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Date: 24 January 2020

Sources Searched: Medline, Embase, PsycINFO

Impact of Paternal Mental Health on Pregnancy Outcomes and Child Wellbeing

[See full search strategy](#)

1. The effects of paternal perinatal depression on socioemotional and behavioral development of children: A meta-analysis of prospective studies

Author(s): Cui C.; Yang Y.; Liu C.; Cao P.; Wang L.; Li M.

Source: Psychiatry Research; Feb 2020; vol. 284

Publication Date: Feb 2020

Publication Type(s): Review

PubMedID: 31927302

Abstract: A meta-analysis was conducted to analyze the literature concerning the effects of paternal perinatal depression (PPND) on socioemotional and behavioral development in children. We assessed the literature using searches in PubMed, Web of Science, the Cochrane Library, and Embase from inception to November 2019 and supplemented it by manual searches. Two authors independently selected the eligible studies and extracted data, and three authors assessed the quality of the studies. To explore the effects of PPND on a child's socioemotional and behavioral development, a random-effects meta-analysis was conducted, followed by the construction of a funnel plot. Nine studies were included for review. The pooled odds ratio (OR) of behavioral problems in children with PPND as compared to non-PPND was 1.209 (95% CI: 1.137-1.285), the pooled OR of emotional problems in children with PPND was 1.265 (95% CI: 1.180-1.356), and the pooled OR of social functions in children with PPND was OR=1.299 (95% CI: 0.972-1.736). PPND may play a significant role in adversely impacting the emotional and behavioral development in children during early childhood. Thus, interventions for PPND should be initiated to make up the negative effect of PPND on a child's emotional and behavioral development. Copyright © 2020 Elsevier B.V.

Database: EMBASE

2. Paternal history of depression or anxiety disorder and infant–father attachment

Author(s): Lucassen, Nicole; Tharner, Anne; Prinzie, Peter; Verhulst, Frank C.; Jongerling, Joran; Bakermans-Kranenburg, Marian J.; IJzendoorn, Marinus H.; Tiemeier, Henning

Source: Infant and Child Development; 2018; vol. 27 (no. 2); p. 1-11

Publication Date: 2018

Publication Type(s): Journal Peer Reviewed Journal Journal Article

Available at [Infant and Child Development](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [Infant and Child Development](#) - from Unpaywall

Abstract:Paternal depression and anxiety are important risk factors for a problematic parent–child relationship and subsequent child development. We explored the association between paternal history of depression and anxiety disorder and infant–father attachment security, taking into account the possible mediating roles of sensitivity and perceived family stress. In a sample of 94 infant–father dyads, a structured diagnostic interview and a questionnaire on family stress were administered during pregnancy. Paternal sensitivity was observed using the Ainsworth coding scales, and infant–father attachment was observed in the strange situation procedure during a lab visit at 14 months. Linear regression models were used to examine the association of father's lifetime depression or anxiety with the continuous scales for infant–father attachment security and disorganization. Father's history of depression or anxiety disorder was not significantly related to infant–father attachment security in the total sample. Interestingly, daughters of fathers with a history of depression or anxiety had higher scores on attachment security than daughters of fathers without this diagnosis. Perceived family stress and paternal sensitivity were not significant mediators. We discuss these unexpected findings, suggesting alternative mechanisms for how paternal vulnerability to depression or anxiety may be associated with the infant–father attachment relationship. Highlights: 1. We examine the association between paternal history of depression and anxiety disorder and infant-father attachment security. 2. In 94 infant-father dyads, a structured diagnostic interview was administered and infant-father attachment was observed in the Strange Situation Procedure. 3. Daughters of fathers with a psychiatric history had higher scores on attachment security. Mechanisms of paternal vulnerability are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

3. Mental health and wellbeing during the transition to fatherhood: a systematic review of first time fathers' experiences.

Author(s): Baldwin, Sharin; Malone, Mary; Sandall, Jane; Bick, Debra

Source: JBI database of systematic reviews and implementation reports; Nov 2018; vol. 16 (no. 11); p. 2118-2191

Publication Date: Nov 2018

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article Systematic Review

PubMedID: 30289768

Available at [JBI database of systematic reviews and implementation reports](#) - from Ovid (LWW Total Access Collection 2019 - with Neurology)

Available at [JBI database of systematic reviews and implementation reports](#) - from Unpaywall

Abstract:OBJECTIVEThe aim of this systematic review was to identify and synthesize the best available evidence on first time fathers' experiences and needs in relation to their mental health and wellbeing during their transition to fatherhood.INTRODUCTIONMen's mental health and wellbeing during their transition to fatherhood is an important public health issue that is currently under-researched from a qualitative perspective and poorly understood.INCLUSION CRITERIAResident first time fathers (biological and non-biological) of healthy babies born with no identified terminal or long-term conditions were included. The phenomena of interest were their experiences and needs in relation to mental health and wellbeing during their transition to fatherhood, from commencement of pregnancy until one year after birth. Studies based on qualitative data, including, but not limited to, designs within phenomenology, grounded theory, ethnography and action research were included.METHODSA three-step search strategy was used. The search strategy explored published and unpublished qualitative studies from 1960 to September 2017. All included studies were assessed by two independent reviewers and any disagreements were resolved by consensus or with a third reviewer. The recommended Joanna Briggs Institute (JBI) approach to critical appraisal, study selection, data extraction and data synthesis was used.RESULTSTwenty-two studies met the eligibility criteria and were included in the review, which were then assessed to be of moderate to high quality (scores 5-10) based on the JBI Critical Appraisal Checklist for Qualitative Research. The studies were published between 1990 and 2017, and all used qualitative methodologies to accomplish the overall aim of investigating the experiences of expectant or new fathers. Nine studies were from the UK, three from Sweden, three from Australia, two from Canada, two from the USA, one from Japan, one from Taiwan and one from Singapore. The total number of first time fathers included in the studies was 351. One hundred and forty-four findings were extracted from the included studies. Of these, 142 supported findings were aggregated into 23 categories and seven synthesized findings: 1) New fatherhood identity, 2) Competing challenges of new fatherhood, 3) Negative feelings and fears, 4) Stress and coping, 5) Lack of support, 6) What new fathers want, and 7) Positive aspects of fatherhood.CONCLUSIONSBased on the synthesized findings, three main factors that affect first time fathers' mental health and wellbeing during their transition to fatherhood were identified: the formation of the fatherhood identity, competing challenges of the new fatherhood role and negative feelings and fears relating to it. The role restrictions and changes in lifestyle often resulted in feelings of stress, for which fathers used denial or escape activities, such as smoking, working longer hours or listening to music, as coping techniques. Fathers wanted more guidance and support around the preparation for fatherhood, and partner relationship changes. Barriers to accessing support included lack of tailored information resources and acknowledgment from health professionals. Better preparation for fatherhood, and support for couple relationships during the transition to parenthood could facilitate better experiences for new fathers, and contribute to better adjustments and mental wellbeing in new fathers.

Database: Medline

4. Associations of paternal postpartum depressive symptoms and infant development in a Chinese longitudinal study

Author(s): Ip, Patrick; Li, Tim M. H.; Chan, Ko Ling; Ting, Annie Yan Yan; Chan, Chui Yi; Koh, Yee Woen; Ho, Frederick Ka Wing; Lee, Antoinette

Source: Infant Behavior & Development; Nov 2018; vol. 53 ; p. 81-89

Publication Date: Nov 2018

Publication Type(s): Journal Peer Reviewed Journal Journal Article

Abstract:Although fathers actively provide infant care and support to their partners in modern societies, data on fathers' difficulties and mental health problems is still limited. This study examined paternal postpartum depression and its adverse impact on infants, and the possible mediating role of father-infant attachment in the link between fathers' depressive symptoms and infants' outcomes. Pregnant women and their partners were recruited from the antenatal clinics of two public hospitals in Hong Kong. Information about paternal and maternal depression, paternal-infant attachment, and infant development were collected at antenatal period, 6 weeks and 6 months postpartum. Linear regression was employed to examine risk factors for paternal depression symptoms, and mediation analysis was conducted to examine the mediating mechanisms. 121 couples joined the longitudinal study and completed all the assessments. Paternal postpartum depression symptoms were associated with fathers' prenatal depression symptoms, and mothers' postpartum depression symptoms. Fathers with postpartum depression symptoms experienced reduced paternal-infant attachment, which also acted as mediators between postpartum depression in fathers and adverse infants' social development. Effective assessment and interventions targeted at preventing or identifying and reducing paternal postpartum depression and improving father-infant relationship would help to lower the risk of infant disorders and poor development. Strategies improving the fathers' mental health during antenatal period and their partner's psychosocial well-being may also reduce paternal postpartum depression. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

5. DOES FATHERS' PRENATAL MENTAL HEALTH BEAR A RELATIONSHIP TO PARENTING STRESS AT 6 MONTHS?

Author(s): Skjothaug, Thomas; Smith, Lars; Wentzel-Larsen, Tore; Moe, Vibeke

Source: Infant mental health journal; Sep 2018; vol. 39 (no. 5); p. 537-551

Publication Date: Sep 2018

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 30091797

Available at [Infant mental health journal](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Abstract: This study aimed to explore fathers' mental health and retrospectively reported adverse childhood experiences during pregnancy, as well as various pathways predicting self-reported stress at 6 months' postpartum as assessed by the Parenting Stress Index (PSI; R.R. Abidin,). A total of 835 fathers contributed data to the study. Data collection comprised five time points during pregnancy and one at 6 months' postpartum. The main analyses were performed using linear regression and path analyses. First, linear regression analyses showed that paternal anxiety symptoms during pregnancy predicted stress scores in the PSI child domain at 6 months (coefficient = 0.36). Second, path analyses showed that depressive symptoms during pregnancy predicted parenting stress in the child domain, mediated by spousal disharmony at 6 months' postpartum (coefficient = 0.77). Third, adverse childhood experiences scores predicted parenting stress in the child domain by two different pathways: one mediated by anxiety symptoms in pregnancy (coefficient = 0.29) and the other by depressive symptoms in pregnancy and experienced spousal disharmony at 6 months' postpartum (coefficient = 0.77). The findings suggest that fathers' symptoms of anxiety and depression during pregnancy as well as adverse childhood experiences predict paternal stress and a negative perception of their children's behavior at 6 months' postpartum.

Database: Medline

6. Prevalence and determinants of antepartum depressive and anxiety symptoms in expectant mothers and fathers: results from a perinatal psychiatric morbidity cohort study in the east and west coasts of Malaysia.

