

# Dads and Football project

## Evaluation report



# Contents



<b>Foreword</b>	<b>4</b>
<b>Executive summary</b>	<b>6</b>
How Dads feel	6
'Parent' groups (not just Mum and baby)	6
'Single chair syndrome'	7
What the Dads thought of the project	7
<b>Introduction</b>	<b>8</b>
Why was this project needed?	8
About the project	8
Why use football?	9
Aims and objectives	10
<b>Where we collected our data (methods)</b>	<b>11</b>
Stakeholder engagement	11
Online survey	11
<i>Peer support groups</i>	11
<i>Facilitation and co-production</i>	12
Research Consortium	12
Dads Champions Group	13
<b>The impact of Covid-19</b>	<b>14</b>
<b>Peer Support Groups (qualitative findings)</b>	<b>16</b>
Being a Dad	17
<i>Feelings of becoming a Dad</i>	17
<i>Initial challenges for Dad</i>	18
<i>Bonding</i>	18
<i>Recognising that 'Dad' is important</i>	18
<i>A different generation of Dads</i>	19
<i>More intuition</i>	20
<i>Shared experiences</i>	20
Feelings of exclusion	21
<i>Feeling inadequate</i>	21
<i>A lack of compassion</i>	21
<i>Sticking out</i>	22



Emotions and wellbeing	23
<i>Feeling guilty</i>	23
<i>Insecurities</i>	24
<i>Looking after yourself</i>	24
<b>Online survey results (quantitative findings)</b>	<b>26</b>
Societal views about Mums and Dads	26
Modern day expectation of Dads	27
Becoming a Dad	27
Describe being a Dad in three words	28
Relationship with their own Dad	28
Changes in relationships	28
Concerns	29
How do you cope with stress?	29
Traumatic birth	29
How to reach Dads more effectively?	29
Support needs and available services for Dads	30
Top three areas for researchers to look into	31
<b>Key findings</b>	<b>32</b>
<b>Conclusion of findings</b>	<b>33</b>
<b>Literature review results for postnatal mental health in Dads</b>	<b>34</b>
The impact of transitioning to parenthood for men	34
Men's mental health after having a child	35
Postnatal depression in men	36
Poor parental mental health for Dad and the impact on the child	37
The benefit of engaging Dads for healthcare providers	38
Benefits of peer groups for Dads	39
<b>Overall report conclusion</b>	<b>41</b>
<b>Recommendations</b>	<b>42</b>
<b>Acknowledgements</b>	<b>43</b>
<b>Reference list</b>	<b>44</b>
<b>Annex A: Dads and Football project – logic model</b>	<b>46</b>

## Foreword



Whilst much is known about the changes experienced by mothers in relation to pregnancy and childbirth from both mental and physical health perspectives, considerably less is known about the impact on Dads and how they cope. The Dads and Football project connected new and expectant Dads through the activity of football with the aim of understanding more about what becoming a Dad meant to them.

The Mental Health Foundation (MHF), working in partnership with Cardiff City Football Club Community Foundation (CCFCCF) and Cardiff University's National Centre for Mental Health (NCMH), ran a two-year project with funding from the Wellcome Trust.

This project captured the experiences of Dads through weekly 5-a-side football sessions (prior to Covid-19), where new Dads shared their stories with each other and researchers. We also met with stakeholders and ran an online survey.



This report describes how new and expectant Dads often didn't know quite what to expect. They shared how they experienced numerous different emotions – excitement, anxiety, exclusion, isolation – and sometimes how they struggled to cope:

**“I remember finding it so hard when I went back to work, and I felt all I saw my child do was sleep and cry”.**

The men valued coming together and enjoyed the camaraderie provided by the peer support group sessions. One Dad said:

**“At least they know they are not alone. In this group there are 10 different people, but it's just been nice hearing from everyone with different problems and perspectives”.**

Like most projects, Dads and Football had to adapt to the challenges presented by lockdown. This sadly meant ceasing playing football but instead, often using football as a discussion topic, an ice breaker and basis for engagement during online zoom sessions.

We hope that this project report adds to, or starts, a conversation about the importance of health professionals including and supporting Dads more during the perinatal time.

**Jenny Burns**  
Associate Director (Wales)  
Cyfarwyddwr Cyswllt (Cymru)



## Executive summary



**“To be a father is a great privilege, it can be amazing, educating, challenging, and consuming but above all, it can be fun!”**

Rob Abushal, Dad in the Dads and Football project

More support is needed for new Dads and such action could go a long way to improving the ‘whole family’ approach to better mental health and wellbeing.

Understanding and identifying risk factors for the development of mental health problems among new Dads is vital in order to enable the focus to shift from management to prevention.

The findings from peer support sessions with Dads, evidence from our online survey, our Research Consortium, and our literature review show that men often find the life-changing transition to fatherhood extremely challenging.

### How Dads feel

**Whilst most men in the programme had a sense of excitement in becoming a Dad, they also felt:**

- unprepared
- frustrated that their support needs were not considered, understood, or met
- that it was a daunting experience.

Our survey found that **70%** of Dads want more information on what to expect when becoming a Dad. Most men felt disappointed there was nothing available to them on what becoming a Dad would be like or how to be an effective parent. They wanted straight-to-the-point information, such as a flyer or short booklet, like Mums receive. They wanted to be recognised as equal partners in the child development journey and to better understand their role. In response, we co-created a new guide for new Dads, ‘Becoming Dad’ with our partners, the Fatherhood Institute.

### ‘Parent’ groups (not just Mum and baby)

Our survey found that **56%** of new Dads want peer support groups for men to understand more about balancing life and learning new skills. The Dads told us when they first looked to take their children to activities, they only discovered ‘Mum and baby’ groups; this felt like a barrier to them. The frequent question was ‘why couldn’t there be ‘parent and baby/toddler’ groups’? Those that did attend ‘Mums’ groups reported feeling excluded, stereotyped, or patronised as they would often be the only man present.



## 'Single chair syndrome'

Our survey found that **50%** of Dads would like better communication from healthcare professionals during the birth journey. Dads wanted to be treated with greater respect by healthcare professionals. They wanted to receive more meaningful engagement, to be fully involved in every facet of the pregnancy.

Many felt excluded from appointments and experienced a 'single chair in the room' (for Mum only) scenario – this gave them the wrong message. At those appointments they often experienced the conversations being directed solely at the mother. This situation was exacerbated during the Covid-19 pandemic when Dads had to wait in the car for their partners during hospital appointments.

All these findings were consistent with recommendations made by the Fatherhood Institute<sup>i</sup>. They found it was important to make new Dads welcome throughout pregnancy, birth, and early infancy, valuing the role they play not just as supportive partners but as independent parents with a unique connection to their baby.

## What the Dads thought of the project

Recruitment was difficult. We used every means at our disposal. However, we had passionate regulars who kept turning up

once they were on board. The men often talked about how much they enjoyed being a part of the 'Dads and Football project' and how the peer support groups had helped them.

During the 5-a-side football many commented how the exercise also helped them relieve tensions and anxieties, and they appreciated the camaraderie that developed with the bonus of the fitness benefits. They also spoke about having peace of mind coming to a group for men only, as they knew their opinions and experiences would be taken seriously:

*"I don't know about you guys but me just coming here and talking has made me realise 'oh right I'm not the only one that thinks that' and 'that goes through my head as well' and just hearing that comforts you, and like I said I've come on leaps and bounds through this group".*

*"It is just cathartic whether you come and speak or just sit and listen. It's just quite nice to do it".*

The Dads regularly demonstrated positive outcomes from being able to share their own thoughts and feelings. For most, sharing their private and personal experiences was challenging and something they had never thought to do, or done before. However, they felt encouraged and empowered by the space created through hearing the stories of others in the group who often had similar experiences.

i. 'Who's the Bloke in the Room?' – Fatherhood Institute 2018.

# Introduction



## Why was this project needed?

Dads today are more involved within the family than previous generations.

However, there is very little research undertaken on Dads' perinatal mental health and more generally, men's life-changing transition to fatherhood. This is reflected in the lack of services currently available to them.

Dads often go back to work soon after the birth of their children and face different challenges and stresses to those of mothers. They must manage their new responsibilities quickly, learn new skills, and build a relationship with their baby. Many Dads take on an around-the-clock role that is both physically and emotionally demanding.

Like that of mothers, Dads' poor perinatal mental health can adversely impact on their partners and the wider family, potentially leading to a greater risk of children having Adverse Childhood Experiences (ACEs) and developing mental health problems themselves.

We wanted to undertake research and engage with new Dads to find out just how their needs (and those of expectant Dads) are and should be taken into consideration in the early days before and after childbirth.

## About the project

This project was originally Cardiff-based but expanded across the UK. Initially it was not easy to recruit and engage Dads in the programme and this was exacerbated by the Coronavirus pandemic and the first lockdown. However, as time went on, through social media and other means, a much greater interest in the project developed and considerable stakeholder engagement ensued.

The project was aligned with two pillars of the Wellcome Trust's Public Engagement Strategy to:

- **empower people** by helping them to access, use, respond to, and/or participate in health research and innovation.
- **improve health research** by making it more people-centred, to better understand people's experiences and draw on that knowledge.

We consulted several researchers on this subject prior to commencing the project. This included the Fatherhood Institute. All described a need to unite researchers on Dads' perinatal mental health to help find out what new Dads are telling us and what they need, and to increase awareness. It is not just about the struggles that some experience with low levels of mental health such as depression and anxiety, but what that



can lead to. The biggest killer of men under 50 in the UK is suicide.<sup>ii</sup> A study has shown that Dads who experience severe mental health problems during the perinatal period are up to 47 times more likely to be classed as a suicide risk than at any other time in their lives<sup>iii</sup>. This research also focused on a better understanding of a Dad's role in child development.

## Why use football?

It is well known that many men find it difficult to talk about their feelings and emotions, but there is plenty of evidence demonstrating the profound and positive impact physical activity and sport can have on mental health.<sup>iv</sup>

Football is increasingly becoming a mechanism for public engagement with fans on health and wellbeing topics. Recent initiatives that have proved successful include *Football Fans in Training* (helping fans live healthier lifestyles and lose weight) and *The Changing Room* (tackling the stigma of mental health problems in men through football in Scotland). The latter was so successful that a second phase was launched in 2018. A similar initiative launched by the Football Association of Wales (FAW) called 'We wear the same shirt' involved working with local football teams to combat mental ill health in men and women using the power of football. It demonstrated that playing 5-a-side football was a hugely successful tool in prompting discussion around mental health.

