Fathers’ experiences of depression during the perinatal period

Recommendations*

- Health care professionals who encounter men with depressive symptoms should be aware that depression may present differently in the perinatal period of fatherhood. (Grade B)
- Training of health visitors (family nurses) to deliver transparent, sensitive care may be beneficial for building supportive relationships with fathers. (Grade B)

*Please refer to JBI Grades of Recommendations.

Information Source
This Best Practice Information Sheet is a summary of evidence derived from a systematic review published in 2022 in JBI Evidence Synthesis.[1]

Background
Historically, perinatal depression has been viewed as a condition that affects women. However, research shows that perinatal depression is experienced by both mothers and fathers, with figures estimating 11.9% for mothers, and 8.4% for fathers. The incidence of perinatal depression in fathers is considered highest after the first year of birth, with reported negative consequences not only for the father but also the wider family unit. Perinatal depression is reported to be associated with increased risk of suicide in fathers, reduced father–infant interaction, and behavioral difficulties in children.

While there is a substantial amount of research investigating maternal perinatal depression, little is known about the presentation of perinatal depression in men. Research suggests that paternal perinatal depression symptoms may differ from maternal perinatal depression symptoms and may present as low mood, negative emotions, irritability, and anger. Furthermore, there is a lack of knowledge and understanding around the way fathers seek help for perinatal depression.

Gaining insight into fathers’ experiences of perinatal depression and their help-seeking behaviors will assist in developing a deeper level of understanding and knowledge of the emotions experienced by fathers with paternal perinatal depression and how the condition impacts their relationships with partners, infants, and others. The findings of this review may lead to an improvement in the professional support offered to fathers experiencing perinatal depression.

Objectives
To present the best available evidence on fathers’ experiences of perinatal depression, including their understanding of the condition, the impact it has on their relationships, and their help-seeking and support experiences during the perinatal period.

Phenomenon of interest
The phenomenon of interest is the lived experiences of biological fathers (18 years or older) with depression/postnatal depression or depressive symptoms during the perinatal period. Studies focusing on trauma or perinatal loss were excluded due to grief being a cause of distress.

Quality of the research
A total of nine qualitative studies were included in the systematic review and published between 2002 and 2021. The study designs of the included studies were reported as phenomenology, interpretive phenomenological analysis, thematic analysis, framework analysis, or content analysis. The methodological quality of the included studies was independently assessed by two reviewers using the JBI critical appraisal checklist for qualitative studies. Overall, the quality of the studies was considered moderate. Each study had congruency between the methodology and research question, data collection methods, analysis of data, and interpretation of results.
Findings
A total of 138 fathers (including 49 reported first-time fathers) from the United Kingdom (five studies), United States (two studies), Australia (one study), and Denmark (one study) were included. Only two studies specifically focused on paternal perinatal depression, with the remaining studies focused on father mental health or fathers within the context of maternal mental health. The JBI approach to qualitative evidence synthesis was utilized to extract, synthesize, and present the findings. A total of 109 findings were extracted and grouped into 22 categories, which were subsequently aggregated into six synthesized findings described below.

Synthesized finding 1: Mental health literacy around paternal perinatal depression is poor among men
The findings indicated that fathers often do not recognize or understand their distress as (postnatal/perinatal) depression, but rather as stress, powerlessness, negative emotions, feeling trapped, or shame.

“The difference between perceptions and reality of fatherhood, and the difficulties that arise from this, caused them to feel inadequate.”

Synthesized finding 2: Relationships are experienced as both comforting and distressing in the perinatal period
Findings from the included studies suggested that relationships can be complex (both comforting and distressing) in the perinatal period. Some participants described feeling distant from their partner and unable to bond with their child. Others also suggested that transitioning to new relationships in the household can trigger resentment, frustration, and strain in fathers, and may increase feelings of isolation.

“Things became very difficult and pushed us apart.”
However, many fathers continued to prioritize their partner’s and child’s well-being over their own.