Author(s): Nasreen, Hashima E; Rahman, Jamalludin Ab; Rus, Razman Mohd; Kartiwi, Mira; Sutan, Rosnah; Edhborg, Maigun

Source: BMC psychiatry; Jun 2018; vol. 18 (no. 1); p. 195

Publication Date: Jun 2018

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 29902985

Available at [BMC psychiatry](#) - from BioMed Central

Available at [BMC psychiatry](#) - from SpringerLink - Medicine

Available at [BMC psychiatry](#) - from Europe PubMed Central - Open Access

Available at [BMC psychiatry](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC psychiatry](#) - from Unpaywall

Abstract:BACKGROUNDResearch on antepartum psychiatric morbidities investigating depressive and anxiety symptoms in expectant mothers and fathers is lacking in low- and middle-income countries. This study aimed to estimate the prevalence of antepartum depressive, anxiety and co-occurring significant symptoms and explore the associated factors in a cross-section of Malaysian expectant mothers and fathers.METHODSWe used cross-sectional data from a prospective cohort study of 911 expectant mothers and 587 expectant fathers during their third trimester of pregnancy, from health clinics of two states in the east and west coasts of Malaysia. The validated Malay version of Edinburgh Postnatal Depression Scale and the anxiety sub-scale of Depression, Anxiety and Stress Scale were used to measure the depressive and anxiety symptoms. Multiple logistic regression analyses identified the determinants of antepartum depressive and anxiety symptoms (ADS and AAS).RESULTSPrevalence of ADS was 12.2% in expectant mothers and 8.4% in expectant fathers, while AAS was 28.8% in expectant mothers and 13.3% in expectant fathers, and co-occurring significant symptoms was 8.0% in expectant mothers and 4.0% in expectant fathers. Expectant mothers and fathers having perceived social/family support were less likely to suffer from ADS. Intimate partner violence, poor relationship with husbands, depression in earlier pregnancy and husband's depression in current pregnancy in expectant mothers, and living in rented house, sex preference for the unborn child, stressful life events and wife's depression in current pregnancy in expectant fathers were associated with a greater likelihood of ADS. The determinants for AAS were living in rented house and with parents/in-laws, poor relationship with husbands, restrictions during pregnancy and stressful life events for expectant mothers, and stressful life events and being unsupportive towards wives in household chores for expectant fathers.CONCLUSIONBoth ADS and AAS are prevalent in expectant mothers and fathers, and largely an undetected problem in Malaysia. Administration of couple-based screening and referral program during antenatal check-up should be universal practices to identify and treat the psychiatric morbidities.

Database: Medline

7. Paternal Mental Health: Why Is It Relevant?

Author(s): Fisher, Sheehan D

Source: American journal of lifestyle medicine; 2017; vol. 11 (no. 3); p. 200-211

Publication Date: 2017

Publication Type(s): Journal Article Review

PubMedID: 30202331

Available at [American journal of lifestyle medicine](#) - from Unpaywall

Abstract: Father's mental health is an emerging area of interest that is beginning to be recognized in research, and to a lesser extent in clinical practice and society. Fathers are part of a parenting dyad with 2 partners who are responsible for their children's emotional development. Similar to mothers, the risk for mental health problems increases once a male becomes a father, but there is limited research examining this issue. The purpose of this review is to present the available literature on father's mental health and its effect on child emotional health through various mechanisms. In general, father's mental health was found to be related to increased child internalizing and externalizing behaviors, but each disorder had different risk factors, and a unique effect on parenting behaviors and the child's emotional health. The most developed paternal mental health literature is focused on depression. However, key conceptual and methodological problems exist that may limit our understanding of paternal depression. Additionally, the focus on paternal depression may not accurately represent the largest risk for paternal psychopathology and the resultant child mental health outcomes because men have an increased likelihood of displaying externalizing behaviors. Implications for research, clinical practice, and policy are discussed.

Database: Medline

8. Untreated perinatal paternal depression: Effects on offspring.

Author(s): Gentile, Salvatore; Fusco, Maria Luigia

Source: Psychiatry research; Jun 2017; vol. 252 ; p. 325-332

Publication Date: Jun 2017

Publication Type(s): Journal Article Review

PubMedID: 28314228

Abstract: Transition to parenthood represents an important life event which increases vulnerability to psychological disorders. Aim of this article is to analyze all studies which investigated the effects of untreated perinatal paternal depression in offspring. We searched pertinent, peer-reviewed articles published in English (January 1980 to April 2016) on MEDLINE, PsycINFO, and Science.gov. Twenty-three studies met the inclusion criteria. Most of the reviewed studies suffer from methodological limitations, including the small sample, the lack of a structured psychiatric diagnosis, and inclusion bias. Despite such limitations, paternal depression seems to be associated with an increased risk of developmental and behavioural problems and even psychiatric disorders in offspring. In particular, in infants and toddlers such problems vary from increased crying to hyperactivity and conduct problems to psychological and developmental impairment, and poor social outcomes. School-age children of depressed fathers have a doubled risk for suffering from specific psychiatric disorders. Hence, facilitating access to vigorous and evidence based treatments is a public health opportunity for improving the quality of life of depressed parents and their children. Evidences emerging from this review actually suggest that the traditional gender-focused approach to perinatal mood disorders should be completed by a family-centred approach, in order to improve the effectiveness of perinatal mental health programs.

Database: Medline

9. Fathers' views and experiences of their own mental health during pregnancy and the first postnatal year: A qualitative interview study of men participating in the UK Born and Bred in Yorkshire (BaBY) cohort

Author(s): Darwin Z.; McGowan L.; Galdas P.; McMillan D.; Gilbody S.; Hinchliff S.; Littlewood E.

Source: BMC Pregnancy and Childbirth; Jan 2017; vol. 17 (no. 1)

Publication Date: Jan 2017

Publication Type(s): Article

PubMedID: 28125983

Available at [BMC pregnancy and childbirth](#) - from BioMed Central

Available at [BMC pregnancy and childbirth](#) - from SpringerLink - Medicine

Available at [BMC pregnancy and childbirth](#) - from Europe PubMed Central - Open Access

Available at [BMC pregnancy and childbirth](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC pregnancy and childbirth](#) - from Unpaywall

Abstract:Background: The prevalence of fathers' depression and anxiety in the perinatal period (i.e. from conception to 1 year after birth) is approximately 5-10%, and 5-15%, respectively; their children face increased risk of adverse emotional and behavioural outcomes, independent of maternal mental health. Critically, fathers can be protective against the development of maternal perinatal mental health problems and their effects on child outcomes. Preventing and treating paternal mental health problems and promoting paternal psychological wellbeing may therefore benefit the family as a whole. This study examined fathers' views and direct experiences of paternal perinatal mental health. Method(s): Men in the Born and Bred in Yorkshire (BaBY) epidemiological prospective cohort who met eligibility criteria (baby born <12 months; completed Mental Health and Wellbeing [MHWB] questionnaires) were invited to participate. Those expressing interest (n = 42) were purposively sampled to ensure diversity of MHWB scores. In-depth interviews were conducted at 5-10 months postpartum with 19 men aged 25-44 years. The majority were first-time fathers and UK born; all lived with their partner. Data were analysed using thematic analysis. Result(s): Four themes were identified: 'legitimacy of paternal stress and entitlement to health professionals' support', 'protecting the partnership', 'navigating fatherhood', and, 'diversity of men's support networks'. Men largely described their 'stress' with reference to exhaustion, poor concentration and irritability. Despite feeling excluded by maternity services, fathers questioned their entitlement to support, noting that services are pressured and 'should' be focused on mothers. Men emphasised the need to support their partner and protect their partnership as central to the successfully navigation of fatherhood; they used existing support networks where available but noted the paucity of tailored support for fathers. Conclusion(s): Fathers experience psychological distress in the perinatal period but question the legitimacy of their experiences. Men may thus be reluctant to express their support needs or seek help amid concerns that to do so would detract from their partner's needs. Resources are needed that are tailored to men, framed around fatherhood, rather than mental health or mental illness, and align men's self-care with their role as supporter and protector. Further research is needed to inform how best to identify and manage both parents' mental health needs and promote their psychological wellbeing, in the context of achievable models of service delivery. Copyright © 2017 The Author(s).

Database: EMBASE

10. Perinatal mental health: Fathers - the (mostly) forgotten parent

Author(s): Wong O.; Nguyen T.; Thomas N.; Thomson-Salo F.; Handrinos D.; Judd F.

Source: Asia-Pacific Psychiatry; Dec 2016; vol. 8 (no. 4); p. 247-255

Publication Date: Dec 2016

Publication Type(s): Review

PubMedID: 26293755

Available at [Asia-Pacific psychiatry : official journal of the Pacific Rim College of Psychiatrists](#) - from Wiley Online Library Science , Technology and Medicine Collection 2019

Abstract:Introduction: The importance of parental mental health as a determinant of infant and child outcomes is increasingly acknowledged. Yet, there is limited information regarding paternal mental health during the perinatal period. The aim of this review is to summarize existing clinical research regarding paternal mental health in the perinatal period in various contexts, and its possible impact on infant development. Method(s): An electronic literature search was conducted using MEDLINE and PubMed databases. Key texts were used to cross-check for any further articles of interest. Result(s): Men are at increased risk of mental health problems during the transition to fatherhood, as well as during the perinatal period. Paternal mental health during the perinatal period has been shown to impact on their child's emotional and behavioral development. However, research addressing the needs of fathers with mental illness and the impact of their illness on their infant and family has been limited. Conclusion(s): A paradigm shift is required, from a focus on women following childbirth and women with pre-existing psychiatric disorders, to a broader family perspective with the focus firmly on parent-infant relationships. This paradigm shift needs to involve greater research into the fathering role and paternal mental illness during the perinatal period, including further studies into risk factors, impact on the family system, and the most appropriate form of intervention and service provision. Copyright © 2015 Wiley Publishing Asia Pty Ltd

Database: EMBASE

11. The effects of paternal depression on child and adolescent outcomes: A systematic review.

Author(s): Sweeney, Shaun; MacBeth, Angus

Source: Journal of affective disorders; Nov 2016; vol. 205 ; p. 44-59

Publication Date: Nov 2016

Publication Type(s): Journal Article Review Systematic Review

PubMedID: 27414953

Abstract:BACKGROUND Paternal depression has been associated with suboptimal developmental outcomes in offspring. We sought to systematically review the research evidence from prospective studies for an association between paternal depression and child adolescent emotional and behavioral outcomes. We also reviewed potential mediators of this association and sources of methodological bias. METHODS A systematic review was conducted using the following databases: Medline, EMBASE, PsycINFO and Google Scholar. Reference lists of the included papers were also searched. RESULTS Twenty-one studies were included in the review. Findings suggested that paternal depression does negatively impact upon offspring development. This impact is observable when paternal depression is present in the antenatal and postnatal stages and during offspring adolescence. The strength of this association is strongly reliant upon a number of contextual mediators, namely; paternal negative expressiveness, hostility and involvement and marital conflict. A quality assessment rating showed the studies were relatively strong methodologically. LIMITATIONS Heterogeneity regarding method of assessment and the magnitude and timing of exposure hinder attempts to make strong conclusions regarding the trajectory of

paternal depression and its effects on child and adolescent outcomes.**CONCLUSIONS**Paternal mental health screening during pregnancy is necessary in order to identify and prevent depression negatively impacting offspring functioning. Including both parents in this process should encourage the alleviation of the environmental mediators which dominate the negative association outlined within the review. Research examining gene-environment interaction is necessary to uncover more accurate details regarding paternal depression and subsequent offspring vulnerability.

Database: Medline

12. A systematic review of interventions targeting paternal mental health in the perinatal period

Author(s): Rominov H.; Pilkington P.D.; Giallo R.; Whelan T.A.

Source: Infant Mental Health Journal; May 2016; vol. 37 (no. 3); p. 289-301

Publication Date: May 2016

Publication Type(s): Article

PubMedID: 27079685

Available at [Infant mental health journal](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Abstract:Interventions targeting parents' mental health in the perinatal period are critical due to potential consequences of perinatal mental illness for the parent, the infant, and their family. To date, most programs have targeted mothers. This systematic review explores the current status and evidence for intervention programs aiming to prevent or treat paternal mental illness in the perinatal period. Electronic databases were systematically searched to identify peer-reviewed studies that described an intervention targeting fathers' mental health in the perinatal period. Mental health outcomes included depression, anxiety, and stress as well as more general measures of psychological functioning. Eleven studies were identified. Three of five psychosocial interventions and three massage-technique interventions reported significant effects. None of the couple-based interventions reported significant effects. A number of methodological limitations were identified, including inadequate reporting of study designs, and issues with the timing of interventions. The variability in outcomes measures across the studies made it difficult to evaluate the overall effectiveness of the interventions. Father-focused interventions aimed at preventing perinatal mood problems will be improved if future studies utilize more rigorous research strategies. Copyright © 2016 Michigan Association for Infant Mental Health.

