What about the dads?

Building a system of care for fathers



SEED Lifespan, School of Psychology, Deakin University Convener, Australian Fatherhood Research Consortium











What about the dads?

- The intergenerational story
- Dads matter for children
- Dads matter for partners
- Preconception care The Triple Dividend
- Perinatal care the barriers
- Perinatal care what we can change
- Mapping supports for fathers

The intergenerational story

In my first 16 years, my mother/father:

- Made me feel I wasn't wanted (parent care)
- Seemed emotionally cold to me (parent care)
- Invaded my privacy (parent control)
- Tried to make me feel dependent on her/him (parent control)

"Please, if possible, exclude questions about my father. I don't mind doing the survey but my father is an extremely sore spot in my life."

Mapp survey participant





The intergenerational story

30% recalled neglectful parenting from fathers

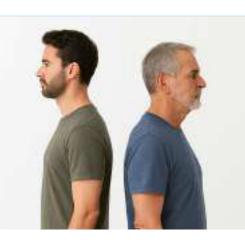
15% recalled neglectful parenting from mothers

30% each recalled affectionless control from mothers and fathers



The intergenerational story

55% "I would like to be the sort of parent my **father** was"



50% "As a father, I think I parent my child in a similar way to how my father parented me"

71% "I would like to be the sort of parent my **mother** was"



52% "As a father, I think I parent my child in a similar way to how my mother parented me"

Dads matter for children



JAMA Pediatrics | Original Investigation

Paternal Perinatal Depression, Anxiety, and Stress and Child Development A Systematic Review and Meta-Analysis

Genevieve Le Bas, DPoych, Stephanie R, Aarsman, Millontatis, Alana Rogers, DPoych; Jacqui A, Mandonakt, Ph.D. George Mexica, EPsychologic, Sarah Khor, (Psych-Biezbeth A. Spri, Pro). Larious Rosses, Pro). Smooth Weller, CDePlych, Kayla Minoser, EPsychologic, George Yossac PhD, Colly A. Osson, PhD.

EMPORTANCE This systematic review and meta-analysis comprehensively synthesizes the extant literature on the association of paternal perinatal mental distress (ie, depression. anxiety, and stress) with offspring development from birth to adolescence.

CELECTIVE To provide a meta-analytic synthesis of the literature on the association between paternal perinatal depression, anxiety, and stress and offspring development during the first

DATA SOURCES We searched MEDILINE Complete, Embase, PsycINFO, CINAHI, Complete, and the gray literature for studies published up to November 2024.

STUDY SELECTION Inclusion criteria included availability in English, a human sample, quantitative data, longitudinal design, and having a measure of paternal perioatal mental

DATA EXTRACTION AND SYNTHESIS Of the 9572 studies identified, 48 cohorts (from 84 studies) with 674 effect sizes met criteria for quantizative synthesis (including 286 unpublished associations sourced from doctoral theses or through contact with authors of eligible studies). Univariate random effects models were used to quantitatively synthesize the associations between paternal perinatal mental distress and offspring development. Study quality was assessed using the US National Institutes of Health quality assessment tool for observational, cohort, and cross-sectional studies. Data analysis was completed in January

MAIN OUTCOMES AND MEASURES The primary outcomes were global, social emotional. adaptive, cognitive. language, physical, and motor development in offspring in the first 18

RESULTS Paternal perivatal mental distress was associated with poorer global (r = -0.12, 95%Ct. -0.22 to -0.003 social emotional (r = 0.09, 95% Ct. 0.07-0.11), cognitive (r = -0.07, 95% Ct. -O.B to -O.01). Language (r = -O.15, 95%-Ct. -O.25 to -O.05), and physical development 6 = 0.04; 95% (I, 0.00-0.08) in offspring. No evidence was found for adaptive and motor outcomes. Associations were generally stronger for postnatal than antenntal distress. suggesting that a father's mental state may exert a more direct influence on the developing

