this research study is completely voluntary. A consent form will be provided to you in advance of the research being conducted. You will be asked to sign this consent form before the interview commences. You will be provided with a copy of this consent form as well as an information sheet. Please be advised if at any time during the data collection process you would like to

withdraw your involvement in the study you may do so regardless of any previous agreements to partake in the research. Your data will be removed from the research and destroyed. The study will be completed by April 1st 2016, therefore withdrawal of involvement at this late stage cannot unfortunately be facilitated.

Will your participation in the study be kept confidential?

Yes. We will ensure that all efforts will be made to ensure anonymity of your identity in the thesis. It is important to note that extracts from your interview may be used for dissemination purposes. Any extracts from what you say that are quoted in the thesis will be entirely anonymous.

What will happen to the information which you give?

The data will be kept confidential for the duration of the study, available only to Eadaoin Ryan and Caroline Sammon and our research supervisors.The interview will be recorded on a digital audio recorder. This data will backed up on a laptop in a password protected encrypted document until it is transferred to a secure storage drive. The data will then be deleted immediately from the backup laptop. It will not be available to anybody else including members of PND Ireland. It will be securely stored on a UCC Umail storage drive which is encrypted and password protected. This file will be labeled with an unidentifiable general descriptor. On completion of the project, the data will be retained for a further seven years and then destroyed.

What will happen to the results? The results will be presented in the thesis. They will be seen by our supervisors, a second marker and the external examiner. The thesis will then be presented to CARL and PND Ireland. PND Ireland aspire to publish this study

and use it as a lobbying mechanism. The thesis may be read by future students on the course. The study may be published in a research journal.

What are the possible disadvantages of taking part? We do not envisage any negative consequences for you in taking part. It is possible that talking about your experience in this way may cause some distress.

What if there is a problem? At the end of the procedure, we will discuss with you how you found the experience and how you are feeling. Some of the questions may for some people be personal in nature; therefore we would urge you to contact Madge Fogarty at PND Ireland for further support.

Who has reviewed this study? Approval must be given by the UCC Master of Social Work Course Team before studies like this can take place.

Any further queries? If you need any further information, you can contact Eadaoin Ryan 114221314@umail.ucc.ie or Caroline Sammon carolinesammon@gmail.com

If you have any issues in relation to how this research has been conducted please feel free to contact;

Dr. Eleanor Bantry White

School of Applied Social Studies,

University College Cork

T:353-21-490-2271

E: e.bantrywhite@ucc.ie

CONSENT FORM

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

This consent form is designed with qualitative research in mind. Where quantitative methods are used, issues such as quotations and audio-recording do not arise.

I……agree to participate in Eadaoin Ryan and Caroline Sammon research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with Eadaoin Ryan and Caroline Sammon to be audio-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating up until the 1st of April 2016.

I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

(Please tick one box:)

I agree to quotation/publication of extracts from my interview ☐

I do not agree to quotation/publication of extracts from my interview ☐

Signed: …… Date: ……..

PRINT NAME: ……

ETHICS APPROVAL FORM

Social Research Ethics Committee (SREC)



Introduction

UCC academic staff and postgraduate research students who are seeking ethical approval should use this approval form. Ethical review by SREC is strongly recommended where the methodology is not clinical or therapeutic in nature and proposes to involve:

- direct interaction with human participants for the purpose of data collection using research methods such as questionnaires, interviews, observations, focus groups etc
- indirect observation with human participant for example using observation, web surveys etc
- access to, or utilisation of, data concerning identifiable individuals.

Application Checklist

This checklist includes all of the items that are required for an application to be deemed complete. In the event that any of these are not present, the application will be returned to the applicant without having been sent to review. Please ensure that your application includes all of these prior to submission. Thank you.

Completed Application Checklist	☐
Completed Ethical Approval Self-Evaluation	☐
Completed Description of Project	☐
Information Sheet(s)	☐
Consent Sheet(s)	☐
Psychometric Instruments / Interview / Focus Group Schedules	☐
I have consulted the UCC *Code of Research Conduct* and believe my proposal is in line with its requirements	☐
If you are under academic supervision, your supervisor has approved the wording of and co-signed this application prior to submission	☐

Please note that you must confirm you have taken account of the University's Code of Research Conduct in order for your application to be considered by SREC

(http://www.ucc.ie/en/media/research/researchatucc/documents/CodeofGoodConductinResearch_000.pdf)

APPLICANT DETAILS

Name of applicant(s)	Eadaoin Ryan	**Date**	15/01/16
Department/School/Unit, & Supervisor's Name	School of Applied Social Studies	**Phone**	0877627195
Correspondence Address	Clogher, Clonoulty, Cashel, Co Tipperary	**Email**	114221314@umail.ucc.ie
Title of Project	*"An Exploration of the lived experience of spouses when their partners suffer from Post Natal Depression."*		