Database: EMBASE

13. Postnatal depressive symptoms among mothers and fathers of infants born preterm: Prevalence and impacts on children's early cognitive function

Author(s): Cheng, Erika R.; Kotelchuck, Milton; Gerstein, Emily D.; Taveras, Elsie M.; Poehlmann-Tynan, Julie

Source: Journal of Developmental and Behavioral Pediatrics; Jan 2016; vol. 37 (no. 1); p. 33-42

Publication Date: Jan 2016

Publication Type(s): Journal Peer Reviewed Journal Journal Article

Available at [Journal of Developmental and Behavioral Pediatrics](#) - from Ovid (LWW Total Access Collection 2019 - with Neurology)

Abstract:Objective: Preterm birth is associated with lower cognitive functioning. One potential pathway is postnatal parental depression. The authors assessed depressive symptoms in mothers and fathers after preterm birth, and identified the impacts of both prematurity and parental depressive symptoms on children's early cognitive function. Method: Data were from the nationally representative Early Childhood Longitudinal Study, Birth Cohort (n = 5350). Depressive symptoms at 9 months were assessed by the Center for Epidemiologic Studies Depression Scale (CESD) and children's cognitive function at 24 months by the Bayley Short Form, Research Edition. Weighted generalized estimating equation models examined the extent to which preterm birth, and mothers' and fathers' postnatal depressive symptoms impacted children's cognitive function at 24 months, and whether the association between preterm birth and 24-month cognitive function was mediated by parental depressive symptoms. Results: At 9 months, fathers of very preterm (<32 weeks gestation) and moderate/late preterm (32–37 weeks gestation) infants had higher CESD scores than fathers of term-born (≥ 37 weeks gestation) infants (p value = .02); preterm birth was not associated with maternal depressive symptoms. In multivariable analyses, preterm birth was associated with lower cognitive function at 24 months; this association was unaffected by adjustment for parental depressive symptoms. Fathers', but not mothers', postnatal depressive symptoms predicted lower cognitive function in the fully adjusted model ($\beta = -0.11$, 95% confidence interval, -0.18 to -0.03). Conclusion: Fathers of preterm infants have more postnatal depressive symptomology than fathers of term-born infants. Fathers' depressive symptoms also negatively impact children's early cognitive function. The national findings support early identification and treatment of fathers of preterm infants with depressive symptoms. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

14. Postnatal paternal depressive symptoms associated with fathers' subsequent parenting: findings from the Millennium Cohort Study.

Author(s): Nath, Selina; Russell, Ginny; Ford, Tamsin; Kuyken, Willem; Psychogiou, Lamprini

Source: The British journal of psychiatry : the journal of mental science; Dec 2015; vol. 207 (no. 6); p. 558-559

Publication Date: Dec 2015

Publication Type(s): Journal Article

PubMedID: 26494871

Available at [The British journal of psychiatry : the journal of mental science](#) - from Unpaywall

Abstract: Impaired parenting may lie on the causal pathway between paternal depression and children's outcomes. We use the first four surveys of the Millennium Cohort Study to investigate the association between paternal depressive symptoms and fathers' parenting (negative, positive and involvement). Findings suggest that postnatal paternal depressive symptoms are associated with fathers' negative parenting. This has implications for the design of intervention programmes for parents with depression and young children.

Database: Medline

15. Paternal depression in the postnatal period and child development: mediators and moderators.

Author(s): Gutierrez-Galve, Leticia; Stein, Alan; Hanington, Lucy; Heron, Jon; Ramchandani, Paul

Source: Pediatrics; Feb 2015; vol. 135 (no. 2); p. e339

Publication Date: Feb 2015

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 25560437

Available at [Pediatrics](#) - from HighWire - Free Full Text Full text is available free online for 4 years following an initial 1-year embargo after publication.

Available at [Pediatrics](#) - from Unpaywall

Abstract: **OBJECTIVE** To explore potential mediating and moderating factors that influence the association between paternal depression in the postnatal period and subsequent child behavioral and emotional problems. **METHODS** A population-based cohort (N = 13,822) from the Avon Longitudinal Study of Parents and Children (ALSPAC) was recruited during pregnancy. Paternal and maternal depressive symptoms were assessed with the Edinburgh Postnatal Depression Scale at 8 weeks after the birth of the child. Child outcomes were assessed at 3.5 years by using the Rutter revised preschool scales and at 7 years by using the Strengths and Difficulties Questionnaire. Path analysis was used to assess hypothesized mediators (ie, depression in the other parent, couple conflict, and paternal noninvolvement) of the associations between both paternal and maternal depression and child outcomes. We also tested for hypothesized moderators (ie, paternal education and antisocial traits). **RESULTS** Family factors (maternal depression and couple conflict) mediated two-thirds of the overall association between paternal depression and child outcomes at 3.5 years. Similar findings were seen when children were 7 years old. In contrast, family factors mediated less than one-quarter of the association between maternal depression and child outcomes. There was no evidence of moderating effects of either parental education or antisocial traits. **CONCLUSIONS** The majority of the association between depression in fathers postnatally and subsequent child behavior is explained by the mediating role of family environment, whereas the association between depression in mothers and child outcomes appears to be better explained by other factors, perhaps including direct mother-infant interaction.

Database: Medline

16. Does paternal mental health in pregnancy predict physically aggressive behavior in children?

Author(s): Kvalevaag, Anne Lise; Ramchandani, Paul G; Hove, Oddbjørn; Eberhard-Gran, Malin; Assmus, Jörg; Assmus, Jurg; Havik, Odd E; Haavik, Odd E; Sivertsen, Børge; Biringer, Eva

Source: European child & adolescent psychiatry; Oct 2014; vol. 23 (no. 10); p. 993-1002

Publication Date: Oct 2014

Publication Type(s): Research Support, Non-u.s. Gov't Research Support, N.i.h., Extramural Journal Article

PubMedID: 25048427

Available at [European child & adolescent psychiatry](#) - from SpringerLink - Medicine

Available at [European child & adolescent psychiatry](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract:The aim was to study the association between paternal mental health and physically aggressive behavior in children. This study is based on 19,580 father-child dyads from the Norwegian Mother and Child Cohort Study (MoBa). Fathers' mental health was assessed by self-report (Symptom Checklist-5, SCL-5) in week 17 or 18 of gestation. Children's behavior (hitting others) was obtained by mothers' reports. A multinomial logistic regression model was performed. Expectant fathers' high level of psychological distress was found to be a significant risk factor only for girls hitting, adjusted OR = 1.46 (1.01-2.12), $p = 0.043$, but not for boys. High levels of mental distress in fathers predict their daughters' hitting at 5 years of age.

Database: Medline

17. Fathers' postnatal mental health and child well-being at age five: The mediating role of parenting behavior

Author(s): Giallo, Rebecca; Cooklin, Amanda; Wade, Catherine; D'Esposito, Fabrizio; Nicholson, Jan M.

Source: Journal of Family Issues; Sep 2014; vol. 35 (no. 11); p. 1543-1562

Publication Date: Sep 2014

Publication Type(s): Journal Peer Reviewed Journal Journal Article

Available at [Journal of Family Issues](#) - from Unpaywall

Abstract:Fathers' postnatal mental health is associated with emotional and behavioral outcomes for children in early childhood. The aim of this study was to examine whether parenting behavior mediated the relationship between fathers' postnatal psychological distress and emotional-behavioral outcomes for children at age 5. The sample consisted of 2,025 fathers participating in Growing Up In Australia: The Longitudinal Study of Australian Children. Data collected when the children were aged 0 to 12 months and 4 to 5 years were used. Results revealed that the relationship between fathers' postnatal distress and children's outcomes was mediated by parenting hostility (angry and frustrated reactions toward the child such as yelling), and this remained significant after controlling for fathers' concurrent mental health and mothers' postnatal mental health. These findings underscore the important contribution of fathers' postnatal mental health to later parenting behavior and child outcomes. Implications for policy and practice focused on improving mental health and parenting support to fathers in the early childhood period is discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

18. A longitudinal study of paternal mental health during transition to fatherhood as young adults

Author(s): Garfield C.F.; Rutsohn J.; McDade T.W.; Adam E.K.; Chase-Lansdale P.L.; Duncan G.; Coley R.L.

Source: Pediatrics; May 2014; vol. 133 (no. 5); p. 836-843

Publication Date: May 2014

Publication Type(s): Article

PubMedID: 24733877

Available at [Pediatrics](#) - from HighWire - Free Full Text Full text is available free online for 4 years following an initial 1-year embargo after publication.

Available at [Pediatrics](#) - from Free Medical Journals . com

Available at [Pediatrics](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Available at [Pediatrics](#) - from Unpaywall

Abstract:BACKGROUND AND OBJECTIVE: Rates of paternal depression range from 5% to 10% with a growing body of literature describing the harm to fathers, children, and families. Changes in depression symptoms over the life course, and the role of social factors, are not well known. This study examines associations with changes in depression symptoms during the transition to fatherhood for young fathers and whether this association differed by key social factors.

METHOD(S): We combined all 4 waves of the National Longitudinal Study of Adolescent Health to support a 23-year longitudinal analysis of 10 623 men and then created a "fatherhood-year" data set, regressing ageadjusted standardized depressive symptoms scores on fatherhood status (nonresidence/residence), fatherhood-years, and covariates to determine associations between Center for Epidemiologic Studies Depression Scale scores and fatherhood life course intervals.

RESULT(S): Depressive symptom scores reported at the entry into fatherhood are higher for nonresident fathers than nonfathers, which in turn are higher than those of resident fathers.

Resident fathers have a significant decrease in scores during late adolescence ($\beta = -0.035$, $P = .023$), but a significant increase in scores during early fatherhood ($\beta = 0.023$, $P = .041$). From entrance into fatherhood to the end of early fatherhood (+5 years), the depressive symptoms score for resident fathers increases on average by 68%. **CONCLUSION(S):** In our longitudinal, population-based study, resident fathers show increasing depressive symptom scores during children's key attachment years of 0-5. Identifying at-risk fathers based on social factors and designing effective interventions may ultimately improve health outcomes for the entire family. Copyright © 2014 by the American Academy of Pediatrics.

Database: EMBASE

19. Prevalence of paternal perinatal depressiveness and its link to partnership satisfaction and birth concerns

Author(s): Gawlik, S.; Müller, M.; Hoffmann, L.; Dienes, A.; Wallwiener, M.; Sohn, C.; Schlehe, B.; Reck, C.

