TOPIC: TO INCREASE AWARENESS OF THE IMPACT OF PATERNAL POSTPARTUM DEPRESSION (PPD) ON CHILDREN AND FAMILIES

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WHEREAS, the NSNA recognized the need for education and increased awareness of Paternal PPD in 2012, the condition remains misunderstood, under-diagnosed, and under treated. PPD continues to affect an “estimated “4-25%” of new fathers, (Musser, 2013, p. 479) with the percentages increasing to as many as 50%, if their partner is also suffering depressive symptoms (Letourneau, 2012, p. 69); and

WHEREAS, the negative effects of paternal PPD on the family unit, when they occur very early in a child’s life, have particularly potent psychological impacts on childhood development that are independent of the impacts from maternal PPD, with boys being particularly vulnerable (Ramchandani, 2011, p. 471); and

WHEREAS, research demonstrates that “twelve percent of children diagnosed with attention deficit hyperactivity disorder, oppositional defiant/conduct disorder, or any anxiety or depressive disorder, had depressed fathers during the postpartum period compared with 6% of children whose fathers were not depressed” (Musser, 2013, p. 481); and

WHEREAS, the most prevalent psychological disorder associated with paternal PPD is oppositional defiant/conduct disorder (Musser, 2013, p. 481) which is closely associated with serious psychopathic traits including aggression, anti-social behavior, academic difficulties, and general impairment (Becker, 2013, p. 201-202); and

WHEREAS, the most violent and aggressive crimes are disproportionately committed by individuals with psychopathic traits, and that they are more likely to become serial criminal offenders, it has become a priority for mental health professionals to examine and identify the specific characteristics of children most at risk for psychopathy and to promote prevention and early intervention strategies (Becker, 2013, p. 201-203); and

WHEREAS, the impacts of paternal PPD on early childhood development are a significant public health concern with increasing, long-term social costs, (Musser, 2013, p. 479) nurses are in a unique position to promote mental health screening, education, awareness, and support to affected families (Melrose, 2010, p. 205); therefore be it

RESOLVED, that California Nursing Students' Association support the recognition that there is a critical need to educate and increase public and professional awareness of paternal PPD and the seriousness of the developmental outcomes for children and families; and be it further
RESOLVED that the CNSA encourage its constituents to become more informed, aware, and proactive about recognizing and treating signs and symptoms of paternal postpartum depression by publishing an article in the Range of Motion newsletter, if feasible; and be it further

RESOLVED that the CNSA encourage supplementing nursing education curricula in OB/GYN, Pediatrics, and Mental Health with information about the long-term detrimental effects of paternal PPD on early child development and familial security, and by any other means the CNSA board of directors deems appropriate; and be it further

RESOLVED that the CNSA send a copy of this resolution to the American Nurses Association\California (ANA\C), Association of California Nurse Leaders (ACNL), Nurse Alliance of California, National League for Nursing, California Association for Nurse Practitioners, California Association of Clinical Nurse Specialists, California Organization of Associate Degree Nursing, California Association of Colleges of Nursing, California Mental Health Collaborative, National Association of Pediatric Nurse Practitioners, Society for Pediatric Nurses, American Psychiatric Association, American Psychiatric Nurses Association, Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN), and all others as deemed appropriate by CNSA Board of Directors.