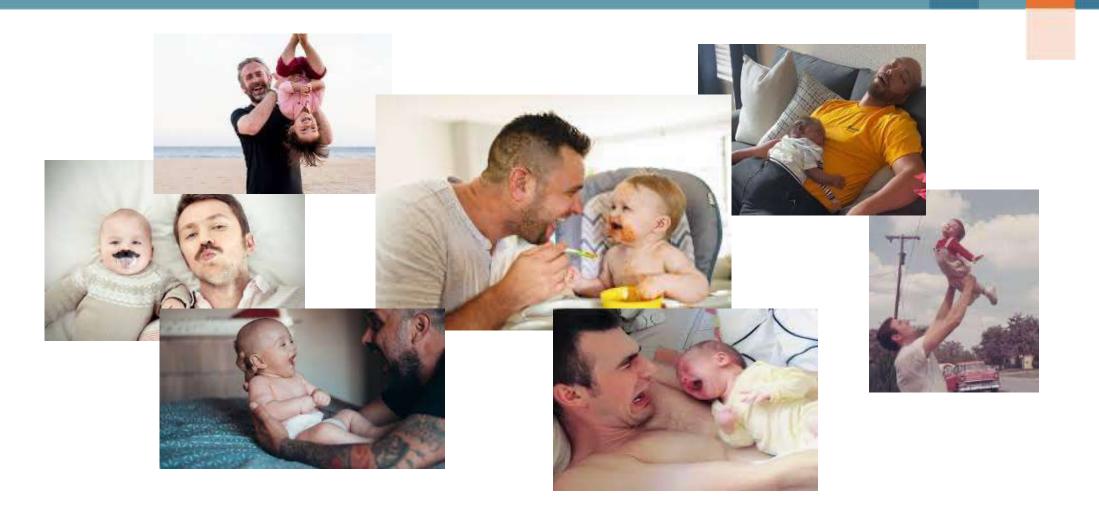
CONCLUSIONS AND RELEVANCE Evidence from this systematic review and meta-analysis indicates that paternal mental distress is a potentially modifiable predictor of child development. Reducing mental distress in fathers perinatally is thus an important target for preventative interventions arring to support fathers during the transition to parenthood and promote the health and well-being of next-generation offspring.

Editorial page 824 Supplemental contors

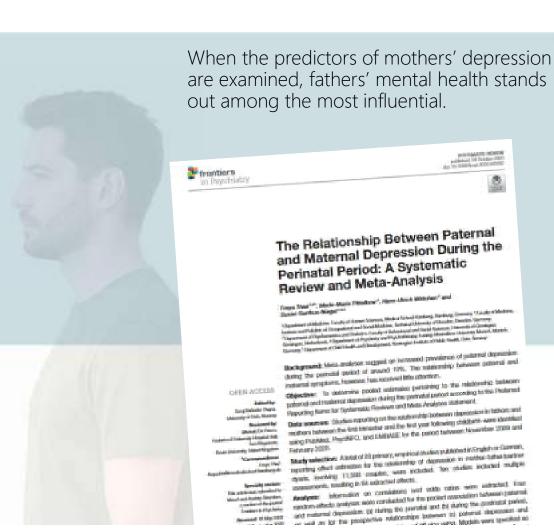


Author Affiliations: Author

Dads matter for children



Dads matter for partners



Mothers with mental health problems identify their partner as their main support.

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BMC Women's Health

RESEARCH ARTICLE

Antenatal psychosocial risk status and Australian women's use of primary care and specialist mental health services in the year after birth: a prospective study

'Wegins Schmied' . Richel Langdon . Siephen Matthey', Iyon Komp', Marie Poulo Austin ... and Morre Johnson'

Abstract.

Reciground: Pose mental health in the postural period can impact respetively on seasons, their selects and families. Australian State and functiony (posturorunts are investing in receiver psychonousial avaranced and deposition under selecting with referral to senious and suppost, however, listle is known about how well these northers.