In May 2019, the Football Association partnered up with Princes William and Harry's Heads Together charity to launch their 'Heads Up' campaign. The objective was to encourage more men to feel comfortable talking about their mental health and feel able to support their friends and family, their message was simple:

***"Imagine if we talked about mental health as much as we talk about football. It's our national game – passionately loved and followed by millions of people in the UK. So many of us don't go a day without talking about football, and it's time that the same can be said for mental health. That's why we've launched 'Heads Up' with The FA – a new campaign using football to change the game on mental health."***

Initiatives such as these involving the football fan can demonstrate huge benefits not just to the individuals themselves, but to their families, and bring wider community cohesion and inclusion. Following a football team can also make a valuable contribution to family connectivity and be a significant factor in health and wellbeing, often culminating in generations of long-lasting memories. The Dads reflected on this often during our peer support sessions when favourite footballing moments were used as ice breakers for new recruits – great goals, great games, great moments such as being taken to see their favourite teams by their own Dads.

ii. Office of National Statistics (2020).

iii. Quevedo et al (2011).

iv. The Role of Physical Activity and Sport in Mental Health – A Faculty of Sport and Exercise Medicine UK Joint Position Statement with the Sports and Exercise Psychiatry Special Interest Group of the Royal College of Psychiatrists. May 2018.



## Aims and objectives

**The objective was to acquire data from discussions/interviews and an online survey with Dads to help inform research and provide support for new Dads. The key aims were to:**

- sustain Dads' mental health through peer support groups and other connections
- engage Dads with existing research on perinatal mental health to enable better outcomes
- understand the different experiences of men undergoing the life-changing transition to fatherhood
- increase knowledge and evidence to boost further research
- highlight the need for better provision of services for new Dads.

**To do this, we planned Dads' peer support groups in classroom settings, followed by football, in up to four different locations across Cardiff. The offer to the Dads was to:**

- play (5-a-side) football in different locations across Cardiff
- meet other Dads, share experiences, create friendships, be supported by those Dads
- engage with researchers informally and through two main events
- have a voice and help create a guide for other new Dads
- produce videos of Dads explaining their transition to fatherhood and publish these on social media
- help influence cultural change.



## Where we collected our data (methods)



A mixed method approach was adopted to analyse qualitative findings from the peer support group and qualitative and quantitative findings from the survey. This gave a voice to study participants and ensured the findings were grounded in their experiences. The men who took part spoke about what was relevant to them and what they felt was important to our research and co-produced the outcomes.

### This project collected data from:

1. stakeholder engagement with key partners
2. online survey
3. peer support groups
4. Research Consortium
5. Dads Champions Group
6. a literature review of current evidence.

### Stakeholder engagement

In addition to undertaking a mapping exercise to expand our stakeholder base we delivered flyers to midwives, community health visitors, antenatal clinics, GP practices, leisure centres and gyms. We also visited places where Mums' groups were run and discovered that Mums were often acutely aware, and vocal, of the need for more to be done for Dads. Several commented that they wished their husband or partner could attend male groups. We carried out regular targeted action through social

media and established links with other Dads' groups across the UK, establishing a Dads Champions Group (see below). We made connections with the Maternal Mental Health Alliance, the Paternal Mental Health Alliance, the Wales National Perinatal Network and Cardiff's Perinatal Mental Health Team, whose impact on our project as well as in working towards their own vision for a new pathway for Dads was significant. These connections helped us find valuable information.

### Online survey

91 participants completed the online survey, which was advertised through social media channels with the help of stakeholders and researchers and their respective universities.

### Peer support groups

Before Covid-19, 14 Dads were recruited who regularly attended our weekly classroom peer support group sessions followed by playing 5-a-side football at three different locations across Cardiff. These weekly sessions worked extremely well. The Dads got to know each other during the hour classroom sessions, unloading their thoughts and their life-changing experiences prior to playing football. They bonded further releasing tensions on the field for an hour before departing for home. By this point the project had really taken off, we had a committed group of Dads with a mixed array of experiences who loved interacting, sharing experiences and playing football together.



## Facilitation and co-production

The peer support mechanism grew as the project evolved; individuals were seen to be gaining confidence and huge benefits from receiving advice and guidance. These conversations and the themes they had chosen together meant a bond grew between them; they were united in their wish to play their part in delivering on the project outcomes.

The men were encouraged to feel a sense of ownership of the project and to help co-produce it. Many took the initiative in leading on topic discussions where they had a particular interest and experience or where they simply wanted to support others. Several Dads also made themselves available to researchers for interviews and helped make videos to post on social media.

At the beginning the Dads developed 'themes' they wanted to be discussed and researched. These open forum sessions lasted one hour and were audio recorded and transcribed verbatim.



## Research Consortium

A Research Consortium was established after the first lockdown (March 2020) and consisted of the following members, who are leading experts in the field of perinatal mental health:

- *Adrienne Burgess, Fatherhood Institute*
- *Dr Iryna Culpin, Bristol University*
- *Dr Kate Ellis-Davies, Swansea University*
- *Sharon Fernandez, Perinatal Mental Health Lead, NHS Wales*
- *Suzy Hodgson, Sheffield Hallam University*
- *Professor Ian Jones, Cardiff University, National Centre for Mental Health*
- *Dr Anna Machin, Researcher, and author, 'Life of Dad'*
- *Professor Andrew Mayers, Bournemouth University*
- *Professor Paul Ramchandani, Cambridge University*

The remit of the Research Consortium was to share research and information, understand where the gaps are in research and operate as an advisory panel and critical friend to the project. With their consultation we created an online survey which was completed by 91 Dads providing significant additional data.





The group originally met every three months but due to group members' enthusiasm and commitment to the field, this was reduced to meeting every six weeks. This enabled more members to be able to share their work and for stronger connections to be created.

These consultations helped increase the groups' knowledge base while also having a beneficial impact on the standard of research carried out through developing shared learning amongst members.

One member published a key piece of research which she accredited to being inspired from hearing about the work of others in this field. The consortium also offered advice to the Perinatal Mental Health Lead in Wales on ideas for supporting new Dads, such as which psychometric test would be best for testing Dads pre and postnatal, and helped promote the project through blogs and social media posts, playing a key role in reaching more Dads.

The shared knowledge of the group was used to develop ideas on future research studies and channel aims and objectives to highlight the needs of Dads. We created a legacy for the group to continue meeting after the project closure to help bring about cultural change and greater recognition of a Dad's role in the child development process.

## Dads Champions Group

As the project evolved through social media and elsewhere, we developed increasing numbers of stakeholders. We therefore decided to also establish a Dads Champions Group representing a wide cross section of highly respected organisations working with and for Dads across the UK.

The remit of this group was to share information and increase our understanding of what was needed for new Dads. Membership of this group consisted of:

- Julian Bose, *Dad Pad*
- Mark Chester, *Care for the Family and Founder of Who Let the Dads Out*
- Damien Knott, *Flying Start*
- Kevin Lawrence, *Flying Start*
- Mark Williams, *Dads Reaching Out*
- Darren Winter, *South East Wales Adoption Service*

The group also acted as an advisory panel to the project but from a slightly different perspective: to tell us what the Dads they represented were saying about their needs, experiences and hopes for the future. There were several common themes that came out of this group and the Research Consortium. Our intention in establishing two groups was to compile and compare even stronger evidence of the need for change.

## The Impact of Covid-19



Sadly due to the Covid-19 lockdowns, playing football came to an end, the men were disappointed that the fun element had to be removed. However, we quickly discovered that the pandemic offered us opportunities to keep on track, albeit online. We were also able to reach stakeholders who might not have otherwise been available, such as key university academics who suddenly found themselves at home instead of being elsewhere.

We moved to online peer support using a virtual platform, recruiting another ten Dads and conducting 25 online sessions. The sessions carried the same format as the in-person sessions without the Dads being able to play football. The benefit of the online sessions was that we could reach more Dads across Wales and engage with those in less accessible areas.

The participants were phoned by MHF staff before joining the calls to encourage those who might initially be reluctant to join. After instructions were issued and 1:1 training was given, the men were advised they could keep their camera off if preferred, confidence grew, and the sessions continued. We still used the power of football – for example, discussing favourite footballing moments as icebreakers.

During the early lockdown sessions, the Dads talked about the impact of the pandemic and their different experiences. Some expressed anxiety about jobs and the future, others about the strain on their relationships, their children not seeing their friends and the lack of much-needed social interaction for them and the whole family. In one case a Dad described the concerns he had around witnessing the regression in his child's development and behaviour as a direct result of lockdown.

One expectant Dad experienced the difficulties and anxieties of his wife giving birth during lockdown when he was not allowed to be present. However, the positive impact often outweighed the negative for Dads' relationships with their children. Many talked about all the good things they could not have done before. Our findings were consistent with a separate survey undertaken in Scotland by Dads Network Scotland.<sup>v</sup>

An online event with Cardiff City FC footballer, Will Vaulks (an expectant Dad himself at the time) and several Dads was also held during lockdown, which proved to be very successful. Will had expressed an interest in being part of the project to better understand how new Dads cope with the life changing transition to parenthood.

v. Dads Network Scotland 2020

A close-up photograph of a man with short, dark hair and a light beard, smiling broadly. He is wearing a blue Cardiff City FC jersey with white stripes on the shoulders. The jersey features the Adidas logo on the left chest, the Cardiff City FC crest in the center, and the text 'MALAYSIA BERJAYA' at the bottom. On the right sleeve, there is a yellow and red Sky Bet patch with the text 'STAY IN CONTROL. SET A DEPOSIT LIMIT' and a small logo. The background is a blurred reddish-brown color.

*"I learnt a lot from my involvement in the project. It was a pleasure speaking with those involved about their experiences as fathers, I found it really helpful for my preparations."*

Will Vaulks: Cardiff City FC

# Peer Support Groups (qualitative findings)



At each peer support meeting the Dads gave us their permission to digitally record the session. These discussions were then transcribed using thematic analysis and developed into themes. This resulted in three main themes and subsequent subthemes. Each main theme and subtheme will be explored using the quotes given by the Dads as set out below.