Source: Archives of Women's Mental Health; Feb 2014; vol. 17 (no. 1); p. 49-56

Publication Date: Feb 2014

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 24022743

Available at [Archives of women's mental health](#) - from SpringerLink - Medicine

Available at [Archives of women's mental health](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract:Depressive disorders have shown an increasing prevalence over the past decades. Growing evidence suggests that pregnancy and childbirth trigger depressive symptoms not only in women but likewise in men. This study estimates the prevalence of paternal perinatal depressiveness in a German community sample and explores its link to partnership satisfaction as well as birth-related concerns and concerns about the future. Data was gathered in a longitudinal study over the second and third trimester of their partner's pregnancy up to 6 weeks postpartum. In a two-stage screening procedure, 102 expectant fathers were assessed for symptoms of depression, anxiety, and partnership satisfaction using the Edinburgh Postnatal depression Scale (EPDS), the State/Trait Anxiety Inventory, a self-constructed questionnaire for birth concerns and the Questionnaire of Partnership. The prevalence of elevated depressive symptoms among expectant fathers was 9.8 % prenatally and 7.8 % postnatally. Prenatal relationship quality, prenatal EPDS scores, and birth concerns were significantly associated with and explained 47 % of the variance in paternal postnatal depressive symptoms. The prevalence of paternal depressive symptoms is a significant concern. Our findings point out the need for implementing awareness and screening for depressiveness in fathers in clinical routine in Germany as well as the necessity of developing a screening instrument for paternal birth-related anxiety. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

20. Fathers' postnatal depressive and anxiety symptoms: An exploration of links with paternal, maternal, infant and family factors

Author(s): Luoma I.; Puura K.; Mantymaa M.; Latva R.; Salmelin R.; Tamminen T.

Source: Nordic Journal of Psychiatry; Dec 2013; vol. 67 (no. 6); p. 407-413

Publication Date: Dec 2013

Publication Type(s): Article

PubMedID: 23286693

Available at [Nordic journal of psychiatry](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Abstract:Background: Postnatal psychological symptoms have been studied less often in fathers than in mothers. However, recent research shows that fathers' psychopathology may have long-term effects on their children's emotional and behavioural development independently of maternal psychopathology. More research is needed on factors associated with paternal symptoms at the early stage of child development. Aim(s): The aim of the study was to examine the paternal, maternal, infant and family factors associated with the occurrence of depressive and anxiety symptoms in fathers of infants. Method(s): As part of a study conducted in Tampere, Finland, on infants' social withdrawal symptoms, both parents of 4-, 8- and 18-month-old infants (n = 194) completed the Edinburgh Postnatal Depression Scale (EPDS) and general information questionnaires during routine check-ups of the infants in well-baby clinics. Parental depressive and anxiety symptoms were screened using the recommended cut-off points for this purpose (5/6 for fathers and 7/8 for mothers on the EPDS). The associations between the fathers' symptoms and paternal, maternal, infant and family factors were explored. Result(s): Twenty-one per cent of the fathers and 24% of the mothers scored above the cut-off points for depressive and anxiety symptoms on the EPDS. Both paternal and maternal factors predicted high paternal symptom level in regression models. Infant factors were not statistically significantly associated with paternal symptoms. Conclusion(s): Father's psychological symptoms were associated with many facets of both parents' impaired well-being. The whole family system should be considered whenever there are concerns about either parent's psychological well-being. © 2013 Informa Healthcare.

Database: EMBASE

21. Fathers with mental illness: implications for clinicians and health services.

Author(s): Fletcher, Richard J; Maharaj, O'Neil N; Fletcher Watson, Chloe H; May, Chris; Skeates, Nigel; Gruenert, Stefan

Source: The Medical journal of Australia; Aug 2013; vol. 199 (no. 3)

Publication Date: Aug 2013

Publication Type(s): Journal Article

PubMedID: 25369847

Available at [The Medical journal of Australia](#) - from Wiley Online Library Science , Technology and Medicine Collection 2019

Available at [The Medical journal of Australia](#) - from Unpaywall

Abstract:A significant proportion of fathers living with their natural, adopted, step or foster children experience mental illness. Psychiatric illness among fathers can have a devastating impact on children's wellbeing, and even milder forms of paternal mental illness can have serious developmental effects on children. While several pathways linking paternal mental illness with poor child outcomes have been identified, fathers' impaired parenting is an important, potentially

malleable factor. Clinicians can assist fathers with mental illness and their families by proactively inquiring about children and by exploring fathering-focused psychological support.

Database: Medline

22. Psychosocial factors associated with paternal postnatal depression

Author(s): Demontigny F.; Girard M.-E.; Dubeau D.; Devault A.; Lacharite C.

Source: Journal of Affective Disorders; Aug 2013; vol. 150 (no. 1); p. 44-49

Publication Date: Aug 2013

Publication Type(s): Article

PubMedID: 23489392

Abstract:Background: While maternal postpartum depression is a well-known phenomenon, paternal postnatal depression has been less studied. It is known that paternal postnatal depression impacts on children's and families' development, affects marital satisfaction and affects the economic health of industrialized countries. The aim of this study was to identify the psychosocial factors associated with paternal postnatal depression. Method(s): A descriptive-correlational study was conducted with a sample of fathers of infants (average age: 11 months) who were breastfed exclusively or predominantly for at least 6 months, comparing psychosocial factors in fathers with (n: 17, 8.2%) and without a positive score for depression on the EPDS scale (n: 188). Psychosocial factors were assessed through questionnaires. Result(s): Depression in fathers of breastfed infants is associated with the experience of perinatal loss in a previous pregnancy, parenting distress, infant temperament (difficult child), dysfunctional interactions with the child, decreased marital adjustment and perceived low parenting efficacy. Multivariate analysis suggests an independent effect of psychosocial factors such as parenting distress, quality of the marital relationship and perceived parenting efficacy on paternal depression. Limitation(s): The sample focused on fathers of breastfed infant, since breastfeeding has become the feeding norm, and this should be taken into account when considering the generalization of findings. Conclusion(s): These findings emphasize the need to consider a set of psychosocial factors when examining fathers' mental health in the first year of a child's birth. Health professionals can enhance parenting efficacy and alleviate parenting distress by supporting fathers' unique experiences and addressing their needs. © 2013 Elsevier B.V.

Database: EMBASE

23. Parental depressive and anxiety symptoms during pregnancy and attention problems in children: a cross-cohort consistency study

Author(s): Van Batenburg-Eddes T.; Brion M.J.; Henrichs J.; Jaddoe V.W.; Hofman A.; Verhulst F.C.; Lawlor D.A.; Davey Smith G.; Tiemeier H.

Source: Journal of child psychology and psychiatry, and allied disciplines; May 2013; vol. 54 (no. 5); p. 591-600

Publication Date: May 2013

Publication Type(s): Article

PubMedID: 23215861

Available at [Journal of child psychology and psychiatry, and allied disciplines](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [Journal of child psychology and psychiatry, and allied disciplines](#) - from Unpaywall

Abstract:Maternal depression and anxiety during pregnancy have been associated with offspring-attention deficit problems. We explored possible intrauterine effects by comparing maternal and paternal symptoms during pregnancy, by investigating cross-cohort consistency, and by investigating whether parental symptoms in early childhood may explain any observed intrauterine effect. This study was conducted in two cohorts (Generation R, n = 2,280 and ALSPAC, n = 3,442). Pregnant women and their partners completed questionnaires to assess symptoms of depression and anxiety. Child attention problems were measured in Generation R at age 3 with the Child Behavior Checklist, and in ALSPAC at age 4 with the Strengths and Difficulties Questionnaire. In both cohorts, antenatal maternal symptoms of depression (Generation R: OR 1.23, 95% CI 1.05-1.43; ALSPAC: OR 1.33, 95% CI 1.19-1.48) and anxiety (Generation R: OR 1.24, 95% CI 1.06-1.46; ALSPAC: OR 1.32, 95% CI 1.19-1.47) were associated with a higher risk of child attention problems. In ALSPAC, paternal depression was also associated with a higher risk of child attention problems (OR 1.11, 95% CI 1.00-1.24). After adjusting for maternal symptoms after giving birth, antenatal maternal depression and anxiety were no longer associated with child attention problems in Generation R. Moreover, there was little statistical evidence that antenatal maternal and paternal depression and anxiety had a substantially different effect on attention problems of the child. The apparent intrauterine effect of maternal depression and anxiety on offspring-behavioural problems may be partly explained by residual confounding. There was little evidence of a difference between the strength of associations of maternal and paternal symptoms during pregnancy with offspring-attention problems. That maternal symptoms after childbirth were also associated with offspring-behavioural problems may indicate a contribution of genetic influences to the association. © 2012 The Authors. Journal of Child Psychology and Psychiatry © 2012 Association for Child and Adolescent Mental Health.

Database: EMBASE

24. Association between mothers' and fathers' depressive symptoms, sense of coherence and perception of their child's temperament in early parenthood in Sweden

Author(s): Kerstis B.; Engstrom G.; Edlund B.; Aarts C.

Source: Scandinavian journal of public health; May 2013; vol. 41 (no. 3); p. 233-239

Publication Date: May 2013

Publication Type(s): Article

PubMedID: 23349164

Available at [Scandinavian journal of public health](#) - from Unpaywall

Abstract:To examine whether there was any association between mothers' and fathers' post-partum depressive symptoms and sense of coherence and perception of their child's temperament. The hypotheses were that parents with depressive symptoms: 1) have more often a poor sense of coherence, and 2) perceive their child's temperament to be more difficult than parents without depressive symptoms. A total of 401 Swedish-speaking couples, who were the parents of children born through the years 2004-2006 in the northern part of the county of Vastmanland, Sweden, were invited to participate in the study. The parents answered 3 questionnaires including: at inclusion of the study: demographic data (n = 393 couples); at 3 months: the Edinburgh Postnatal Depression Scale and the Sense of Coherence Scale (n = 308 couples); and at 18 months: the Infant Characteristics Questionnaire (n = 272 couples). Depressive symptoms measured at 3 months, were reported by 17.7% of mothers and 8.7% of fathers, and correlated significantly between mothers and fathers within couples ($\rho = 0.165$, $p = 0.003$). Mothers and fathers with depressive symptoms had a poorer sense of coherence ($p < 0.001$, $p < 0.001$) and perceived their child's temperament as more difficult than mothers and fathers without depressive symptoms at 3 ($p = 0.028$, $p < 0.001$) and 18 months ($p = 0.145$, $p = 0.012$ respectively). Early parenthood has been studied thoroughly in mothers, but few studies have included fathers. Identifying problems in early parenthood could help predict later problems exhibited by the preschool child, which might be prevented by supportive programmes.

Database: EMBASE

25. Fathers with PTSD and depression in pregnancies complicated by preterm preeclampsia or PPROM.

Author(s): Stramrood, Claire A I; Doornbos, Bennard; Wessel, Ineke; van Geenen, Marloes; Aarnoudse, Jan G; van den Berg, Paul P; Weijmar Schultz, Willibrord C M; van Pampus, Maria G

Source: Archives of gynecology and obstetrics; Apr 2013; vol. 287 (no. 4); p. 653-661

Publication Date: Apr 2013

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 23179796

Available at [Archives of gynecology and obstetrics](#) - from SpringerLink - Medicine

Available at [Archives of gynecology and obstetrics](#) - from Unpaywall

Abstract:**PURPOSE**To assess prevalence and risk factors for posttraumatic stress disorder (PTSD) and depression in fathers after early preeclampsia (PE) or preterm premature rupture of membranes (PPROM).**METHODS**Partners of patients hospitalized for PE or PPROM and partners of healthy controls completed PTSD (PSS-SR) and depression (BDI-II) questionnaires during pregnancy (t 1) and 6 weeks postpartum (t 2). 85 of the 187 eligible men participated (51 partners of patients, 34 partners of control) at t 1, and 66 men participated both time points.**RESULTS**No significant differences were found between partners of patients and partners of controls in symptoms of PTSD and depression (t 1: $p = 0.28$ for PTSD and $p = 0.34$ for depression; t 2: $p = 0.08$ for PTSD and $p = 0.31$

for depression). For partners of patients, correlation between PTSD and depression sum-scores was 0.48 ($p < 0.001$) at t 1 and 0.86 ($p < 0.001$) at t 2. Within-couple correlation was low and not significant during pregnancy, but strong at postpartum (PSS-SR: $r = 0.62$, $p < 0.001$; BDI-II: $r = 0.59$, $p < 0.001$). Higher paternal age was associated with more symptoms of PTSD and depression postpartum in partners of patients. Symptoms of PTSD and depression during pregnancy predicted the occurrence of PTSD symptoms following childbirth in partners of patients. **CONCLUSION** Symptoms of PTSD and depression occurred at a similar rate in partners of women with PE or PPRM and partners of healthy pregnant controls. Symptoms of PTSD and depression during pregnancy predicted the occurrence of PTSD symptoms following childbirth. Increased paternal age predicted more symptoms of PTSD and depression postpartum. At 6 weeks postpartum, a strong association was found between men and women in symptoms of PTSD and depression.