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The airs of this paper is no separa are the bush's solviors word by women for their physical and trans-solviors form programs no 12 months after beth and to compare amount our for recovers of their physical and remain house beth and to compare amount our for recovers when baset been alteredical in the second of the recovers of their physical and the recovers of their physical and the recovers of their physical and the recovers of the page though the page the page though the page though the page that the page

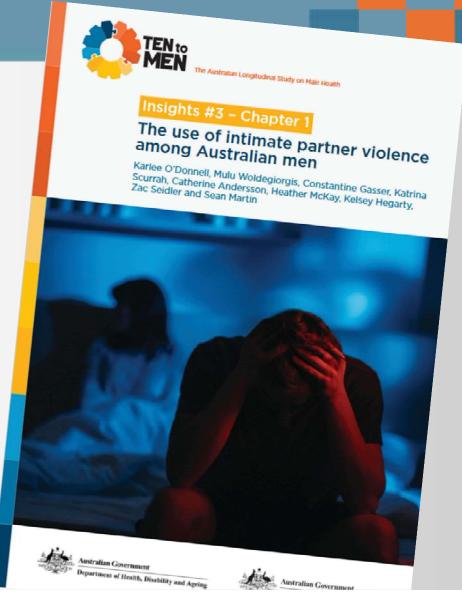
Methods: One hundred and to restract were excutated to a prospective implicational real sections (C. et works after precault becomes were executed to a prospective implication) study with the period of data. Or remote prospective insighted in the points of data or prospective insighted in the period of the period of the properties of the prospective insighted and prospective in the court of the properties of the period of the fact in the court of the period of the period of the fact in the court of the period of th

Results: the finalings indicate high use of printingal universal breath services detail and family health metaon, opening positionered by hosts principle of restricts, with limited use of specialist recental breath services by women identified with the final metallic printing of received health problems. While along all enquirelests included that they would seek help for exemist health convenies more hard a problems or seek help from partners and family before accessing health produces.

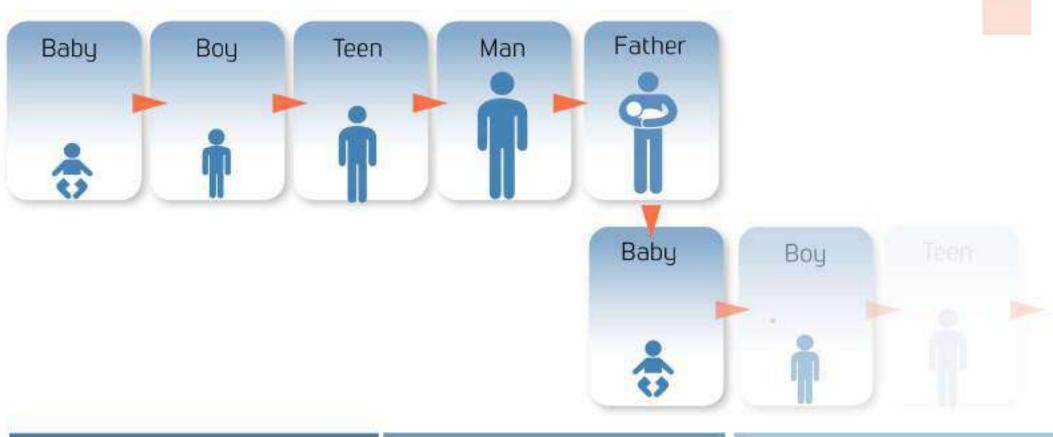
Conclusion: these preferency date surpose local and international studies that highlight the poor squake of studies trackers for mental feasible problems in arranated season, where this reay De trackers of sufficiency and its analysis of sufficiency and sufficiency and

Dads matter for partners

- Men who felt strongly that they had a quality relationship with a father or father figure during childhood, marked with affection, were 48% less likely to report ever having used intimate partner violence.
- Men with moderate or severe depressive symptoms were 62% more likely to use intimate partner violence by 2022, compared to men without these symptoms.



Boys to men to fathers to ...