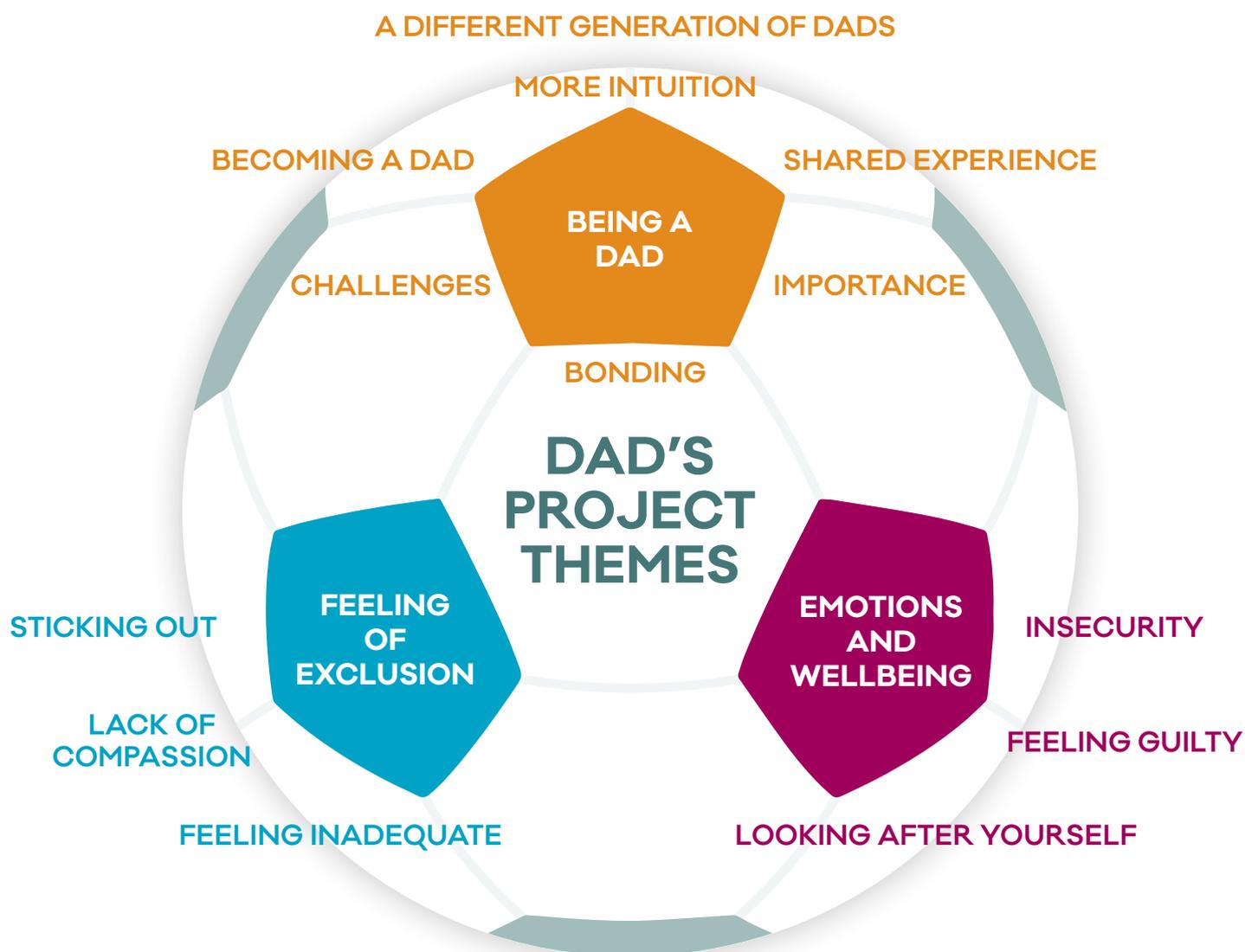


Figure 1. Summary of themes from focus group



## BEING A DAD

This theme covers a wide variety of experiences ranging from feelings around becoming a Dad, challenges Dads face, and how this generation of Dads has evolved from what Dads used to be years ago.

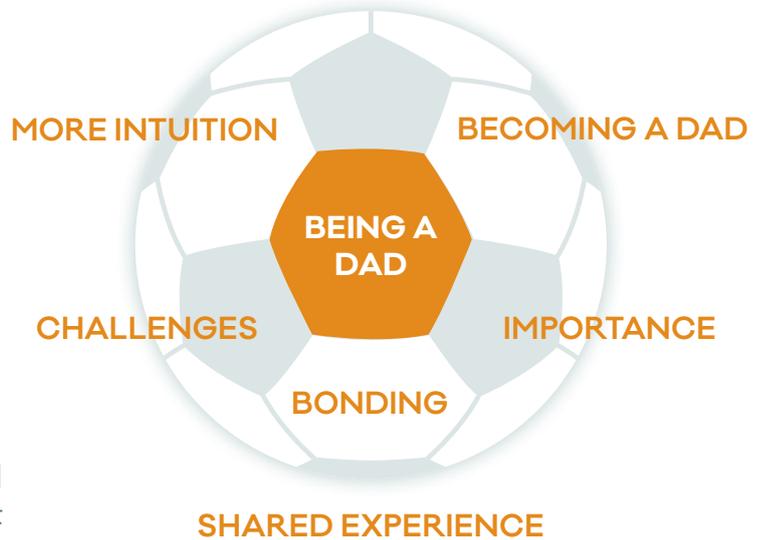
The men discussed important topics such as how bonding with their child can take time and that often a wilful effort needs to be applied to develop and nurture an evolving bond with their child. It was discussed in detail how beneficial the peer-to-peer support was to understand this; it allowed the men to recognise they were not alone in their feelings. This knowledge helped them reduce stress, anxiety and fear around becoming a Dad.

## FEELINGS OF BECOMING A DAD

The men spoke about the happiness and joy of finding out their partner was pregnant but also how surreal the pregnancy felt to them. They often had to pinch themselves to remind themselves they were going to be parents. Some said it didn't feel real until the first scan and that was the 'awakening' moment. Others said they first realised 'it was real' when they felt their partner's bump and/or the baby move:

*"And even though your wife or partner's body starts changing and you're building a nursery and cots and buying baby clothes, I found all that stuff quite exciting, but it still didn't feel like it was actually happening."*

## A DIFFERENT GENERATION OF DADS



Some second-time Dads discussed how different this felt to having their first child. They talked about the first being new and exciting but with a lot more worry; they didn't know then what to expect or what they were doing. With the second child they felt calmer; they had a better understanding of what was going on and how things would pan out:

*"Yeah, [with] the first one everything is, everything has to be, perfect, and then the second one is... just chuck it out!"*

The Dads talked about all the good things since having their child. Even the little things had a positive impact on their lives, such as eye contact, communication with their baby, or seeing their own or their partner's personality coming out in their child. This was often described as another life-changing moment.



The men spoke about a number of these 'wonderful experiences'; how they found time to capture memories with their children as they grew with them and saw the changes develop.

***"I was braiding hair with my daughter, and it was four hours well spent".***

They also felt too much was spoken about the negatives of becoming a Dad. They wanted expectant Dads to know that the positives far outweigh the negatives if you embrace those important moments.

***"Because if this is going to be used to give information to Dads in the future, they need to know that it's not all [swear word], it is actually massively rewarding."***

On hearing the news that they were going to become a Dad some of the men were fearful. They had feelings of anxiety and apprehension, not knowing whether they were ready to be a Dad or if they really wanted to be a Dad. Even for those who were trying for a child, this was also a moment that brought various levels of stress along with a variety of other emotions including excitement:

***"But it was straight away and so you just have all these thoughts running through your head from 'I'm not ready' to 'I haven't got enough money' to all these different thoughts."***

## INITIAL CHALLENGES FOR DAD

The men discussed the additional stressors they faced following their transition to fatherhood, such as financial pressures and trying to look after their

partners as well as understanding their new responsibilities. Many spoke of the need to juggle everything and multi-task whilst realising their time was no longer their own.

***"Everything is on a tight schedule, so you got to get them out of the house and you only got two minutes!"***

The first six months for many was often difficult, transitioning to parenthood meant a lack of sleep, stress and a changing role as well as being the primary caregiver. Some of the biggest challenges were often seeing their child only when they were crying and finding it very difficult balancing home and work. Some had a feeling of being 'dumped' with their child when returning home from work or walking straight into helping care for a screaming child. This very quickly became a very new and stressful world.

***"I was just a sperm donor and a bank manager."***

Others spoke about having moved location and experiencing the disadvantages of not having a family support network around them as they were hundreds of miles away.

## BONDING

Some men spoke about struggling to bond with their new-born for the first few months and to love the child they wanted. This was often linked to work pressures, being tired but also a dislike of how life had changed, and how the relationship with their partner had altered or deteriorated after the baby was born. However, sometimes it was the birth experience that impacted upon



these feelings. Those Dads who had close skin-to-skin contact in the early hours/days seemed to have more immediate attachments.

*"I think that... because I resent the lack of bond that then withdraws me a bit more, I argue with my partner, my bond with my child gets worse because I don't [want to] spend time with her, it's a vicious circle."*

Some Dads felt themselves pulling away from their child when tensions were high with their partner and accidentally taking it out on their child through a lack of engagement. Others were envious that their partners got to spend more time with their children while they were at work.

*"Initially the first two weeks off I got good contact and going back to work I sort of resented (my wife) then, cause she was getting to spend all the time (with my child)."*

Many Dads had a good bond with their children, and it was from a wilful effort to spend time with them that they fostered a relationship. Most recognised the importance of bonding and that early skin-to-skin contact was extremely effective in helping to build an attachment. However, some stated that it took a while for their relationship to evolve. Several spoke of having distinct roles to ensure they bonded. For example, as their partner was breastfeeding, they allocated time for good communication with their child, such as reading, or bathing.

*"I never had an issue bonding with my daughter or that sort of stuff but a lot of that is pure fluke and it just*

*happened because I had roles and I had jobs, so bath time was my thing."*

## RECOGNISING THAT 'DAD' IS IMPORTANT

Many Dads didn't fully understand the important role they played in their children's lives. They often displayed low self-confidence and felt they weren't as important as the mother and not an equal partner in the child development process. For some, that early feeling of inequality caused them distress later.

*"That is why we are here [in the peer support group], it's because we thought that, and we thought we were irrelevant and further down the line that's when Dads suffer."*

Some suggested that if they weren't present, they didn't see how that would impact on their children's lives. Others explained to them the potential for adverse impacts of having no Dad present in a child's life, particularly from an early age, and talked about their own experiences growing up.