Database: Medline

26. Psychosocial risk factors associated with fathers' mental health in the postnatal period: results from a population-based study.

Author(s): Giallo, Rebecca; D'Esposito, Fabrizio; Cooklin, Amanda; Mensah, Fiona; Lucas, Nina; Wade, Catherine; Nicholson, Jan M

Source: Social psychiatry and psychiatric epidemiology; Apr 2013; vol. 48 (no. 4); p. 563-573

Publication Date: Apr 2013

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 22898826

Available at [Social psychiatry and psychiatric epidemiology](#) - from SpringerLink - Medicine

Available at [Social psychiatry and psychiatric epidemiology](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Social psychiatry and psychiatric epidemiology](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Abstract: **PURPOSE** Fathers' psychological distress in the postnatal period can have adverse effects on their children's wellbeing and development, yet little is known about the factors associated with fathers' distress. This paper examines a broad range of socio-demographic, individual, infant and contextual factors to identify those associated with fathers' psychological distress in the first year postpartum. **METHODS** Secondary analysis of data from 3,219 fathers participating in the infant cohort of the Longitudinal Study of Australian Children at wave 1 when children were 0-12 months of age. **RESULTS** Approximately 10 % of fathers reported elevated symptoms of psychological distress. Logistic regression analyses revealed that the risk factors were poor job quality, poor relationship quality, maternal psychological distress, having a partner in a more prestigious occupation and low parental self-efficacy. **CONCLUSION** These findings provide new information to guide the assessment of fathers' risk for psychological distress in postnatal period. There are also important social policy implications related to workplace entitlements and the provision of services for fathers.

Database: Medline

27. Depressive symptoms in new first-time fathers: associations with age, sociodemographic characteristics, and antenatal psychological well-being

Author(s): Bergstrom M.

Source: Birth (Berkeley, Calif.); Mar 2013; vol. 40 (no. 1); p. 32-38

Publication Date: Mar 2013

Publication Type(s): Article

PubMedID: 24635422

Available at [Birth \(Berkeley, Calif.\)](#) - from Wiley Online Library

Abstract: New fathers may be as vulnerable as new mothers to depression, and their symptoms also can affect the mother and child. The purpose of this study was to investigate depressive symptoms and associations with paternal age, sociodemographic characteristics, and antenatal psychological well-being in Swedish first-time fathers. Depressive symptoms, defined as scores of 11 or greater on the Edinburgh Postnatal Depression Scale, were investigated in 812 men 3 months after their first baby was born. The study sample included primarily Swedish-born, married or cohabiting men who participated in antenatal education classes during the partner's pregnancy. In all, 10.3 percent of study men suffered from depressive symptoms. Compared with fathers aged 29-33 years (sample mean age \pm 2 yr), the younger fathers had an increased risk for depressive symptoms (OR 2.55; 95% CI 1.50-4.35). Low educational level, low income, poor partner relationship quality, and financial worry increased the risk for depressive symptoms, but these factors could not explain the increased risk among the young. New fathers in their twenties seem to have an increased risk for depressive symptoms that cannot be explained solely by socioeconomic factors. Support should be offered to new fathers with particular focus on the young. © 2013, Copyright the Authors Journal compilation © 2013, Wiley Periodicals, Inc.

Database: EMBASE

28. Paternal mental health and socioemotional and behavioral development in their children.

Author(s): Kvalevaag, Anne Lise; Ramchandani, Paul G; Hove, Oddbjørn; Assmus, Jörg; Eberhard-Gran, Malin; Biringir, Eva

Source: Pediatrics; Feb 2013; vol. 131 (no. 2); p. e463

Publication Date: Feb 2013

Publication Type(s): Journal Article

PubMedID: 23296445

Available at [Pediatrics](#) - from Free Medical Journals . com

Available at [Pediatrics](#) - from Unpaywall

Abstract: **OBJECTIVE** To examine the association between symptoms of psychological distress in expectant fathers and socioemotional and behavioral outcomes in their children at age 36 months. **METHOD** The current study is based on data from the Norwegian Mother and Child Cohort Study on 31 663 children. Information about fathers' mental health was obtained by self-report (Hopkins Symptom Checklist) in week 17 or 18 of gestation. Information about mothers' pre- and postnatal mental health and children's socioemotional and behavioral development at 36 months of age was obtained from parent-report questionnaires. Linear multiple regression and logistic regression models were performed while controlling for demographics, lifestyle variables, and mothers' mental health. **RESULT** Three percent of the fathers had high levels of psychological distress. Using linear regression models, we found a small positive association between fathers' psychological distress and children's behavioral difficulties, $B = 0.19$ (95% confidence interval [CI] = 0.15-0.23); emotional difficulties, $B = 0.22$ (95% CI = 0.18-0.26); and social functioning, $B = 0.12$ (95%

CI = 0.07-0.16). The associations did not change when adjusted for relevant confounders. Children whose fathers had high levels of psychological distress had higher levels of emotional and behavioral problems. **CONCLUSION** This study suggests that some risk of future child emotional, behavioral, and social problems can be identified during pregnancy. The findings are of importance for clinicians and policy makers in their planning of health care in the perinatal period because this represents a significant opportunity for preventive intervention.

Database: Medline

29. Characteristics of fathers with depressive symptoms.

Author(s): Rosenthal, David G; Learned, Nicole; Liu, Ying-Hua; Weitzman, Michael

Source: Maternal and child health journal; Jan 2013; vol. 17 (no. 1); p. 119-128

Publication Date: Jan 2013

Publication Type(s): Journal Article

PubMedID: 22362259

Available at [Maternal and child health journal](#) - from SpringerLink - Medicine

Available at [Maternal and child health journal](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: Extensive research shows maternal depression to be associated with poorer child outcomes, and characteristics of these mothers have been described. Recent research describes associations of paternal depressive symptoms and child behavioral and emotional outcomes, but characteristics of these fathers have not been investigated. This study describes characteristics of fathers with depressive symptoms in the USA. Utilizing data from 7,247 fathers and mothers living in households with children aged 5-17 years who participated in the Medical Expenditure Panel Survey 2004-2006, the Patient Health Questionnaire-2 was used to assess parental depressive symptoms, the Short Form-12 was used to examine paternal and maternal physical health, the Columbia Impairment Scale was used to measure child behavioral or emotional problems, and the Children with Special Health Care Needs Screener was used to identify children with special health care needs. In multivariate analyses, poverty (AOR 1.52; 95% CI 1.05-2.22), maternal depressive symptoms (AOR 5.77; 95% CI 4.18-7.95), living with a child with special health care needs (AOR 1.42, 95% CI 1.04-1.94), poor paternal physical health (AOR 3.31; 95% CI 2.50-4.38) and paternal unemployment (AOR 6.49; 95% CI 4.12-10.22) were independently associated with increased rates of paternal depressive symptoms. These are the first data that demonstrate that poverty, paternal physical health problems, having a child with special health care needs, maternal depressive symptoms, and paternal unemployment are independently associated with paternal depressive symptoms, with paternal unemployment associated with the highest rates of such problems.

Database: Medline

30. Father mental health during the early parenting period: Results of an Australian population based longitudinal study

Author(s): Giallo, Rebecca; D'Esposito, Fabrizio; Christensen, Daniel; Mensah, Fiona; Cooklin, Amanda; Wade, Catherine; Lucas, Nina; Canterford, Louise; Nicholson, Jan M.

Source: Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services; Dec 2012; vol. 47 (no. 12); p. 1907-1916

Publication Date: Dec 2012

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 22491906

Available at [Social psychiatry and psychiatric epidemiology](#) - from SpringerLink - Medicine

Available at [Social psychiatry and psychiatric epidemiology](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Social psychiatry and psychiatric epidemiology](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Abstract: Purpose: The primary objective of this study was to report on the occurrence of mental health difficulties for a large national sample of Australian fathers of children aged 0–5 years (n = 3,471). Secondary objectives were to compare fathers' mental health against normative data for the general male adult population, and to examine the course of mental health problems for fathers across the early childhood period. Methods: Secondary analysis of data from the infant cohort of the Longitudinal Study of Australian Children at three waves when children were 0–12 months, 2–3 and 4–5 years. Comparative data on the prevalence of psychological distress in the Australian adult male population sourced from the National Survey of Mental Health and Wellbeing. Results: Approximately nine per cent of fathers reported symptomatic or clinical psychological distress at each wave, as measured by the Kessler-6. Approximately 30% reporting distress at wave 1 continued to report distress at a similar or worse level across waves 2 and 3. Fathers not living with their children also had high rates of distress (14% at wave 1 and 10% at wave 2). Finally, fathers in the present study had 1.38 increased odds (95% CI 1.12–1.69) for psychological distress compared with the Australian adult male population. Conclusions: Fathers are at risk of experiencing postnatal mental health difficulties, which may persist across the early childhood period for some fathers. The results suggest routine assessment of fathers' wellbeing should be undertaken in the postnatal period with mental health interventions and support provided across the early childhood period. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

31. Paternal depression and risk for child neglect in father-involved families of young children

Author(s): Lee, Shawna J.; Taylor, Catherine A.; Bellamy, Jennifer L.