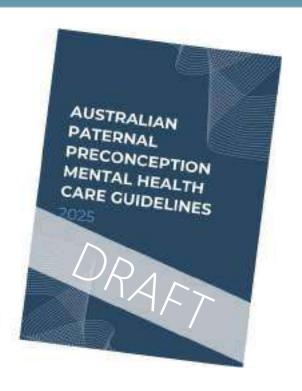


Dividend 1 Dividend 2 Dividend 3

Preconception care for future fathers



Informing prevention of and treatment for paternal mental health problems















Father's experiences of perinatal care



"Wasn't even acknowledged. Could have been invisible."

"My wife and I have had three kids and no health care professionals have spoken to me directly about anything."

"I don't think a single person ever asked me how I was doing or if I needed anything."

Mothers appreciate father inclusion



"It sets up an expectation really early on that, like the parenting belongs to both parents" - mother

"I think just the general feeling of involvement I've noticed when my partner's been able to join for things; he understands more, he feels like he can be more active in this baby ... My partner does everything in the appointments, I don't touch my baby when I'm in there because it's his way of getting involved" - mother

Small, A., Kavanagh, S. A., Macdonald, J. A., Di Manno, L., & Wynter, K. (2025). Father Involvement in Pregnancy and Postnatal Care: Combined Perspectives of Fathers, Mothers, and Service Providers. Nursing & Health Sciences, 27(2), e70105.

Barriers and opportunities

66 A large number of studies reported barriers and opportunities at the health service level, mostly associated with a service-level focus on mothers... many of these factors require attention at a policy or systems level, and are beyond the efforts of individual health care professionals.

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Barriers and opportunities for health service access among fathers: A review of empirical evidence

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Issue Addressed: Engagement with health supports benefits the whole family, yet few health services report successful engagement of fathers. Our aim was to describe available evidence on barriers and opportunities relevant to health system access for

Methods: Scoping reviews were conducted seeking empirical evidence from (1) Australian studies and (2) international literature reviews.

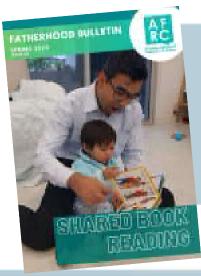
Results: A total of 52 Australian studies and 44 international reviews were included. The most commonly reported barriers were at the health service level, related to an exclusionary health service focus on mothers. These included both 'surface' factors (e.g., appointment times limited to traditional employment hours) and 'deep' factors, in which health service policies perpetuate traditional gender norms of mothers as 'caregivers' and fathers as 'supporters' or 'providers'. Such barriers were reported consistently, including but not limited to fathers from First Nations or culturally diverse backgrounds, those at risk of poor mental health, experiencing perinatal loss or other adverse pregnancy and birth events, and caring for children with illness, neurodevelopmental or behavioural problems. Opportunities for father engagement include offering father-specific resources and support, facilitating health professionals' confidence and training in working with fathers, and 'gateway consultations'. including engaging fathers via appointments for mothers or infants. Ideally, top-down policies should support fathers as infant caregivers in a family-based approach. Conclusions: Although barriers and opportunities exist at individual and cultural

levels, health services hold the key to improved engagement of fathers. So What? Evidence-based, innovative strategies, informed by fathers' needs and healthy masculinities, are needed to engage fathers in health services.

fathers, health services accessibility, men's health, parents, perinatal care

Barriers and opportunities

What can you do?



Materials for dads specifically in waiting rooms



Refer dads to their GP for a health check



Work with existing groups to work out what will engage your community of dads

Bring dads into the conversation during appointments



Engage in workplace training for men's mental health



Invite dads to appointments if they can't make it, call them in



Inclusive language



Fathers and non-birthing parents



Identifying dads who are struggling

Male Depression Risk Scale (MDRS-7)

- 1. I bottled up my negative feelings
- 2. I needed alcohol to help me unwind
- 3. I had unexplained aches and pains
- 4. I overreacted to situations with aggressive behaviour
- 5. It was difficult for me to manage my **anger**
- 6. Using drugs provided temporary relief
- 7. I **stopped caring** about the consequences of my actions