*"My Dad left when I was a couple of months old, and I didn't find him until last year... whether you disappear a day, a month, or 15 years old, a child will always need a Dad."*

## A DIFFERENT GENERATION OF DADS

The men discussed how being a Dad has changed compared to when their parents had them. They recognised that the modern Dad is and should be more involved in taking a bigger role in child rearing compared to years ago. In the



past Dads were more likely to be the only parent going to work and often only seeing their children during the evenings or in some cases only at weekends.

***“My wife’s granddad... we were talking about my partner, and he was just saying ‘it was so different’ and ‘I wasn’t there for any of the birth’, he would never see her, he wouldn’t be involved in feeding them or getting them ready [for school] or bathing them, it just wasn’t the man’s job.”***

It was felt there was still stigma and an outdated view of fatherhood due to how Dads were portrayed years ago. Some felt pigeonholed into this definition, even though they were all very much involved. They resented being referred to as ‘baby sitting the children’ when the mother wasn’t around with phrases such as ‘giving Mum a break’. They felt this implied they didn’t usually do their bit. They spoke about being present at the scans and the birth and wanting to be involved in every aspect of bringing up their children:

***“I talked to my Dad when I was going to the scans he said, ‘what are you doing that for?’”***

### **MORE INTUITION**

Some men felt women had a better understanding of being a parent due to gender differences and society being geared towards mothers as the main parent. It often meant women understood more about bringing up children and the problems babies and children might experience. The Dads felt Mums were more inclined to speak to friends who had children, and that some

girls are raised understanding more about childbirth but also wanting to be mothers. There was also a feeling that Dads should do more and not assume women know everything, or that they should automatically be considered the lead parent. They felt that as they were just as new to parenthood there ought to be a more shared and equal partnership.

***“But then do we think men should be taking more responsibility to make an effort to know about these things and talk about these things with their friends as well.”***

The men spoke about the importance of taking on greater responsibility, learning from the pregnancy, scans, and other hospital appointments. They also felt going to classes to understand more and being more active in their children’s lives through attachment and general fun activities, were essential.

### **SHARED EXPERIENCES**

Many Dads described similar feelings and experiences since becoming a Dad. A few did not know their situations were common and felt what was happening was unique to them. They often seemed relieved to hear they were not alone, and said it helped their mental state as it made dealing with situations around their child, partner or work easier knowing that others have experienced similar situations.

***“When I first started, I thought I was getting quite disconnected with the child and then I came here and heard everyone else’s stories and stuff and you go back and you just have a different mindset you know, everyone has been through it and things.”***



## FEELINGS OF EXCLUSION

Many Dads felt excluded from important moments during the pregnancy; they were often made to feel invisible or inadequate during scans and when attempting to engage healthcare professionals. They felt health professionals lacked compassion and wanted it to be recognised that they had also gone through a life-changing event being beside their partner, supporting them emotionally and physically. There was also a shared feeling that as a man, they would 'stick out' during classes or events predominately held for women, such as Mum and toddler classes.

### FEELING INADEQUATE

As well as feeling excluded during the pregnancy and birth, many Dads also felt loneliness and isolation, guilty if they asked a question and not made to feel part of the decision making. It is for this reason that many considered they weren't equal partners in the child development process.

*"I think it can be quite lonely because obviously everything is geared, and rightly so, to the Mum, she's going through the agony of the whole process."*

The men described how they were not treated respectfully when they were allowed to attend scans or during the pandemic when they were not.

*"The person doing the scan, the person doing whatever, to them I was just the person carrying the clothes, the bags and that's it. And that's kind of what I found."*



### A LACK OF COMPASSION

Stories were told about seeing their partners giving birth, sometimes where it hadn't gone to plan or where their child was born and rushed to incubation, feeling helpless or 'in the way', which was extremely stressful. Others told of attending hospital where their partners were experiencing long hours in labour. On these occasions the men were often made to feel that they were an inconvenience.

*"I think clinical staff are so concentrated on the woman and quite rightly, but it seems they completely forget you're sitting right next to the bed trying to support them through it all and then you feel tired and overwhelmed a bit cause you got to remain strong throughout the process."*

A Dad shared his experience of being told to leave the hospital after his child was born (pre-Covid-19). Many didn't

want to leave their partners; they were sleep deprived, emotionally drained, often after a long day at work. In most cases the Dads could not sleep or rest when they got home due to the stress.

***"I cried all the way home, and I crashed the car when I was parking it, and obviously that's because we nearly lost the baby, we nearly lost Mum and then they were both in intensive care after she had given birth, I was told I can't stay."***

The men discovered that it didn't feel as though the rules were applied consistently. It often came down to the health professional they were dealing with.

***"I was in the ward, and they came in and said, 'Dad you can spend the night, plenty of room, sleep on the chair there in the corner, ok?' Night shift came in 'Dad you need to go'."***



## STICKING OUT

It was felt that there was often a stigma around being a Dad, particularly being an involved or modern Dad. Many spoke of being judged for bringing their child to classes, which were attended predominantly by Mums.

The women often looked at them as if to signify they shouldn't be there; they were ignored, and this was off-putting. Classes called 'Mum and baby' clearly created a barrier but there were no inclusive sounding 'baby and parent' classes.

***"I wouldn't feel like I was welcome... but to actually be like going to the Mum and toddlers' group, I wouldn't be able to go through the door because I would already feel like they've segregated me before I've even walked through the door because of what it is called."***

The Dads really wanted to attend classes to gain information they felt they ought to know but also to provide their baby with the opportunities and benefits of social interaction. Taking every opportunity to support their child to grow and to try and understand as much as possible was important to them. Many said they just had to put up with it because 'it is what it is' and that was all that was available.

***"I've been to plenty; you get used to being called Mum."***



## EMOTIONS AND WELLBEING

Throughout the course of the project the Dads spoke about their experiences during the pregnancy, birth and following, with many developing strong levels of guilt during this time. They spoke about feeling guilty when tired, when not feeling well, in pain or simply when they wanted to do something for themselves.

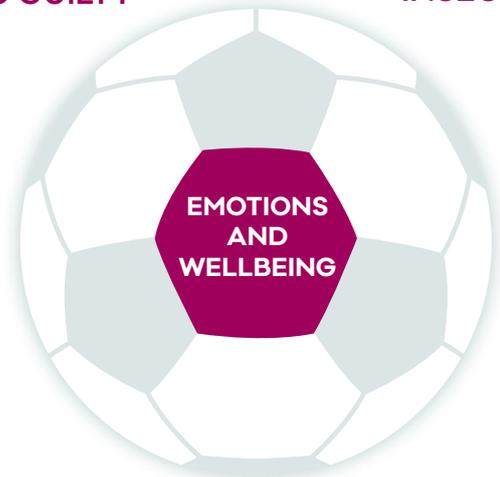
They felt they couldn't complain, because in comparison to what their partner had gone through during the pregnancy and birth, they had it good; what they were going through was nothing.

For some who did not acknowledge their emotions this led to negative impacts on their health and wellbeing and in turn the family. Insecurity often played a part in those early days where they felt overly worried and anxious about their baby, the future, and if they were being good Dads doing things correctly.

The men spoke about the importance of looking after themselves and recognising and acknowledging their emotions. Creating space to relax and unwind, to help them parent to the best of their abilities and ensure they had the energy and mental capacity to do so was also considered essential.

FEELING GUILTY

INSECURITY



LOOKING AFTER YOURSELF

### FEELING GUILTY

*"I was riddled with guilt like non-stop, it was horrible. Even now, sometimes I feel I can't say anything much when she says, 'how was work?' I'll go 'yeah fine', sometimes I feel I can't come home and say it's been a rough day."*

Some men resisted mentioning to their partner that they were tired or feeling low when returning home from work. This impacted on their relationship with their partner who were often unaware of these feelings. It also impacted on their relationship with their child and the men would often dismiss their own needs.

*"The guilt of feeling tired, it's not okay for you to feel tired, you've got it so much better than what your other half is going through, kind of thing."*



## INSECURITIES

The men reflected on the worry they felt when they left the hospital for the first time with their child. There were strong feelings of doubt among some that they were up to the job of being a Dad; they often didn't feel they knew what to do or what to expect.

For many there were strong feelings of anxiety mixed with excitement:

*“When you take your baby to the car to go home... that’s when it dawns on you that this is real now. And that drive home, and you get home and then you go – this is real.”*

The Dads shared similar experiences of the first few nights of their child's lives when they constantly monitored their baby. Every hour, every movement, even when they were sleeping.

One Dad said that he was so obsessed with his new responsibility of caring for a little person, a new human being that was so dependent upon him, that when his baby was sleeping, he would tiptoe into the nursery and poke her gently to see if she was still breathing. The Dads wanted to make sure they were doing everything right and looking after their children to the best of their abilities:

*“Yeah, with the skin-to-skin thing, cause I got quite a hairy chest, I thought a hair had come onto his lip and I was panicking, ‘is it okay? what if he swallows it?’”*

## LOOKING AFTER YOURSELF

Many men came to realise that as Dads, they had a new meaning, they were important in their child's lives, their experiences and feelings were valid, and they simply had to acknowledge that being a Dad can be challenging.

They spoke about how important it was for their child and partner for them to look after their own health and wellbeing. Finding time to create space, unwind and relax would help them to avoid becoming overly stressed, which could impact on the whole family.

*“You can still do everything to look after your family but if you’re not looking after yourself you can’t do that to the best of your abilities.”*





# Online survey results (quantitative findings)



91 Dads responded to the survey, highlighting key areas for improvement in supporting Dads, while describing their own experiences around the life changing transition to fatherhood.

Below are the **qualitative results** of the survey, looking at what the Dads had to say and the **quantitative results**, presenting key statistics in one concise table. The table below can be used to navigate through the different findings of the survey.

**Table 1: qualitative findings from MHF online survey.**

Survey findings	
Societal views about Mums and Dads	How do you cope with stress?
Modern day expectation of Dads	Concerns
Becoming a Dad	Traumatic birth
Describe being a Dad in three words	How to reach Dads more effectively
Relationship with their own Dad	Changes in relationships
Support needs and available services for Dads	Top three areas for researchers to look into

## Societal views about Mums and Dads

In our survey **96%** of Dads felt being a Mum and being a Dad were viewed differently by society. Some said that a Dad was viewed less favourably than a Mum and others stated that societal views diminished the role of the Dad to not being an equal contributor. Even among their friends, Dads felt they didn't receive the same level of support their partners received from their friends.