Source: Child Abuse & Neglect; May 2012; vol. 36 (no. 5); p. 461-469

Publication Date: May 2012

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 22633873

Available at [Child abuse & neglect](#) - from Unpaywall

Abstract:Objective: To examine the association of paternal depression with risk for parental neglect of young children. Study design: The sample was derived from a birth cohort study of 1,089 families in which both biological parents resided in the home when the target child was 3- and 5-years old. Prospective analyses examined the contribution of paternal and maternal parenting risks (e.g., depression, alcohol use, and parenting stress) to the incidence of neglect of the target child. Models accounted for a comprehensive set of factors associated with parental child neglect in 2-parent families, including quality of the parental relationship, household economic conditions, and paternal demographic characteristics. Results: Approximately 12% of families reported at least 1 instance of neglect; 10% of fathers were depressed when their child was 3-years old. Rates of paternal and maternal depression were twice as high in families in which child neglect was present. Paternal depression when a child was 3-years old was associated with increased odds of child neglect at age 5 [adjusted odds ratio: 1.94 (95% confidence interval: 1.18–3.19); $P < .01$]. Father-related risks for neglect remained statistically significant after accounting for strong, significant effects of maternal parenting risks, including maternal depression, and household economic hardship. Paternal parenting stress was also associated with heightened risk for neglect, although only at the level of marginal significance after accounting for maternal parenting risks [adjusted odds ratio: 1.40 (95% confidence interval: 0.97–2.04); $P = .075$]. Conclusions: Screening fathers for parenting risks such as depression during well-baby visits and social work intervention to facilitate fathers' help-seeking behaviors related to treatment of depression may help to prevent and reduce risk of neglect. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

32. Paternal depression: an examination of its links with father, child and family functioning in the postnatal period.

Author(s): Ramchandani, Paul G; Psychogiou, Lamprini; Vlachos, Haido; Iles, Jane; Sethna, Vaheshta; Netsi, Elena; Lodder, Annemarie

Source: Depression and anxiety; Jun 2011; vol. 28 (no. 6); p. 471-477

Publication Date: Jun 2011

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 21506206

Available at [Depression and anxiety](#) - from Wiley Online Library

Available at [Depression and anxiety](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [Depression and anxiety](#) - from Unpaywall

Abstract:BACKGROUND Maternal depression is common and is known to affect both maternal and child health. One of the mechanisms by which maternal depression exerts its effects on child health is through an increased rate of parental disharmony. Fathers also experience depression, but the impact of this on family functioning has been less studied. The aim of this study was to investigate the association between paternal depressive disorder and family and child functioning, in the first 3 months of a child's life. METHODS A controlled study comparing individual and familial outcomes in fathers with (n = 54) and without diagnosed depressive disorder (n = 99). Parental couple functioning and child temperament were assessed by both paternal and maternal report. RESULTS Depression in fathers is associated with an increased risk of disharmony in partner relationships, reported by both fathers and their partners, controlling for maternal depression. Few differences in infant's reported temperament were found in the early postnatal period. CONCLUSIONS These findings emphasize the importance of considering the potential for men, as well as women, to experience depression in the postnatal period. Paternal symptoms hold the potential to impact upon fathers, their partners, and their children.

Database: Medline

33. Fathers' depression related to positive and negative parenting behaviors with 1-year-old children

Author(s): Davis R.N.; Davis M.M.; Freed G.L.; Clark S.J.

Source: Pediatrics; Apr 2011; vol. 127 (no. 4); p. 612-618

Publication Date: Apr 2011

Publication Type(s): Article

PubMedID: 21402627

Available at [Pediatrics](#) - from Unpaywall

Abstract:OBJECTIVE: To examine the associations between depression in fathers of 1-year-old children and specific positive and negative parenting behaviors discussed by pediatric providers at well-child visits. METHOD(S): We performed a cross-sectional secondary analysis by using interview data from 1746 fathers of 1-year-old children in the Fragile Families and Child Wellbeing Study. Positive parenting behaviors included fathers' reports of playing games, singing songs, and reading stories to their children ≥ 3 days in a typical week. Negative parenting behavior included fathers' reports of spanking their 1-year-old children in the previous month. Depression was assessed by using the World Health Organization Composite International Diagnostic Interview Short Form. Weighted bivariate and multivariate analyses of parenting behaviors were performed while controlling for demographics and paternal substance abuse. RESULT(S): Overall, 7% of fathers had depression. In bivariate analyses, depressed fathers were more likely than nondepressed fathers to report spanking their 1-year-old children in the previous month (41% compared with 13%; $P < .01$). In multivariate analyses, depressed fathers were less likely to report reading to their children ≥ 3 days in a typical week (adjusted odds ratio: 0.38 [95% confidence interval: 0.15-0.98]) and much more likely to report spanking (adjusted odds ratio: 3.92 [95% confidence interval: 1.23-12.5]). Seventy-seven percent of depressed fathers reported talking to their children's doctor in the previous year. CONCLUSION(S): Paternal depression is associated with parenting behaviors relevant to well-child visits. Pediatric providers should consider screening fathers for depression, discussing specific parenting behaviors (eg, reading to children and appropriate discipline), and referring for treatment if appropriate. Copyright © 2011 by the American Academy of Pediatrics.

Database: EMBASE

34. A review of mental health problems in fathers following the birth of a child

Author(s): Bradley R.; Slade P.

Source: Journal of Reproductive and Infant Psychology; Feb 2011; vol. 29 (no. 1); p. 19-42

Publication Date: Feb 2011

Publication Type(s): Article

Available at [Journal of Reproductive and Infant Psychology](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Abstract: This literature review explores the range, prevalence and predictors of mental health problems experienced by fathers in the first year after their baby's birth. Problems include depression, anxiety, obsessive-compulsive disorder (OCD), stress/post-traumatic stress disorder (PTSD), bipolar disorder and psychosis. Up to a third of men may experience depressive symptoms. Factors associated with this relate to the parenting style of their own parents, their personality, experiences of the birth, demographic factors, their partner's characteristics, their relationship with their partner and families and their view of their baby. If fathers experience postnatal depressive symptoms, these can impact on their interactions with their children, their partners' interactions with their children and their children's behaviour. OCD may occur in new fathers in relation to fears of harming their children. Men who attend births may experience intrusive thoughts and images especially if they feel they did not support their partner during labour or felt pressured to attend the birth. There are accounts of men developing postnatal bipolar disorder or psychosis. © 2011 Society for Reproductive and Infant Psychology.

Database: EMBASE

35. Effects of paternal depression on fathers' parenting behaviors: A meta-analytic review

Author(s): Wilson, Sylvia; Durbin, C. Emily

Source: Clinical Psychology Review; Mar 2010; vol. 30 (no. 2); p. 167-180

Publication Date: Mar 2010

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 19926376

Abstract: One possible mechanism for the familial transmission of depression is through its negative effects on parenting and the parent-child relationship. Although previous research indicates that depression is associated with parenting impairment for mothers, no quantitative synthesis of the empirical literature on the effects of paternal depression on fathers' parenting has been conducted. The present meta-analysis examined the effects of paternal depression on fathers' positive and negative parenting behaviors. The mean effect sizes, computed using 40 independent effect sizes derived from 28 published and unpublished studies, indicated that paternal depression has significant, though small, effects on parenting, with depressed fathers demonstrating decreased positive and increased negative parenting behaviors. Several moderating effects were found, including child and father age, and sample race/ethnicity, and effects were comparable for studies that used self-report measures and observational methods to assess fathers' parenting behaviors. Moreover, effect sizes for the relationship between paternal depression and fathers' parenting behaviors were comparable to those found for mothers. The present findings indicate that paternal depression has a significant and deleterious effect on parenting behaviors by fathers, and speak to the importance of continuing to include fathers in research on child development and the family environment. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

36. Parents' mental health and children's cognitive and social development - Families in England in the Millennium Cohort Study

Author(s): Mensah F.K.; Kiernan K.E.

Source: Social Psychiatry and Psychiatric Epidemiology; 2009 ; p. 1-13

Publication Date: 2009

Publication Type(s): Article In Press

PubMedID: 19823757

Available at [Social psychiatry and psychiatric epidemiology](#) - from SpringerLink - Medicine

Available at [Social psychiatry and psychiatric epidemiology](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Social psychiatry and psychiatric epidemiology](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Abstract:Background: The development of children of parents who are experiencing mental health difficulties is a continuing cause of concern for professionals working in health, social care and education as well as policy makers. In light of this interest our study investigates the interplay between the mental health of mothers and fathers and family socioeconomic resources, and the impact for children's cognitive and social development. Method(s): The study uses survey data from the Millennium Cohort Study linked with the Foundation Stage Profile assessment for children in the primary year of school in England between 2005 and 2006. The study includes 4,781 families from England where both parents' mental health had been assessed using the Kessler 6 scale. Associations between parents' mental health and children's cognitive and social development were estimated using regression models. Multivariate models were used to explore the mediating role of the families' socioeconomic resources. Gender interaction models were used to explore whether effects of parents' mental health differ for girls and boys. Result(s): The study finds lower attainment in communication, language and literacy, mathematical development and personal, social and emotional development among children whose parents were experiencing high levels of psychological distress. Parents' age and qualifications and families' socioeconomic resources strongly mediated the effects of parents' psychological distress on children's attainment, and although independent effects of mother's mental health were maintained, effects of father's mental health were not. Stronger effects of mothers' mental health were found for boys than for girls. Conclusion(s): These findings highlight the interplay between the mental health of parents, families' socioeconomic resources and children's development which speaks for the need for close integration of mental health and social interventions to improve the well being of families. © 2009 Springer-Verlag.

Database: EMBASE

37. Paternal psychiatric disorders and children's psychosocial development.

Author(s): Ramchandani, Paul; Psychogiou, Lamprini

Source: Lancet (London, England); Aug 2009; vol. 374 (no. 9690); p. 646-653

Publication Date: Aug 2009

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article Review

PubMedID: 19411102

Available at [Lancet \(London, England\)](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract:Psychiatric disorders of parents are associated with an increased risk of psychological and developmental difficulties in their children. Most research has focused on mothers, neglecting psychiatric disorders affecting fathers. We review findings on paternal psychiatric disorders and their effect on children's psychosocial development. Most psychiatric disorders that affect fathers are associated with an increased risk of behavioural and emotional difficulties in their children, similar in magnitude to that due to maternal psychiatric disorders. Some findings indicate that boys are at greater risk than girls, and that paternal disorders, compared with maternal disorders, might be associated with an increased risk of behavioural rather than emotional problems. Improved paternal mental health is likely to improve children's wellbeing and life course.

Database: Medline

38. Association between paternal Schizophrenia and low birthweight: A nationwide population-based study

Author(s): Lin H.-C.; Tang C.-H.; Lee H.-C.

Source: Schizophrenia Bulletin; May 2009; vol. 35 (no. 3); p. 624-630

Publication Date: May 2009

Publication Type(s): Article

PubMedID: 18628271

Available at [Schizophrenia bulletin](#) - from Oxford Journals - Medicine

Available at [Schizophrenia bulletin](#) - from Europe PubMed Central - Open Access

Available at [Schizophrenia bulletin](#) - from Unpaywall

Abstract:Using a nationwide population-based dataset, the aim of the present study was to investigate the association between paternal schizophrenia and the risk of low birthweight (LBW). This study linked the 2001 Taiwan National Health Insurance Research Dataset with Taiwan's birth and death certificate registries. In total, 220465 singleton live births were included. The key dependent variable was whether or not an infant's father was diagnosed with schizophrenia, while the independent variable of interest was whether an infant had LBW. Multivariate logistic regression analysis was performed to explore the relationship between paternal schizophrenia and the risk of LBW, after adjusting for the infant and parents' characteristics. The results show that infants whose fathers had schizophrenia were more likely to have LBW than those whose fathers did not (12.6% vs 8.0%). Infants whose fathers had schizophrenia were found to be 1.58 (95% confidence interval=1.10-2.52, $P < .05$) times more likely to have LBW than their counterparts whose fathers did not have schizophrenia, following adjustment for gestational week at birth, parity, paternal age and highest educational level, family monthly incomes, and marital status. We conclude that the offspring whose fathers had a diagnosis of schizophrenia had increased risk of LBW compared with those whose fathers had no schizophrenia. This finding paves the way for further studies and suggests that there may be potential benefit to early intervention to prevent LBW in pregnant women with husbands with schizophrenia.

Database: EMBASE

39. Early parental depression and child language development

Author(s): Paulson, James F.; Keefe, Heather A.; Leiferman, Jenn A.