Synthesized finding 3: Fathers in the perinatal period do experience depression, but this is avoided, normalized, or hidden
Findings suggested that fathers can and do experience depression in the perinatal period, but frequently these experiences are avoided, normalized, or hidden. Fathers reported coping with their feelings by avoiding emotions and detaching, which impacted on their parenting and their ability to bond with their child.

“I tend to keep it in myself, so you know, I battle it myself”; “I’d just get on with it. I would just deal with it myself.”
Many fathers attempted to normalize their distress as a natural aspect of being a father.

Synthesized finding 4: Fathers feel judged about mental health difficulties and so are reluctant to disclose them
Findings from the included studies suggested that many fathers feel judged about experiencing mental health difficulties and were therefore reluctant to disclose them. Findings suggested that men can internalize social expectations around masculinity and fatherhood, and their new role causes them to feel conflicted and confused in terms of being an involved father but also seeking support.

“there’s always the fear, if you open yourself up and you explain how you are feeling emotionally, like blokes will, sort of, ridicule you, don’t be so airy fairy, you know, that, sort of thing.”

In the included studies, participants were worried about others’ reactions when disclosing their mental health difficulties to family and friends.

Synthesized finding 5: Help-seeking in fathers is prevented by non-targeted support for fathers
Findings from the included studies suggested that there is no clear pathway for fathers to follow to seek help. A lack of father-specific information on perinatal depression and non-targeted support for fathers contributed to poor mental health literacy around perinatal depression and prevented help-seeking behaviors in fathers. Fathers reported fears of wasting health professionals’ time and often avoided seeking help. Many fathers waited until they had reached crisis point before seeking help, with the main preferred support a general practitioner.

“Personally I think I [. . .] quite often end up seeking help when it’s when something’s reached breaking point.”
When seeking help, some fathers also reported that being screened for depression helped them to think about their symptoms and link these to depression.

Synthesized finding 6: All men have the potential to struggle because fatherhood is challenging
The normative changes of fatherhood can create physical and mental burdens for fathers, which start in pregnancy. Additional stressors, such as perinatal depression in the mother or breastfeeding difficulties, can be overwhelming. Men described coping with these changes at home through the routine of work but could also feel strained as the ‘financial rock’ of the family.

“When you have had no sleep, you are pulling your hair out and you have bags under your eyes and you think, why have I bothered, why are we having a family.”
Conclusions
Fathers can experience depression in the perinatal period through negative emotions, such as stress, anger, and irritability, and by feeling powerless, trapped, and ashamed. Findings suggested that, generally, men experience poor health literacy around perinatal depression, and this lack of understanding, along with a lack of perinatal support available for fathers, may impact help-seeking behavior.

Implications for practice
This review identified areas of consideration for health care professionals who encounter fathers in practice. Firstly, it has been acknowledged that fathers may experience depression differently to mothers in the perinatal period, and the general practitioner is often the preferred contact for men. In the case of fathers presenting with depression, the perinatal context should be considered. Secondly, training of health visitors (such as family nurses) to deliver transparent and sensitive care is recommended to build supportive relationships with fathers in the perinatal period.
**Relationships are experienced as both comforting and distressing in the perinatal period.**

- Health care professionals who encounter men with depressive symptoms should be aware that depression may present differently in the perinatal period of fatherhood.

- Training of health visitors (family nurses) to deliver transparent, sensitive care may be beneficial for building supportive relationships with fathers.

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**Mental health literacy around paternal perinatal depression is poor among men.**

- Help-seeking in fathers is prevented by non-targeted support for fathers.

- Fathers feel judged about mental health difficulties and so are reluctant to disclose them.

- Fathers in the perinatal period do experience depression, but this is avoided, normalized, or hidden.

- Fathers feel judged about mental health difficulties and so are reluctant to disclose them.

- All men have the potential to struggle because fatherhood is challenging.

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**RECOMMENDATIONS FOR PRACTICE**

**AWARENESS**

Health care professionals who encounter men with depressive symptoms should be aware that depression may present differently in the perinatal period of fatherhood.

**TRAINING**

Training of health visitors (family nurses) to deliver transparent, sensitive care may be beneficial for building supportive relationships with fathers.

(Grade B)
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References

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