The views expressed suggested that the mother needs the support; the Dad should just accept whatever issues he is facing.

*“I believe Dads are often viewed as the spectators and not an equal contributor to the child’s care and development.”*

## Modern day expectation of Dads

There was a shared feeling among respondents that Dads are now more involved in household and childcare duties compared to past generations. The men explained that this is driven by many factors, including a cultural shift, indeed **92%** felt there is a modern-day expectation of Dads to take on more of the household and childcare responsibilities.

Men now often want to be more involved, women go to work more, there are opportunities for stay-at-home Dads and the media influence shows a more equal share of parental responsibilities.

*“In a household with two working parents, it is a reasonable thing to evenly split responsibilities and yes, today’s women are quite right to expect Dads to help out.”*

## Becoming a Dad

In our survey **69%** of respondents felt they didn’t know enough about being a Dad before becoming one. Furthermore, **70%** of Dads felt it was important to have more information for Dads about what life will be like as a Dad, whilst **60%** did not receive any information on what life would be like as a Dad.

Whilst they would have liked more information about becoming a Dad there was a strong feeling this is something you can’t easily learn or be told; it’s an experience unlike anything else. Many Dads felt that only the negatives are spoken about, but that these are significantly outweighed by the positives. However, some said that they wished they had known in advance how hard and tiring the first few months would be. Others spoke about how they wish they had known that it was okay to not feel an instant connection to their baby and to not feel guilty about it.

*“The joy brought by the additional responsibilities of being a Dad is never communicated effectively.”*





## Describe being a Dad in three words

Below is a word cloud (not weighted) that captures the feelings of the men who responded to this question:



## Relationship with their own Dad

The survey results showed that **87%** of men reflected on their own relationship with their Dad after becoming Dads for the first time. This created feelings of respect for the sacrifice their Dads made, being thankful for their upbringing and on how this helped them understand how hard being a Dad could be.

*"I am more grateful and have a greater insight into his choices and the problems that he faced."*

## Changes in relationships

There was a noticeable change in many relationships for Dads; **91%** noticed a change with their partners and **62%** noticed a change with their friends. These changes often arose due to less time being available to spend with all or some of them. This could be a result of their partner developing postnatal depression, caring for their baby, work or other stressors which impacted on their relationships. For **47%** of Dads, family had become more important – they would often help with childcare and offer support and guidance when needed.

*"I wasn't as available to see friends, those without children had less in common with me and more time."*



*“Friendships seemed to change. Wife had postnatal depression this affected our relationship, requiring support and treatment. Very challenging time.”*

## Concerns

In our survey, **64%** felt life balance was an area of concern when becoming a Dad. **50%** felt finances were an area of stress and **48%** said they were concerned about their partner. The men also spoke about their concerns about having less time to themselves or to spend with their partner, insecurities about whether they were being a good role model or doing a good job and worries over finances.

*“Whether you are doing a good job (or not), it’s always a worry. Loss of independence was fairly difficult to adjust to.”*

## How do you cope with stress?

Interestingly, **69%** of Dads who took part in this survey felt that the way they deal with stress has changed since becoming a Dad. They spoke about how important it is to look after themselves as well as their partner when having a child, and to actively seek activities that bring joy and happiness, to avoid stress building up, which is bad for everyone.

For many, exercise is important to help them keep calm, find space and clear their heads.

*“Exercise. An hour running most mornings is my time to myself.”*

## Traumatic birth

The survey revealed that **46%** of men experienced a difficult or traumatic birth with their partner. These difficult births stemmed from a range of circumstances such as long and difficult labours, extreme blood loss for their partner, emergency C-sections or other interventions.

*“Wife had a 40-hour labour followed by postpartum haemorrhage (70% blood loss), pre-eclampsia and sepsis.”*

However, **54%** stated that their birth experience was pleasant for themselves and their partner, where no major incidents took place and where they were included and well supported by health professionals.

*“Overall a positive experience for Mum which made it a positive experience for me. As calm and inclusive as could be hoped for.”*

## How to reach Dads more effectively

The answers to this question gave us a rich insight into what respondents felt, which in essence was the need for more inclusive and better engagement with Dads at scans and from the early stages of pregnancy. For **56%** of Dads, groups for men to meet up and share experiences would be helpful, whilst **56%** felt they had no place to meet up and share experiences. Therefore, designing Dad-specific groups run by men to share their experiences and feelings would massively increase confidence. The overall message was that Dads should be made to feel their roles are not less important than those of mothers.



*“Simply communicate with them, rather than not! Dads struggle, especially trying to look after their wife, the baby and other kids, making sure the income is coming in, and doing it all without much sleep.”*

## Support needs and available services for Dads

In our survey, **46%** of Dads felt that they had no support for their mental health. The Dads felt society did not fully value the role of the Dad. There were no, or very few, services available for Dads. They weren't given adequate advice about changes they might encounter, such as how their mental health might be affected after having a child. They were also not shown the same respect as the mother. Only **38%** of Dads who took part in the survey had a good experience with health professionals. If they were spoken to by health professionals some felt it was often in a 'laddy', demeaning tone. Indeed, **64%** felt more positive attitudes towards Dads from healthcare professionals would be beneficial.

*“Medical professionals should make you feel included. It can be a very stressful time and you need as much support as you can get, so when professionals aren't even looking at you during appointments, it puts a bad tone on it, as if you are not important in any of this.”*

**Figure 2** summarises the responses from Dads regarding the support that they feel is unavailable, with the support that they perceive is needed. This figure outlines some interesting trends within this group of Dads.

For instance, for areas such as perceived 'mental health support', 'Dads groups' and 'more information for new Dads', a very similar proportion indicated that they needed the support, and that it was not available. This indicates a consensus in experience and need, which should be further explored when planning support resources for new Dads.

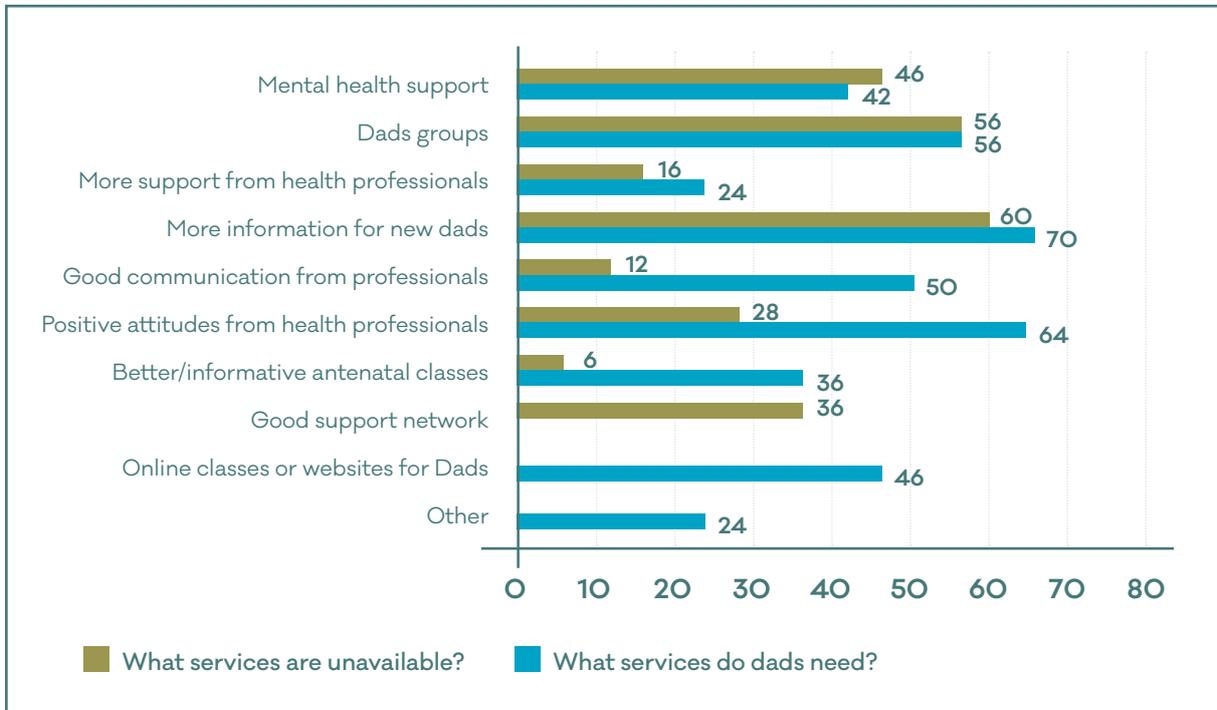
However, in other areas, such as 'Better/more informative antenatal classes' or 'Good communication from professionals', there is a difference between need and availability. For example, **40%** of Dads reported that they needed better or more informative antenatal classes, however only **6.5%** stated that this wasn't available. Therefore, the support is perceived to be there and raises the questions of barriers to access. This is supported by qualitative data from the focus groups and online survey indicating that Dads feel that their role in their partners care is not valued and that they feel excluded (see 'Single chair syndrome').

A final interesting trend centres on the number of responses for each category. For instance, every Dad, on average, selected 4.5 services that they felt were needed (in contrast to 2.8 services that are unavailable). This suggests a wide breadth of need, which requires further exploration and research. This is further supported by over a quarter of Dads (**26%**) ticking 'other' as part of this survey.

Further research and a needs assessment would be recommended to not only further establish need, but also what needs are most important to new Dads.