ETHICAL APPROVAL SELF-EVALUATION

		YES	NO
1	Do you consider that this project has significant ethical implications?		X
2	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	x	
3	Will participation be voluntary?	x	
4	Will you obtain informed consent in writing from participants?	x	
5	Will you tell participants that they may withdraw from the research at any time and for any reason, and (where relevant) omit questionnaire items to which they do not wish to respond?	x	
6	Will data be treated with full confidentiality / anonymity (as appropriate)?	x	
7	Will data be securely held for a minimum period of seven years after the completion of a research project, in line with the University's Code of Research Conduct?	x	
8	If results are published, will anonymity be maintained and participants not identified?	x	
9	Will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study)?	x	
10	Will your project involve deliberately misleading participants in any way?		X
11	Will your participants include children (under 18 years of age)?		X
12	Will your participants include people with learning or communication difficulties?		X
13	Will your participants include patients?	x	
14	Will your participants include people in custody?		x

15	Will your participants include people engaged in illegal activities (e.g. drug taking; illegal Internet behaviour)?		X
16	Is there a realistic risk of participants experiencing either physical or psychological distress?		X
17	If yes to 16, has a proposed procedure, including the name of a contact person, been given? (see no 25)		
18	If yes to 11, is your research informed by the UCC Child Protection Policy? http://www.ucc.ie/en/ocla/policy/		

DESCRIPTION OF THE PROJECT

19. Aims of the project

To provide a perspective of the lived experience of Fathers who have partners experiencing or who have experienced Post Natal Depression

20. Brief description and justification of methods and measures to be used (attach research questions / copy of questionnaire / interview protocol / discussion guide / etc.)

Research Objectives

- To complete a study of the personal experiences of Fathers with partners who are or have experienced PND.
- To complete a literature review which will provide a clear understanding of the efficacy of spousal support in the recovery process for Mothers experiencing PND.
- To collect data from a selected group of Fathers, identified by PND Ireland and this researcher, using semi structured interviews.
- To provide an analysis of these findings, identifying correlations and contrasts from the research literature.
- To explore the role of Social Work in supporting Fathers when their partner has post natal depression.
- To present the findings to PND Ireland, UCC Carl Committee and UCC MSW Research Conference.

Research Question's

- Do Fathers feel they are being supported appropriately when their partner has PND?
- What are Fathers perspectives on the efficacy of the support they provide to their partners?
- What are the biggest challenges/supports influencing Fathers in supporting their partner and families?
- Is support for Fathers easily accessed?

21. Participants: recruitment methods, number, age, gender, exclusion/inclusion criteria, detail permissions

The research sample will be selected by the chairperson of PND Ireland. This selection method was decided during the initial mentoring meeting on the 22nd of June 2015. The research participants will all be partners to women who have experienced PND and have accessed the service of PND Ireland. They will be all male participants. Same sex participants was considered however for the purpose of this research Fathers will be of primary focus.

Madge Fogarty, community and voluntary group liaison person also concluded at this meeting that twelve research participants would be chosen. I plan on collaborating with a colleague on the MSW to complete twelve semi structured interviews with twelves research participants.

22. Concise statement of ethical issues raised by the project and how you intend to deal with them

Participants will be provided with informed written consent forms which will record the aims and methods of the proposed research. This document will inform the participants of any potential harm that may be caused from participating in the research such as unintended upset to their partners, or personal distress from disclosing their experiences.

Research participants will be advised that information gleaned from the data collection phase of the research will be used solely for the purpose this research which is a compulsory component of Masters of Social Work at UCC. The outcome of the research may be used by PND Ireland in public announcements. Therefore permission will be sought for the possible publication of our findings, including consent to use direct quotations from interviews. Records of the semi structured interviews will be anonymised in the best interests of confidentiality. The respondents will be informed that all information gathered will be stored on a password protected encrypted zip file which the researcher only has access to. Research participants will be made aware throughout the research that they can change their mind about participating in the research up until the 1st of April 2016. If participants wish to withdraw their involvement they will be advised it will have no further consequence for the research participant.

23. Arrangements for informing participants about the nature of the study (cf. Question 3)

As stated previously, the research sample will be selected by the community and voluntary group liaison person from PND Ireland. Participants of this research will have partners who are experiencing Post Natal Depression and are accessing services provided by PND Ireland.

24. How you will obtain Informed Consent - cf. Question 4 (attach relevant form[s])
Informed Consent will be obtained through the provision of an informed consent form.

25. Outline of debriefing process (cf. Question 9). If you answered YES to Question 16, give details here. State what you will advise participants to do if they should experience problems (e.g. who to contact for help).

N/A

26. Estimated start date and duration of project
15th of March to 21st of April.

Signed Eadaoin Ryan_____ Date 15/1/16_____
Applicant

Signed _____ Date _____
Research Supervisor/Principal Investigator (if applicable)

Notes

1. Please submit this form and any attachments to srec@ucc.ie (including **a scanned signed copy**). No hard copies are required.

2. Research proposals can receive only provisional approval from SREC in the absence of approval from any agency where you intend to recruit participants. If you have already secured the relevant consent, please enclose a copy with this form.

3. SREC is not primarily concerned with methodological issues but may comment on such issues in so far as they have ethical implications.

This form is adapted from pp. 13-14 of Guidelines for Minimum Standards of Ethical Approval in Psychological Research (British Psychological Society, July, 2004)

Last update: September 2015