Edinburgh Postnatal Depression Scale (EPDS)

- 1. I have been able to laugh and see the funny side of things*
- 2. I have looked forward with enjoyment to things*
- 3. I have blamed myself unnecessarily when things went wrong
- 4. I have been anxious or worried for no good reason
- 5. I have felt **scared or panicky** for no very good reason
- 6. Things have been getting on top of me
- 7. I have been so unhappy that I have had difficulty sleeping
- 8. I have felt sad or miserable
- 9. I have been so unhappy that I have been crying
- 10. The thought of harming myself has occurred to me

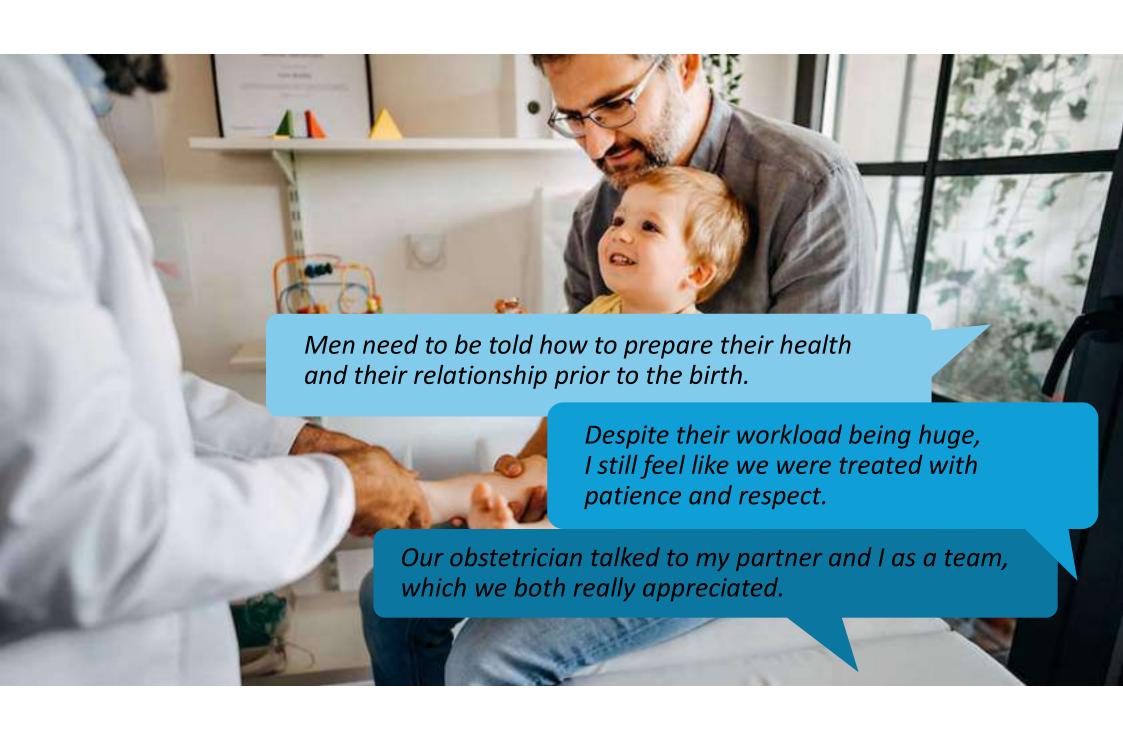
*Reverse scored

Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: development of the 10-item Edinburgh Postnatal Depression Scale. The British journal of psychiatry, 150(6), 782-786. Herreen, D., Rice, S., & Zajac, I. (2022). Brief assessment of male depression in clinical care: Validation of the Male Depression Risk Scale short form in a cross-sectional study of Australian men. *BMJ open*, 12(3), e053650.