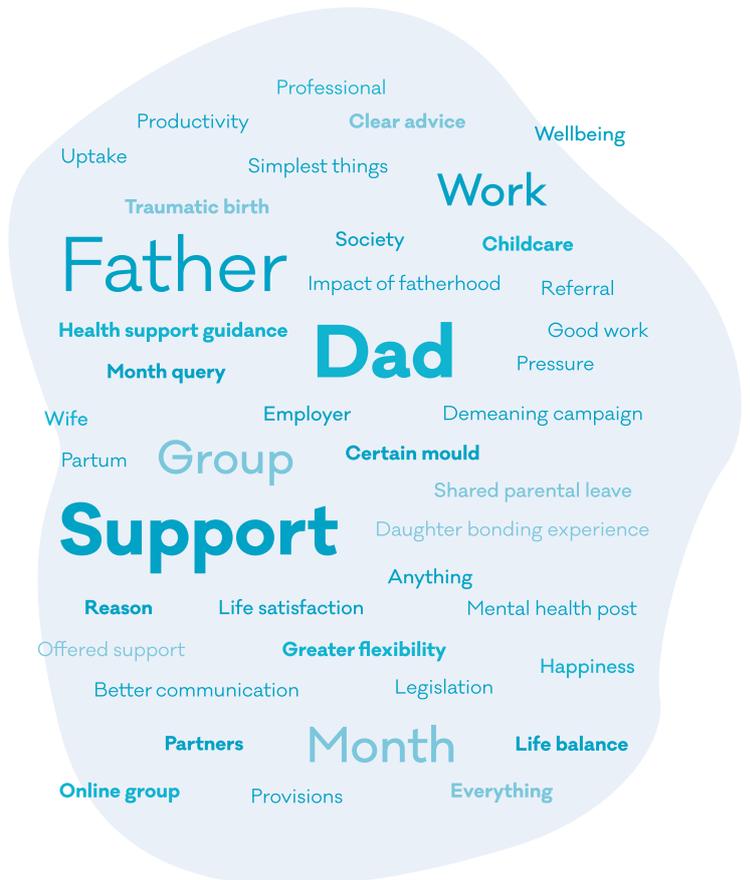
Figure 2. Support needs and available services for Dads (n=91).



### Top three areas for researchers to look into

We wanted to ensure that Dads had a say in what they thought were the most important areas for future research. We received varied responses; many said that more needs to be done to **engage, communicate** and more effectively **support** Dads.

They felt research should look more into the impact of fatherhood on mental health and the balance between work and home life. They felt legislation should compel employers to offer greater flexibility to deal with childcare as it can currently have a negative impact on their lives. Below is a word cloud (not weighted) showing the main areas Dads felt it was important to explore.



## Key findings



### Dads were asked if they thought being a Mum and being a Dad are viewed the same by society:

- **96%** of respondents said no.
- **92%** felt there is a modern-day expectation of Dads to take on more of the household and childcare responsibilities.

### When we asked what services Dads need to be able to best support their partner during pregnancy, childbirth and beyond:

- **70%** of Dads felt it was important to have more information for Dads about what life will be like as a Dad.
- **64%** felt more positive attitudes towards Dads from healthcare professionals would be beneficial.
- **56%** felt groups for men to meet up and share experiences would be helpful.

### When we asked what services were not available to them:

- **60%** did not receive any information on what life would be like as a Dad.
- **56%** felt they had no place to meet up and share experiences.
- **46%** felt they had no support for their mental health.
- Only **38%** of Dads felt they had a good experience with healthcare professionals.

### There was a noticeable change in Dads' relationships with their friends, partners, and families.

- **91%** of Dads noticed a change with their partner.
- **62%** noticed a change with friends.
- **47%** felt their family had become more important as they would come to help more with childcare and offer support and guidance.
- **69%** of respondents felt they didn't know enough about being a Dad before becoming one.
- **87%** felt becoming a Dad made them think about their own relationship with their Dad.

### When we asked what the main areas of concern were about being a Dad there was a varied response.

- **64%** felt life balance was an area of concern when becoming a Dad.
- **50%** felt finances was an area of stress.
- **48%** said they were concerned about their partner.
- **69%** of respondents felt that the way they deal with stress has changed since becoming a Dad.

### When we asked about their birth experience:

- **46%** said they suffered from a difficult or traumatic birth of their child.
- **54%** said the birthing experience was good and went smoothly.

## Conclusion of findings



The aim of this pilot project was to identify men's experiences and needs in relation to their mental health and wellbeing during their transition to fatherhood.

Many factors were discovered in the challenges of becoming a Dad. These included changing identity and lifestyles, insecurities around parenting and bonding with their child, financial worries, experiences with pregnancy and childbirth, and a change in themselves as they reflected on their relationships with their partners and their own Dads. Any of these factors can contribute to increases in mental ill health.

The participants identified a need for advice and guidance to prepare men for fatherhood, and support mechanisms including parenting groups, Dad-friendly resources (containing information for new Dads) and inclusive services for better mental health and wellbeing.

The main barriers to accessing support included a lack of resources and lack of health professional engagement with Dads. Many Dads also lacked support from their male work colleagues and peers.

Dads felt healthcare professionals should do more to engage with them to make the perinatal journey more inclusive, as negative experiences can reduce confidence and lower self-esteem. However, several positive aspects of early fatherhood were identified.

Dads who were involved with their child and bonded with them over time found their experiences immensely rewarding.

Those who recognised the need for routine change in their life and relationships adjusted better to their new role, especially when they planned with their partner. Better preparation for fatherhood and support for couples' relationships during the transition to parenthood could facilitate better mental health and wellbeing in new Dads, resulting in better experiences and improved family outcomes.

The experiences of each of the men were unique, but shared similar characteristics, whether it was their first, second or third child. The peer support allowed each man to know they were not alone in their journey through fatherhood and helped them reduce stress and worry.



# Literature review results for postnatal mental health in Dads



**Paternal postnatal mental health is the psychological, emotional, and social health of Dads after becoming a Dad. The number of Dads suffering from a postnatal mental health condition is unknown. The following section aims to provide a descriptive summary of what is already known about paternal mental health, and the extent of its impact on men and their families. The literature showed six core themes which shall now be explored.**

## The impact of transitioning to parenthood for men

Men becoming Dads is a permanent life-changing transition. Many Dads have described this transition as becoming more of a man through the achievement of fatherhood<sup>1</sup>. This achievement holds the opportunity to bond with a baby that is theirs and their responsibility. Dads believe they hold a central unique role in their child's life and development<sup>2,3</sup>. They are excited to shape their child and discover who they are, often hoping and planning to be a better Dad or role model than they had growing up<sup>1</sup>.

Dads are biologically wired for the transition into fatherhood and to bond with their baby. Their hormones adapt to be able to promote bond formation – prolactin and cortisol levels rise, and testosterone levels drop. This change in hormones is a visible and measurable adaptation men go through to become good Dads<sup>4,5</sup>. Although men are designed to adapt to fatherhood, it can still take time to develop the bond with their child.

Not all Dads find bonding with their baby comes naturally, which is challenging

given that connecting with your child is considered the highlight of becoming a Dad. In Kowlessar et al.'s study, Dads discussed the unexpected struggle to bond after birth<sup>6</sup>. Another study found that new Dads experience a deeper bond with their child at six months instead of immediately after birth<sup>3</sup>.

Multiple studies found that some Dads described feeling pushed out or separated from the relationship, because the mother and baby form a close bond so swiftly after birth<sup>1,2,6</sup>. This feeling of separation may be due to the delayed physical interaction men have with their baby, as Mums carry the baby during pregnancy and may breastfeed afterwards<sup>2</sup>. It also reflects how Dads bond with their baby through interaction and play, which triggers a release of oxytocin, the 'bonding' hormone<sup>5</sup>.

Feelings of separation also affect Dads' relationship dynamics. Many men describe the joy of co-parenting and teamwork with their partner<sup>6</sup>. However, some find this can be accompanied with a 'deterioration' of their relationship as couples navigate the stress, tiredness, and the shift that comes with an addition to their family<sup>1</sup>. New Dads also have



talked about feeling frustrated at how unprepared they were to look after a baby and how they felt helpless to support their partner<sup>2,6</sup>.

It is unsurprising then that some Dads can find it confusing to identify with their new role<sup>2</sup>. This brings new competing challenges as men adapt to a new lifestyle that is different to that with which they are familiar<sup>6</sup>. This impacts every area of a man's life, inside and outside the home. New Dads have less time to socialise with friends and family, and less time for leisure<sup>7</sup>. One study described this as being forced to replace a 'juvenile lifestyle' with a 'provider role'<sup>1</sup>. 'Becoming Dad', a cohort study led by midwives, found that all of the new Dads participating talked about the difficulty of 'switching' between work and life at home<sup>7</sup>. Trying to balance these two priorities often meant men lost time for themselves. Dads are expected to prioritise both family and work, and this tension of work-life balance has a huge impact on men; one study found it to be the second biggest predictor of depression in Dads<sup>8</sup>.

## Men's mental health after having a child

The transition to becoming a Dad can put Dads under a lot of pressure. Whilst this is an exciting time, it can also be extremely stressful. Dads have to manage new responsibilities, learn new skills, and build a relationship with their baby. Dads take on an 'around the clock' role that is both physically and emotionally demanding. Physically, they experience hormonal

changes, loss of sleep and fatigue<sup>9</sup>. Emotionally, Dads face a new identity, cultural expectations, changes to their relationships and lifestyles, and even birth trauma<sup>10</sup>.

Despite all this, Das and Hodkinson found most Dads in their study were unaware of the possibility of perinatal mental health challenges<sup>11</sup>. These experiences and transitions do challenge Dads' mental health but can be missed as Mum and baby take priority.

Although most new Dads will not experience a negative impact on their mental health, many Dads do. Most research focuses on the postnatal depression (PND) which approximately one in ten Dads will experience<sup>1,9,10,12</sup>. Becoming a Dad doubled the rate of depression from 4.8% in men without a new baby to 10.4% in new Dads the same age<sup>9</sup>. Another study of 533 Australian Dads found that new Dads living with their baby had a 68% increase in depressive mental health symptoms compared to men with no children<sup>13</sup>. Wee et al.'s report advising interventions for PND also demonstrates that new Dads are more likely to be distressed than non-Dads of the same age<sup>14</sup>.

Dads also face other mental health challenges. Depression is not the most common psychiatric diagnosis for new Dads: adjustment disorder with anxious symptoms has the highest prevalence<sup>15</sup>. A systematic review by Leach found that studies showed 16% of Dads experienced anxiety before the birth, and 18% of Dads after the birth<sup>16,17</sup>. Some Dads will experience anxiety and depression simultaneously because many of the risk



factors are shared. There is inadequate research available about other mental health symptoms new Dads may have, but current research does show that becoming a Dad has a significant impact on men's mental wellbeing.

Some Dads are at higher risk for postnatal mental health challenges. An American longitudinal study of 10,623 men, found Dads not living at home with their baby had the highest depressive symptom scores<sup>13</sup>. They also found that Dads from ethnic minority backgrounds experienced higher rates of paternal PND compared to white Dads<sup>13,18</sup>. Another identified risk group is young Dads<sup>18,19</sup>. However, this is believed to be more associated with their circumstances rather than their age, as young Dads are more likely to be non-resident, have an unstable job or housing, and be more isolated.