Source: Journal of Child Psychology and Psychiatry; Mar 2009; vol. 50 (no. 3); p. 254-262

Publication Date: Mar 2009

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 19175819

Available at [Journal of child psychology and psychiatry, and allied disciplines](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Abstract:Objective: To examine the effects of early maternal and paternal depression on child expressive language at age 24 months and the role that parent-to-child reading may play in this pathway. Participants and methods: The 9-month and 24-month waves from a national prospective study of children and their families, the Early Childhood Longitudinal Study—Birth Cohort (ECLS-B), provided data on 4,109 two-parent families. Depressive symptoms were measured with a short form of the Center for Epidemiologic Studies Depression Scale (CES-D). Parents reported on positive parent– infant interactions, child expressive vocabulary, and demographic and health information at child age 9 and 24 months. Linear regression was used to estimate associations between depression, parenting, and child vocabulary. Structural equation modeling was used to test the hypothesis that parent reading behavior mediates the parent depression to child vocabulary pathway. These models were adjusted for demographic indicators. Results: As previously reported from this national sample, 14% of mothers and 10% of fathers exhibited elevated levels of depressive symptoms at 9 months. For both mothers and fathers, depression at 9 months was negatively associated with contemporaneous parent-to-child reading. Only for fathers, however, was earlier depression associated with later reading to child and related child expressive vocabulary development. A model describing this pathway demonstrated a significant indirect pathway from depression to vocabulary via parent reading to child. Conclusions: Depression is a significant problem among both mothers and fathers of young children, but has a more marked impact on the father’s reading to his child and, subsequently, the child’s language development. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

40. Maternal and paternal depressive symptoms as predictors of toddler adjustment

Author(s): Weinfield, Nancy S.; Ingerski, Lisa; Moreau, Stacey Coffey

Source: Journal of Child and Family Studies; Feb 2009; vol. 18 (no. 1); p. 39-47

Publication Date: Feb 2009

Publication Type(s): Journal Peer Reviewed Journal Journal Article

Available at [Journal of Child and Family Studies](#) - from SpringerLink - JUSTICE Consortium Package

Available at [Journal of Child and Family Studies](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Journal of Child and Family Studies](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Abstract:In this study we explored the relation between maternal and paternal depressive symptoms and toddler adjustment in a community sample, testing direct, additive, and interactive models of parental depressive symptoms and child adjustment. Participants were 49 families with 30-month-old children. Data were collected on maternal and paternal depressive symptoms and marital quality, as well as on toddler internalizing and externalizing behavior. The data supported an additive, but not interactive, model of prediction to externalizing behavior, such that maternal and paternal symptoms each accounted for unique variance in the prediction of toddler externalizing. Models predicting toddler internalizing were not significant. Maternal reports of marital quality, but not paternal reports of marital quality, reduced the magnitude of the relation between symptoms and child externalizing when entered as a covariate. Implications for depression screening of parents are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

41. Paternal depression and infant cognitive development: Implications for research and intervention

Author(s): Wanless, Shannon R.; Rosenkoetter, Sharon E.; McClelland, Megan M.

Source: Infants & Young Children; 2008; vol. 21 (no. 2); p. 134-141

Publication Date: 2008

Publication Type(s): Journal Peer Reviewed Journal Journal Article

Available at [Infants & Young Children](#) - from Ovid (LWW Total Access Collection 2019 - with Neurology)

Available at [Infants & Young Children](#) - from Unpaywall

Abstract:Although the negative impact of maternal depression on infants' affective and cognitive development is well-documented, the contribution of paternal depression is often overlooked in the research literature and in early intervention practices. This review examines research on the link between paternal depression and infant cognitive outcomes. Although some disagreement exists, studies indicate that paternal depression limits father involvement, which, in turn, influences cognitive development. These findings have implications for research and early intervention programming that address fathers and young children. Further research on paternal depression is needed to understand how paternal depression specifically influences infant cognitive development and to clarify its implications for early intervention. The authors discuss ways that programs, including Early Head Start, have begun to address this issue, by intervening with fathers and children, building partnerships with mental health service agencies, and increasing staff members' abilities to identify and support parents who are experiencing depression. Finally, discussion focuses

on directions for future research and ways to support fathers who struggle with depression.
(PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

42. The effects of pre- and postnatal depression in fathers: a natural experiment comparing the effects of exposure to depression on offspring.

Author(s): Ramchandani, Paul G; O'Connor, Thomas G; Evans, Jonathan; Heron, Jon; Murray, Lynne; Stein, Alan

Source: Journal of child psychology and psychiatry, and allied disciplines; Oct 2008; vol. 49 (no. 10); p. 1069-1078

Publication Date: Oct 2008

Publication Type(s): Research Support, Non-u.s. Gov't Research Support, N.i.h., Extramural Comparative Study Journal Article

PubMedID: 19017023

Available at [Journal of child psychology and psychiatry, and allied disciplines](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [Journal of child psychology and psychiatry, and allied disciplines](#) - from Unpaywall

Abstract:BACKGROUND Depression in fathers in the postnatal period is associated with an increased risk of behavioural problems in their offspring, particularly for boys. The aim of this study was to examine for differential effects of depression in fathers on children's subsequent psychological functioning via a natural experiment comparing prenatal and postnatal exposure. METHODS In a longitudinal population cohort study (the Avon Longitudinal Study of Parents and Children (ALSPAC)) we examined the associations between depression in fathers measured in the prenatal and postnatal period (measured using the Edinburgh Postnatal Depression Scale), and later behavioural/emotional and psychiatric problems in their children, assessed at ages 3(1/2) and 7 years. RESULTS Children whose fathers were depressed in both the prenatal and postnatal periods had the highest risks of subsequent psychopathology, measured by total problems at age 3(1/2) years (Odds Ratio 3.55; 95% confidence interval 2.07, 6.08) and psychiatric diagnosis at age 7 years (OR 2.54; 1.19, 5.41). Few differences emerged when prenatal and postnatal depression exposure were directly compared, but when compared to fathers who were not depressed, boys whose fathers had postnatal depression only had higher rates of conduct problems aged 3(1/2) years (OR 2.14; 1.22, 3.72) whereas sons of the prenatal group did not (OR 1.41; .75, 2.65). These associations changed little when controlling for maternal depression and other potential confounding factors. CONCLUSION The findings of this study suggest that the increased risk of later conduct problems, seen particularly in the sons of depressed fathers, maybe partly mediated through environmental means. In addition, children whose fathers are more chronically depressed appear to be at a higher risk of emotional and behavioural problems. Efforts to identify the precise mechanisms by which transmission of risk may occur should be encouraged to enable the development of focused interventions to mitigate risks for young children.

Database: Medline

43. Associations between paternal depression and behaviour problems in children of 4-6 years.

Author(s): Davé, Shreya; Sherr, Lorraine; Senior, Rob; Nazareth, Irwin

Source: European child & adolescent psychiatry; Aug 2008; vol. 17 (no. 5); p. 306-315

Publication Date: Aug 2008

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 18365134

Available at [European child & adolescent psychiatry](#) - from SpringerLink - Medicine

Available at [European child & adolescent psychiatry](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [European child & adolescent psychiatry](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Abstract:Maternal depression is associated with adverse child development, however little is known about paternal depression and child outcome. The aim of this study was to estimate the prevalence of paternal depression and assess its association with abnormal child behaviours among 4- 6-year-olds. Parents of 4- 6-years-olds were recruited via general practices and completed measures on child behaviour (Strengths and Difficulties Questionnaire), depression (Patient Health Questionnaire), and other covariates. The association of major and other paternal depressive syndrome with mother reported child behaviour was analysed. Eight percent (29/365) of fathers had depression (3.3 and 4.77% a major and other depressive syndrome, respectively). Major but not other paternal depressive syndrome was associated with an 8 and 36 times greater likelihood of child prosocial behaviour problems and peer problems respectively.

Database: Medline

44. Depression in men in the postnatal period and later child psychopathology: A population cohort study

Author(s): Ramchandani, Paul G.; Stein, Alan; O'Connor, Thomas G.; Heron, Jon; Murray, Lynne; Evans, Jonathan

Source: Journal of the American Academy of Child & Adolescent Psychiatry; Apr 2008; vol. 47 (no. 4); p. 390-398

Publication Date: Apr 2008

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 18388761

Available at [Journal of the American Academy of Child and Adolescent Psychiatry](#) - from Ovid (Journals @ Ovid) - Remote Access

Available at [Journal of the American Academy of Child and Adolescent Psychiatry](#) - from Unpaywall

Abstract:Objective: Postnatal depression in women is associated with adverse effects on both maternal health and children's development. It is unclear whether depression in men at this time poses comparable risks. The present study set out to assess the association between depression in men in the postnatal period and later psychiatric disorders in their children and to investigate predisposing factors for depression in men following childbirth. Method: A population-based cohort of 10,975 fathers and their children from the Avon Longitudinal Study of Parents and Children (ALSPAC) was recruited in the prenatal period and followed for 7 years. Paternal depressive symptoms were assessed with the Edinburgh Postnatal Depression Scale and later child psychiatric disorder (DSM-IV) with the Development and Well-Being Assessment. Results: Depression in fathers in the postnatal period was significantly associated with psychiatric disorder in their children 7 years

later (adjusted OR 1.72, 95% CI 1.07-2.77), most notably oppositional defiant/conduct disorders (adjusted OR 1.94, 95% CI 1.04-3.61), after adjusting for maternal depression and paternal educational level. A history of severe depression and high prenatal symptom scores for depression and anxiety were the strongest predictors of paternal depression in the postnatal period. Conclusions: Depression in fathers in the postnatal period is associated with later psychiatric disorders in their children, independently of maternal postnatal depression. Further research into the risks associated with paternal psychopathology is required because this could represent an important opportunity for public health intervention. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

45. Fatherhood and depression: A review of risks, effects, and clinical application

Author(s): Spector A.Z.

Source: Issues in Mental Health Nursing; Sep 2006; vol. 27 (no. 8); p. 867-883

Publication Date: Sep 2006

Publication Type(s): Review

PubMedID: 16938789

Abstract: This literature review attempted to compile a complete evaluation of the presentation, risks, and subsequent effects upon a family in relation to paternal depression. Clinical applications are reviewed as well. As with women, fathers will present with a dysphoric mood, but unlike their female counterparts, depressed men often experience a change in social behavior. Withdrawal from social situations, indecisiveness, cynicism, and an irritable mood are often found as hallmark signs of depression in the adult male. Life stress, or family stress and low social support, are risk factors associated with depression among fathers. Marital difficulties may be the most common trigger for first-time depression in husbands just as divorce amplifies depressive episodes, especially when children are involved. A variety of treatments have proven effective for depressed fathers including traditional psycho-dynamic, CBT, and group therapy. Therapy is effective when it can be initiated and continued but research repeatedly showed that men seek it out far less than women. Effective outreach programs to encourage treatment among depressed fathers are recommended. Copyright © Informa Healthcare.

Database: EMBASE

46. Paternal depression in the postnatal period and child development: a prospective population study.

Author(s): Ramchandani, Paul; Stein, Alan; Evans, Jonathan; O'Connor, Thomas G; ALSPAC study team

Source: Lancet (London, England); 2005; vol. 365 (no. 9478); p. 2201-2205

Publication Date: 2005

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 15978928

Available at [Lancet \(London, England\)](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Lancet \(London, England\)](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Abstract:BACKGROUND Depression is common and frequently affects mothers and fathers of young children. Postnatal depression in mothers affects the quality of maternal care, and can lead to disturbances in their children's social, behavioural, cognitive, and physical development. However, the effect of depression in fathers during the early years of a child's life has received little attention. METHODS As part of a large, population-based study of childhood, we assessed the presence of depressive symptoms in mothers (n=13,351) and fathers (n=12,884) 8 weeks after the birth of their child with the Edinburgh postnatal depression scale (EPDS). Fathers were reassessed at 21 months. We identified any subsequent development of behavioural and emotional problems in their children (n=10,024) at age 3.5 years with maternal reports on the Rutter revised preschool scales. FINDINGS Information was available for 8431 fathers, 11,833 mothers, and 10,024 children. Depression in fathers during the postnatal period was associated with adverse emotional and behavioural outcomes in children aged 3.5 years (adjusted odds ratio 2.09, 95% CI 1.42-3.08), and an increased risk of conduct problems in boys (2.66, 1.67-4.25). These effects remained even after controlling for maternal postnatal depression and later paternal depression. INTERPRETATION Our findings indicate that paternal depression has a specific and persisting detrimental effect on their children's early behavioural and emotional development.