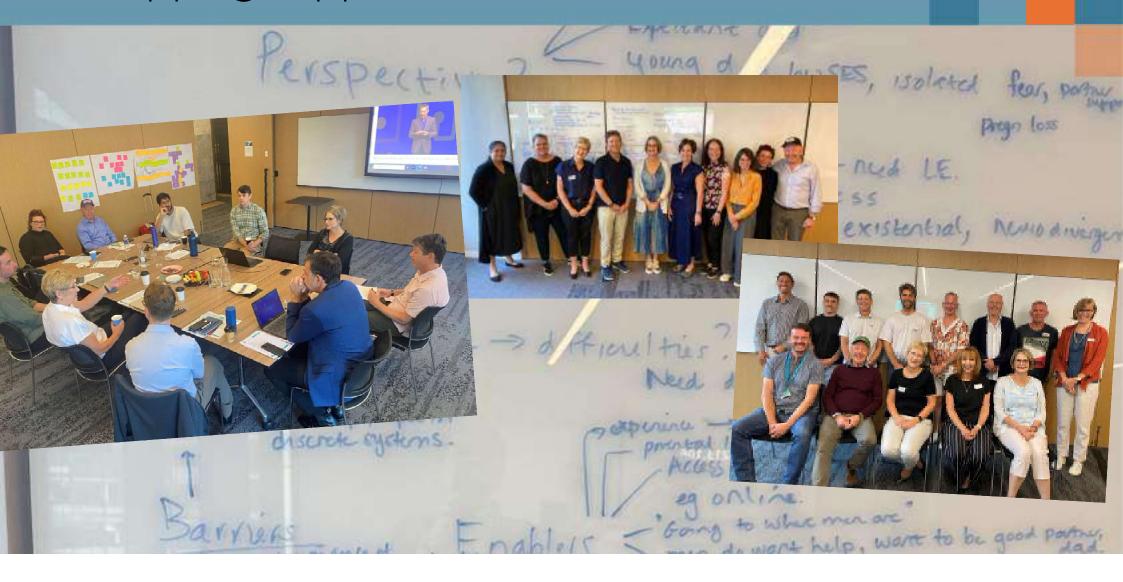
The service perspective

"If we want to support women to be able to have the choices ...around their health, around their well-being and their lives, we actually have to make sure that the men are identified and supported and helped too" – perinatal service provider

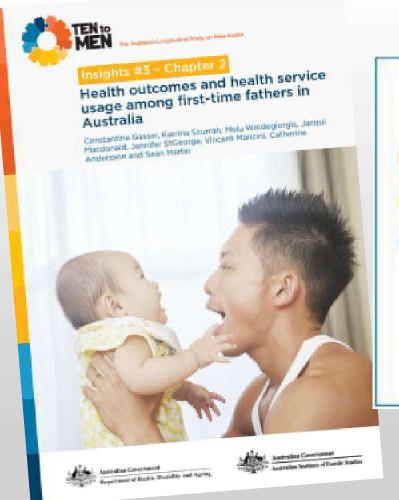
... you know it's in the title, 'family' centre even though most of our admitted clients are women, you know, those women are, mostly, part of a family unit so the emphasis is on that family unit"



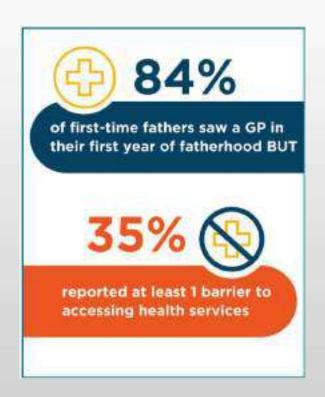
Mapping supports for fathers



First-time fathers in Australia







Australian Preconception Paternal Mental Healthcare Living Guidelines





Scan to the code be notified when the public consultation opens

Australian Fatherhood Research Consortium



Keep up to date through LinkedIn



Save the date for the annual Australian Fatherhood Research Symposium

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- To all the organisations and practitioners working with future and current fathers and to those who are lobbying their organisations to make father inclusion standard practice.
- To the Australian Fatherhood Research Consortium
- To SEED Lifespan Strategic Research Centre