These 'stressors' can affect all Dads and contribute towards PND, in addition to a Dad's physical health, history of mental health issues, his mother's mental health, marital relationship, social deprivation, substance abuse and whether the pregnancy was planned<sup>9,13,17</sup>.

Understanding and identifying risk factors for new Dads developing mental health problems is necessary so that the focus can shift from management of paternal mental health problems to prevention.

## Postnatal depression in men

Research into paternal PND is limited despite it facing so many new Dads. These limitations are due to a lack of investment, research, and resources for paternal PND. Researchers have often used the same PND screening tools for both men and women. These tools have been designed based on maternal mental health, which complicates their application to new Dads. For example, they need different cut-off scores for men and women<sup>1,20</sup>. Although some clinical signs and symptoms of paternal and maternal PND are shared, new Dads do present with different symptoms<sup>19</sup>.

Depression is expressed differently in men, who are more likely to experience aggression and anger, or engage in escapist behaviour, such as substance abuse and unhealthy lifestyles<sup>14,15,19</sup>. Moreover, Dads are more likely to acknowledge these physical symptoms of depression, instead of emotional ones, as well as underreporting symptoms more generally<sup>12,13</sup>. This research shows that current screening tools, which do not account for these differences, may be misinterpreting the number of men suffering from PND and the severity of their depression.

In addition to different symptoms, PND in Dads has a different symptom timeline. Dads' depressive symptoms peak later and take longer to disappear than Mums<sup>18</sup>. Depression in Dads peaks at 2-6 months compared to 4-6 weeks in Mums<sup>12,21</sup>. The Millennium Cohort Study showed that these symptoms then decrease over time from an average of 3.6% when the baby was nine months



old, to 1.8% when the child was five years old<sup>18</sup>. This different appearance of depression can create a 'masking' effect leading to the potential for paternal PND being missed<sup>9</sup>. There is a high risk of underreporting, and if screening tools aren't adapted to be specific for the clinical features of paternal PND it could remain unrecognised and unsupported. This also limits our understanding of how PND affects Dads and their families, which is necessary information to enable the provision of services and support for new Dads.

### Poor parental mental health for Dad and the impact on the child

Dad's mental health impacts the whole family: Mum, baby and any siblings. There is conflicting evidence for the extent to which a Dad's mental health affects their child. Some studies, such as Capron found no significant associations between paternal antenatal depression, and child mental health problems<sup>22</sup>. Secondary data analysis from the Millennium Cohort Study also found that a child's temperament is not influenced by paternal depressive symptoms but does have a higher association with maternal symptoms<sup>18</sup>.

This debate was addressed in 'Who's the bloke in the room?' from the Fatherhood Institute, which concluded that Dads' depression can affect children indirectly by impacting the couple's relationship, the mother's mental health and the family's socio-economic conditions<sup>23</sup>. Maternal depression may have a higher association due to cultural bias, which

determines Mums as the primary caregivers, so Mums spend more time with their children. It is also important to remember that it is challenging to establish a cause-and-effect relationship, because many other factors contribute towards poor paternal mental health and the shaping of a child's development.

In contrast, a separate UK study found two thirds of the association between paternal depression and child outcomes could be explained by maternal depression and problems in the parents' relationship<sup>24</sup>. This means one third of children's depressive symptoms can be directly linked to their Dad's depression. More recent studies have been able to affirm this link. Sweeney and MacBeth's review of paternal PND research discovered that studies that considered and eliminated maternal depression as a variable, found paternal depression was still an independent risk factor for a child's negative outcomes<sup>25</sup>.





This is supported by another study in Ireland which found a positive association between paternal and adolescent depressive symptoms, which were still present after adjustments for confounding variables and the mother's depressive symptoms<sup>26</sup>. These studies suggest that the potential Dads have to promote their child's development is underestimated and more complicated than previous studies imply. Yet regardless of whether Dad's mental health has a direct or indirect consequence on the family, the effect is still evident in the available research.

Further studies also demonstrate the explicit impact of Dads' depression on their children. There are two suggestions for the cause of this: genetics and exposure to the Dad's clinical symptoms<sup>12</sup>. A study of 852 babies born by assisted conception showed that environmental exposure to depressive symptoms is more influential than genetics, for both parents<sup>27</sup>. The following research shows the impact depression in Dads can have on their young children:

- PND in Dads affects Dad-baby bonding from as early as eight weeks<sup>15</sup>.
- It directly affects a child's development as parents engage less with positive learning activities such as singing, storytelling and reading. This association does decrease over time, but the impact on a child's development is still evident at seven years of age<sup>15</sup>.
- Dads' PND is associated with the child's 'internalising' and 'externalising' behaviours – these are inappropriate negative emotional

responses towards oneself or another person – and can be evident from three years of age<sup>12</sup>. This link is so clear that it can be used to predict future negative behaviour.

- Adolescent girls whose Dads had PND show more emotional problems than their peers, whilst boys appear to be affected at a younger age<sup>24</sup>.
- Depression in parents negatively affects school performance in both male and female adolescents<sup>15</sup>.
- Dads' depression could be associated with anxiety and depression symptoms in their child at 21 years old<sup>12</sup>.

Therefore, there is a variety of research indicating that paternal PND impacts the child from eight weeks to 21 years of age. A Dad's influence on their children must not be undervalued. Dads are not only essential for a child's physical and educational development, but also their emotional development, in both boys and girls. Paternal depression can be 'causal' for later challenges children face, and therefore should be a priority<sup>28</sup>.

## The benefit of engaging Dads for healthcare providers

Despite all this, Dads' mental health and impact on the family seems to have been missed by healthcare providers. Healthcare systems are more designed for mothers and babies, and many Dads support this. Unfortunately, Dads also are reporting experiences of being ignored or excluded by healthcare professionals because they are not the 'patient'. NHS pregnancy notes direct healthcare professionals to ask mothers



questions about their partner, rather than questions being directed to the partner themselves; the forms only leave the room for the mothers' comments<sup>23</sup>. For tests and ultrasound scans, only the mother's consent is recorded, despite over 90% of Dads being present at the anomaly scan they are not normally consulted<sup>23</sup>. This leaves Dads feeling like they hold a secondary role<sup>2</sup>. Not only are Dads excluded in practice, but also in guidance. Partners of new Mums are not included in the NICE antenatal and postnatal mental health guidelines<sup>1</sup>.

This may have a direct impact on Dads' mental health. One study found that one third of Dads showed signs of mild-moderate depression at two weeks after the birth, and one in fifteen showed signs of severe depression at six months: this correlated to when Dads reported the lowest levels of support from NHS staff<sup>3</sup>. Healthcare professionals are often inaccessible to Dads because they may work at key times during the day, whereas mothers are more likely to have leave from work<sup>19</sup>. In the Dads Network Scotland survey, 83% of the Dads surveyed who had sought professional support for their mental health problems found it difficult to find the support they needed<sup>19</sup>. The antenatal and postnatal healthcare system is currently not designed to cater for Dads.

Most Dads want to be involved. Moreover, the importance of involving Dads is much more extensive than merely making them feel more included. The benefits extend to the mother and baby, and even the NHS. Burgess and Goldman's report discussed a study where new Dads were allowed to stay

overnight after the birth<sup>25</sup>. Complaints plummeted and midwives had more time to deliver direct care. Dads with PND directly cost the NHS £158 more than Dads without, and this excludes additional costs from the impact PND has on the family, Mum, baby and the rest of society<sup>29</sup>. A recent guide for specialist perinatal mental health services stressed the importance of including Mums' partners because they are well positioned to notice deterioration in Mum's mental health, pick up signs of relapse and most importantly, are Mum's main support after discharge<sup>30</sup>.

Therefore, not treating the whole family also increases the risk of 'compromise [to] maternal and infant health outcomes'<sup>25</sup>. Maternal PND correlates with paternal PND, showing that each is a major risk factor for the other<sup>4,18</sup>. Paternal perinatal anxiety and postnatal depression is a public health concern, affecting both men and their families<sup>31</sup>. Engaging Dads with healthcare is beneficial to multiple spheres of people and improves the wellbeing of the whole family.

## Benefits of peer groups for Dads

As current healthcare policies and pathways are not able to meet the needs of new Dads, one of the main suggestions from Dads themselves is the establishment of peer support networks. In multiple studies, when asked for suggestions about interventions for Dads in antenatal and postnatal care, new Dads asked for informal peer support groups for practical and emotional support, and formal male-only antenatal teaching sessions<sup>7,32</sup>.



Many Dads are also frustrated at the lack of a Dads' equivalent for mother and baby groups<sup>31</sup>. One study interviewing 10 new Dads on their experiences found that they acquired their parenting skills through social learning<sup>6</sup>. This shows that Dads want to be taught about how to be better Dads, and that peer support groups are a way of achieving this by applying the natural process Dads use to learn to be parents.

Although progress has been made to establish some peer support groups, for many Dads these networks are not currently in place and are inaccessible to them. Dads clearly need peer support, but often only have their partner for emotional support<sup>9</sup>. Although partners remain their main confidante, the strain that becoming parents puts on their relationship can also put pressure on this

way of getting emotional support<sup>31</sup>. This makes outside support advantageous, for both parents, as it reduces the pressure on the couple's relationship.

Studies have also demonstrated that men feel a lack of support from their male peers<sup>1</sup>. This is a concern because a lack of social support is a risk factor for paternal PND<sup>9</sup>. Young Dads are more at risk for PND because they are the first of their peer-group to become Dads and frequently become isolated because of the lack of peer support<sup>13</sup>. It is the men who have the least access to support, and who are most at risk of poor postnatal mental health, who will benefit the most from peer support groups. Peer support not only helps men feel better informed and equipped to become Dads, but also positively impacts their mental health, which in turn helps the whole family.



## Overall report conclusion



It is widely recognised that men do not easily talk about their feelings, emotions and their overall mental health. It was partly for this reason that it was initially difficult to recruit new Dads to the project.

The aim of this pilot project was to identify men's experiences and needs in relation to their mental health and wellbeing during their transition to fatherhood. Many factors were discovered around the challenges of becoming a Dad.

Areas identified as being important centred on the need for advice and guidance to prepare men for fatherhood. Having support mechanisms in place, including parenting groups, Dad-friendly resources (containing information for new Dads) and inclusive services for better mental health and wellbeing.

Several positive aspects were identified. Dads who were involved with their child and bonding with them over time found their experiences rewarding. This was often helped with the pandemic lockdowns. Those who recognised the need for routine change in their life and relationships adjusted better to their new role, especially when they planned together.