Database: Medline

47. The association of paternal mood and infant temperament: A pilot study

Author(s): Davé, Shreya; Nazareth, Irwin; Sherr, Lorraine; Senior, Rob

Source: British Journal of Developmental Psychology; Nov 2005; vol. 23 (no. 4); p. 609-621

Publication Date: Nov 2005

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 21214600

Available at [The British journal of developmental psychology](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [The British journal of developmental psychology](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Abstract:Maternal depression is associated with adverse child development, but little is known about the effects of paternal depression. This pilot study estimated the prevalence of paternal depression and mood state, and assessed the relationship between paternal mood and infant temperament. The participants in the study were 98 fathers of newborn babies. Fathers were initially screened for depressed mood (Hospital anxiety and depression scale, and Edinburgh postnatal depression scale), and at 6 months parental mood, infant temperament, couple relationship quality, alcohol use, adverse life events, parenting, and demographics were recorded. Infant fussiness was analysed in relation to paternal mood and other contextual factors using multiple regression. Of the 98 fathers, 48 (49%) completed depression-screening measures. Of these 48 fathers, 4 (8%) reported depressive symptoms above the cut-off for case definition. A total of 48% (N = 19) completed measures at follow-up. In the adjusted model, higher paternal depression scores, more traditional attitudes towards fathering, and increased recent life events were related to higher infant fussiness scores; and better couple relationship quality was related to lower fussiness scores. This study showed that 1 in 12 fathers had depressed mood, and lower mood was associated with negative infant temperament. Since the findings of this feasibility study were based on a small sample size the association of paternal mood and child development merits further study using a larger sample of fathers. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

48. Paternal postpartum depression, its relationship to maternal postpartum depression, and implications for family health.

Author(s): Goodman, Janice H

Source: Journal of advanced nursing; Jan 2004; vol. 45 (no. 1); p. 26-35

Publication Date: Jan 2004

Publication Type(s): Journal Article Review Research Support, U.s. Gov't, P.h.s.

PubMedID: 14675298

Available at [Journal of advanced nursing](#) - from Wiley Online Library

Available at [Journal of advanced nursing](#) - from Ovid (Journals @ Ovid) - Remote Access

Available at [Journal of advanced nursing](#) - from Ovid (Journals @ Ovid) - London Health Libraries

Abstract:BACKGROUND Much attention has been paid to the problem of postpartum depression in women. However, there is some indication that men also experience depression after the birth of a child, and that paternal depression is linked to maternal depression. AIMSThe purpose of this integrative review was to examine current knowledge about postpartum depression in fathers. Specific aims were (1) to examine the incidence of paternal depression in the first year after the birth of a child, (2) to identify the characteristics and predictors of paternal postpartum depression, (3) to describe the relationship between maternal and paternal postpartum depression, and (4) to discuss the influence of paternal depression on the family and infant. METHODSA literature search from 1980 to 2002 was carried out using the CINAHL, PsychInfo, and Medline electronic databases. Twenty research studies were identified that included incidence rates of paternal depression during the first year postpartum. These were further examined and synthesized regarding onset, severity, duration, and predictors of paternal depressive symptoms, and for information about the relationship between maternal and paternal depression. FINDINGSDuring the first postpartum year, the incidence of paternal depression ranged from 1.2% to 25.5% in community samples, and from 24% to 50% among men whose partners were experiencing postpartum depression. Maternal depression was identified as the strongest predictor of paternal depression during the postpartum period. The implications of parental depression for family health were discussed. CONCLUSIONSPostpartum depression in men is a significant problem. The strong correlation of paternal postpartum depression with maternal postpartum depression has important implications for family health and well-being. Consideration of postpartum depression in fathers as well as mothers, and consideration of co-occurrence of depression in couples, is an important next step in research and practice involving childbearing families.

Database: Medline

49. Parental psychiatric illness: The implications for children

Author(s): Leverton, Tessa J.

Source: Current Opinion in Psychiatry; Jul 2003; vol. 16 (no. 4); p. 395-402

Publication Date: Jul 2003

Publication Type(s): Journal Peer Reviewed Journal Journal Article

Available at [Current Opinion in Psychiatry](#) - from Ovid (Journals @ Ovid) - Remote Access

Available at [Current Opinion in Psychiatry](#) - from Ovid (Journals @ Ovid) - London Health Libraries

Available at [Current Opinion in Psychiatry](#) - from Ovid (LWW Total Access Collection 2019 - with Neurology)

Abstract: Purpose of review: In the UK recent guidance from the Department of Health and the Royal College of Psychiatrists has stressed the need for patients who are also parents to be recognized and offered appropriate services. There is now extensive literature on the links between parental mental illness and adverse outcomes for children. Adverse outcomes include not only psychiatric disorders, but also cognitive, emotional, social and behavioural difficulties. This review considers recent contributions of relevance to clinicians, researchers and policymakers. Recent findings: In addition to continuing work describing the links between specific parental mental illness and problems for children, recent research has focused more on possible mechanisms to explain these findings. In the past year some outstanding papers on parenting styles and the contribution of fathers have been published. Summary: Despite a large evidence base we need further research to clarify the ways in which parental mental illness impacts on children, specific risk (and protective factors) and the role of fathers. We need to know more about the reciprocal relationship between parents and children. As yet we have little specific information from the child's perspective: perception of their parent's illness... (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

50. Fathers with serious mental illnesses: A neglected group

Author(s): Styron T.H.; Pruett M.K.; McMahon T.J.; Davidson L.

Source: Psychiatric Rehabilitation Journal; 2002; vol. 25 (no. 3); p. 215-222

Publication Date: 2002

Publication Type(s): Review

PubMedID: 11859994

Available at [Psychiatric rehabilitation journal](#) - from ProQuest PsycARTICLES - NHS

Available at [Psychiatric rehabilitation journal](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: In recent years, policy makers, researchers, and practitioners alike have come to recognize how the traditional emphasis on mothers has overshadowed the equally critical contribution of fathers to child development and family life. In spite of this growing recognition of the importance of fathers, the need to better understand and support fathers with serious mental illnesses (SMI) has received little attention within mental health, public welfare, child protection, or criminal justice systems. In an effort to counter the continuing neglect of fathers with SMI, this paper provides an overview of the scant existing research focusing on fathers with SMI and sets forth a series of recommendations highlighting the need for greater inclusion of fathers in future research and ways to support men with SMI in their role as parents.

Database: EMBASE

Strategy 792817

#	Database	Search term	Results
1	Medline	(paternal OR father*).ti	11288
2	Medline	exp FATHERS/	8709
3	Medline	(1 OR 2)	15975
4	Medline	exp "MENTAL HEALTH"/	35853
5	Medline	exp "MENTAL DISORDERS"/	1364893
6	Medline	(mental ADJ2 (health OR disorder* OR condition*)).ti	61028
7	Medline	(4 OR 5 OR 6)	1410285
8	Medline	((pregnancy OR birth*) ADJ2 outcome*).ti	10951
9	Medline	exp "PREGNANCY OUTCOME"/	87316
10	Medline	(8 OR 9)	90554
11	Medline	exp "CHILD WELFARE"/	48893
12	Medline	((wellbeing OR "well being") ADJ2 (child* OR offsrping* OR progeny)).ti	624
13	Medline	(offspring OR progency).ti	15568
14	Medline	(11 OR 12 OR 13)	64836
15	Medline	(3 AND 7 AND 10)	30
16	Medline	(3 AND 7 AND 14)	202
17	Medline	(1 AND 7)	1675
18	Medline	((wellbeing OR "well being") ADJ2 (child* OR offsrping* OR	3891

progeny)).ti,ab

19	Medline	(3 AND 7 AND 18)	47
20	Medline	(3 AND 5 AND 11)	57
21	Medline	exp "PREGNANCY COMPLICATIONS"/	420182
22	Medline	(3 AND 7 AND 21)	289
23	EMBASE	(paternal OR father*).ti	12125
24	EMBASE	*"EXPECTANT FATHER"/ OR *FATHER/	3573
25	EMBASE	(23 OR 24)	13048
26	EMBASE	exp "MENTAL HEALTH"/	149531
27	EMBASE	exp "MENTAL DISORDERS"/	2115466
28	EMBASE	(mental ADJ2 (health OR disorder* OR condition*)).ti	65763
29	EMBASE	(26 OR 27 OR 28)	2201086
30	EMBASE	((pregnancy OR birth*) ADJ2 outcome*).ti	14088
31	EMBASE	exp "PREGNANCY OUTCOME"/	56838
32	EMBASE	exp "PREGNANCY COMPLICATION"/	119129
33	EMBASE	(30 OR 31 OR 32)	165438
34	EMBASE	(25 AND 29 AND 33)	45
35	EMBASE	(24 AND 27)	647
36	EMBASE	(24 AND 26)	149
37	Medline	exp "CHILD OF IMPAIRED PARENTS"/	5180

38	Medline	(3 AND 7 AND 37)	260
39	PsycINFO	(paternal OR father*).ti	12694
40	PsycINFO	exp FATHERS/ OR exp "EXPECTANT FATHERS"/	10822
41	PsycINFO	(39 OR 40)	16153
42	PsycINFO	(mental ADJ2 (health OR disorder* OR condition*)).ti	61230
43	PsycINFO	exp "MENTAL DISORDERS"/	837211
44	PsycINFO	exp "MENTAL HEALTH"/	63526
45	PsycINFO	(42 OR 43 OR 44)	903514
46	PsycINFO	((pregnancy OR birth*) ADJ2 outcome*).ti	872
47	PsycINFO	exp "PREGNANCY OUTCOMES"/	20822
48	PsycINFO	(46 OR 47)	21068
49	PsycINFO	(41 AND 45 AND 48)	58
50	PsycINFO	((wellbeing OR "well being") ADJ2 (child* OR offspring* OR progeny)).ti,ab	6031
51	PsycINFO	exp "WELL BEING"/	42066
52	PsycINFO	(50 OR 51)	45418
53	PsycINFO	(41 AND 45 AND 52)	101
54	PsycINFO	41 and 43	2481
55	PsycINFO	*"MENTAL HEALTH"/	53889
56	PsycINFO	(40 AND 55)	155
57	PsycINFO	*"MENTAL DISORDERS"/	114354

58	PsycINFO	(41 AND 57)	230
59	EMBASE	exp "CHILD WELFARE"/	16539
60	EMBASE	((wellbeing OR "well being") ADJ2 (child* OR offsrping* OR progeny)).ti,ab	3164
61	EMBASE	(59 OR 60)	19349
62	EMBASE	(25 AND 29 AND 61)	43
63	PsycINFO	exp "CHILDHOOD DEVELOPMENT"/	102725
64	PsycINFO	(41 AND 45 AND 63)	173