Dads often felt healthcare professionals should do more to engage with them to make it a more inclusive journey, as negative experiences can reduce confidence and lower self-esteem. The experiences of each man were unique,

but they shared similar characteristics with each other's stories, whether it was their first, second or third child.

After the first Covid-19 lockdown, we managed to expand the project from a Cardiff-based pilot study to a UK wide effort, developing strong relationships with NHS professionals, key researchers, and other organisations such as those members of our Dads Champions Group.

The creation of the Research Consortium allowed some of the leaders in Dads mental health to unite in a way that aimed to influence cultural change with powerful evidence. The consortium proved mutually beneficial and assisted the Dads themselves by providing an opportunity to raise their issues and experiences directly with researchers.

Our project utilised a peer support model to great success, where men came together weekly and discussed topics, they felt were important to them. It was essential for the Dads to take ownership and co-produce the project. The men supported each other creating strong bonds, sharing experiences in a non-judgmental manner.

It is clear from substantial evidence that men need support pre and post childbirth, as well as women. It is imperative that more work is done to engage new Dads to treat them with respect and acknowledge their feelings and experiences too, developing a whole family approach to health and wellbeing.

## Recommendations



**The results of this project highlight a clear and urgent need for cultural change with better support for new Dads. To fully address prevention of mental health problems across all age groups within the UK we urge governments to adopt an improved whole family approach to better mental health for all.**

**Backed by the evidence presented in this report, we believe there is an urgent need for systemic change in the following areas:**



**Recognising parental equality** is vital for the effective delivery of new service interventions that cascade down to benefit children's mental health and wellbeing. This will also help reduce Adverse Childhood Experiences.



**Cultural change** – Doctors, midwives, and other healthcare professionals should fully engage with Dads as well as mothers as equals, during the child development journey. Dads should also be monitored by health professionals in the same way as mothers. This means improved training to deliver better outcomes, not just for Dads, but for the whole family.



**More classes and services for Dads** – such as the provision of male-specific antenatal classes or peer-support groups pre and post childbirth. They should be designed in a way that lets men know what becoming a Dad is really like, providing advice and guidance on how to understand their feelings during the transition to parenthood.



**Good guidance** is key and should be widely available to new Dads. This project co-produced a guide for new Dads which we hope will be made widely available. The benefits of delivering all these changes would not just be societal but economic too, reducing the overall mental health financial burden to government and health boards by increasing the shift from management to prevention.



**Future Research** is needed to explore the area further. While our project explored a wide range of topics, it would be useful to examine the experiences of Dads in closer detail, perhaps examining each theme individually such as those Dads who experienced birth trauma or how going back to work not only impacted the Dad, but the wider family unit. Added to this we only recruited predominately white middle class males and a wider demographic would provide a more enriched and diverse view of fatherhood.

## Acknowledgements



**A huge thanks to all the Dads who took part in this study; without them there would be no project. It was a pleasure and privilege to work with them. They showed courage, honesty, integrity, and dedication, turning up regularly to share their experiences. We are eternally grateful.**

We would also like to acknowledge the support of our Research Consortium and Dads Champions Group for their advisory and 'critical friend' roles; their knowledge and expertise was highly valued. We hope a legacy of this project is that they stay connected to continue their good work. Thank you to all our stakeholders for the massive help they have given us; a special thankyou to Sharon Fernandez, Wales Perinatal Mental Health Lead and Mark Williams, Dads Reaching Out for always supporting us.

Staff delivering the project and authors of this report were Adrian Green (Project Manager), Darren Madden (Research and Evaluation Assistant) and Dr Nicole Burchett (Senior Research and Evaluation Manager). Contributors were Bethia Evans (Placement Student, literature review), Dr Rebecca Clark Elford (Research and Evaluation Officer), Catherine Negus (Research Officer) and Jenny Burns (Associate Director, Wales).

Dads and Football project team.



## Reference list



1. Baldwin S, Malone M, Sandall J, Bick D. Mental health and wellbeing during the transition to fatherhood: a systematic review of first-time Dads' experiences. JBI database of systematic reviews and implementation reports. 2018 Nov;16(11):2118.
2. Ives J. Men, maternity, and moral residue: negotiating the moral demands of the transition to first time fatherhood. *Sociology of Health & Illness*. 2014 Sep;36(7):1003-19.
3. Machin AJ. Mind the Gap: The expectation and reality of involved fatherhood. *Dading: A Journal of Theory, Research & Practice about Men as Dads*. 2015 Apr 1;13(1).
4. Glasser S, Lerner-Geva L. Focus on Dads: paternal depression in the perinatal period. *Perspectives in public health*. 2019 Jul;139(4):195-8.
5. Machin A. *The life of Dad: the making of a modern Dad*. Simon and Schuster; 2018 Jun 14.
6. Kowlessar, O., Fox, J. R. and Wittkowski, A. (2015) 'First-time Dads' experiences of parenting during the first year', *Journal of Reproductive and Infant Psychology*, 33(1), pp. 4-14.
7. Brecon Mind UK [Internet]. 2021 [cited May 2021]. Available from <http://breconmind.org.uk/wp-content/uploads/2021/02/Becoming-Dad-executive-summary-Feb-2021-1-1.pdf>
8. Giallo R, D'Esposito F, Cooklin A, Mensah F, Lucas N, Wade C, Nicholson JM. Psychosocial risk factors associated with Dads' mental health in the postnatal period: results from a population-based study. *Social psychiatry and psychiatric epidemiology*. 2013 Apr 1;48(4):563-73.
9. Singley DB, Edwards LM. Men's perinatal mental health in the transition to fatherhood. *Professional Psychology: Research and Practice*. 2015 Oct;46(5):309.
10. Hanley J, Williams M. Dads' perinatal mental health. *British Journal of Midwifery*. 2020 Feb 2;28(2):84-5.
11. Das R, Hodkinson P. *New Dads, Mental Health and Social Media*.
12. Fisher SD. Paternal mental health: why is it relevant?. *American Journal of Lifestyle Medicine*. 2017 May;11(3):200-11.
13. Garfield CF, Duncan G, Rutsohn J, McDade TW, Adam EK, Coley RL, Chase-Lansdale PL. A longitudinal study of paternal mental health during transition to fatherhood as young adults. *Pediatrics*. 2014 May 1;133(5):836-43.
14. Wee KY, Pier C, Milgrom J, Richardson B, Fisher J, Skouteris H. Dads' mental health during the ante- and postnatal periods: Knowledge, recommendations and interventions. *British Journal of Midwifery*. 2013 May;21(5):342-53.
15. Gentile S, Fusco ML. Untreated perinatal paternal depression: Effects on offspring. *Psychiatry Research*. 2017 Jun 1;252:325-32.
16. Leach LS, Poyser C, Cooklin AR, Giallo R. Prevalence and course of anxiety disorders (and symptom levels) in men across the perinatal period: a systematic review. *Journal of affective disorders*. 2016 Jan 15;190:675-86.
17. Baldwin S. *Understanding Dads' Mental Health and Wellbeing during their Transition to fatherhood*.
18. Nath S, Psychogiou L, Kuyken W, Ford T, Ryan E, Russell G. The prevalence of depressive



- symptoms among Dads and associated risk factors during the first seven years of their child's life: findings from the Millennium Cohort Study. *BMC public health*. 2016 Dec;16(1):1-3.
19. Williams M. Dads Reaching Out: Why Dads Matter: 10 years of findings on the importance of Dads' mental health in the perinatal period.
  20. Matthey S, Agostini F. Using the Edinburgh Postnatal Depression Scale for women and men—some cautionary thoughts. *Archives of women's mental health*. 2017 Apr 1;20(2):345-54.
  21. Slomian J, Honvo G, Emonts P, Reginster JY, Bruyère O. Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Women's Health*. 2019 Apr;15:1745506519844044.
  22. Capron LE, Glover V, Pearson RM, Evans J, O'Connor TG, Stein A, Murphy SE, Ramchandani PG. Associations of maternal and paternal antenatal mood with offspring anxiety disorder at age 18 years. *Journal of affective disorders*. 2015 Nov 15;187:20-6.
  23. Burgess A, Goldman R. Who's the bloke in the room. Dads during pregnancy and at the birth in the United Kingdom (Full Report). *Contemporary Dads in the UK Series*. Marlborough: Fatherhood Institute. 2018.
  24. Gutierrez-Galve L, Stein A, Hanington L, Heron J, Lewis G, O'Farrelly C, Ramchandani PG. Association of maternal and paternal depression in the postnatal period with offspring depression at age 18 years. *JAMA psychiatry*. 2019 Mar 1;76(3):290-6.
  25. Sweeney S, MacBeth A. The effects of paternal depression on child and adolescent outcomes: a systematic review. *Journal of Affective Disorders*. 2016 Nov 15;205:44-59.
  26. Lewis G, Neary M, Polek E, Flouri E, Lewis G. The association between paternal and adolescent depressive symptoms: evidence from two population-based cohorts. *The Lancet Psychiatry*. 2017 Dec 1;4(12):920-6.
  27. Lewis G, Rice F, Harold GT, Collishaw S, Thapar A. Investigating environmental links between parent depression and child depressive/anxiety symptoms using an assisted conception design. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2011 May 1;50(5):451-9.
  28. Underwood L, Waldie K. The effect of paternal depression on depressive symptoms in adolescent offspring. *The Lancet Psychiatry*. 2017 Dec 1;4(12):889-90.
  29. Edeka IP, Petrou S, Ramchandani PG. Healthcare costs of paternal depression in the postnatal period. *Journal of affective disorders*. 2011 Sep 1;133(1-2):356-60.
  30. Darwin, Z., Domoney, J., Iles, J., Bristow, Florence., McLeish, J. and Sethna, V. (2021) 'Involving and supporting partners and other family members in specialist perinatal mental health services: Good Practice Guide', NHS England.
  31. Darwin, Z., Galdas, P., Hinchliff, S., Littlewood, E., McMillan, D., McGowan, L. and Gilbody, S. (2017) 'Dads' 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', *BMC Pregnancy Childbirth*, 17(1), 45
  32. Shorey S, Dennis CL, Bridge S, Chong YS, Holroyd E, He HG. First-time Dads' postnatal experiences and support needs: A descriptive qualitative study. *Journal of advanced nursing*. 2017 Dec;73(12):2987-96.

# Annex A: Dads and Football project – Logic model





