Healthy Dads?
The challenge of being a new father

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1. EXECUTIVE SUMMARY

Research background
Becoming a parent heralds a time of major adjustment that is, in the main, handled well by many men and women. Within this context, community and social expectations of what it means to be a father have changed significantly in recent decades, leading to more active engagement by fathers in the raising of their offspring. With this increasing role played by fathers, there has been research evidence emerging of the risks of significant mental health problems for new fathers, with a substantial proportion of new fathers exhibiting signs of mental distress.

The research literature around paternal mental health has identified a range of key factors that are associated with psychological distress amongst fathers, including:

- The quality of the parents’ relationship
- A previous history of depression for the father
- Maternal depression
- Poor social support
- Low income
- Gender role stress
- Low levels of father-inclusive practice
- Poor support from the workplace
- First time fatherhood
- Traumatic birth
- Infant related problems
- Rural location
- Expectations of fatherhood compared to the reality

Recognising that new fathers face an increased risk for mental health problems, beyondblue, proudly funded by The Movember Foundation, commissioned a program of research to understand experiences of psychological distress in new fathers, the barriers and facilitators of help seeking, appropriate communication concepts for engagement, and identify strategies to support them and help build their resilience.

The research project reported here adopted a multi-stage, multi-method approach, comprising a knowledge audit of existing literature and stakeholder views, 16 qualitative discussion groups, a quantitative online survey of over 1,500 new fathers, and an online forum conducted with 23 new fathers.
The broader experience of new fatherhood and psychological distress

New fathers experience a strong contrast between positive and negative emotions – they are caught between almost overwhelming feelings of love, joy and excitement on the one hand, and a heavy weight of responsibility on the other hand. This juxtaposition of emotional reactions to fatherhood generates considerable stress, and increases the potential risk to new fathers of experiencing psychological distress.

New fathers often believe themselves to be prepared for fatherhood, but this can be superficial; only when they look back from the viewpoint of experience do they realise how unprepared they were in reality. One of the areas that new fathers display surprise and a lack of preparedness is in relation to their partner relationship. Again, a dichotomy is at play; relationships are deepened by the shared experience, but can also be altered fundamentally. New fathers often feel that they are no longer their partner’s priority, and can feel excluded and remote from what is happening to their partner, particularly during pregnancy.

There are currently an estimated 800,000 new fathers in Australia, through this research, they can be divided into three clear segments, marking stages in the fatherhood journey:

- **In the dark** (comprising 10% of new fathers, or around 90,000 men) – they are expecting their first child, feel overwhelmed at what lies ahead, and are at risk of psychological distress.
- **Trainer wheels** (comprising 12% of new fathers, or around 110,000 men) – they are first-time fathers whose child is still aged under one year, and want to know more about parenting and feel more involved. They are at the greatest risk of psychological distress.
- **The other side** (comprising 78% of new fathers, or around 600,000 men) – this is the mainstream of experienced fathers, who look back on their inexperience and lack of preparedness from a standpoint of far greater confidence and comfort with their role as father.

New fathers experience a wide range of challenges as they transition into their new role, with many of these relating to disruption (lack of sleep, teething) or juggling (work and family commitments, finances). However, the reaction is often to absorb an expectation that they should ‘man up’ and get on with their new lives. The result is often high levels of stress – 57% of first time fathers experience at least moderate stress in their child’s first year of life, as do 46% of expectant fathers. Most feel that they cope well with stress, assisted by their partner and their personal network of family and friends in particular. Even so, 32% of first-time fathers have low resilience to stress.

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1 A ‘new father’ for the purposes of this study is defined as a father or carer of a child aged under five years. At the 2011 Census, 815,464 male parents lived in households with at least one child aged 0-4 years.

2 As measured by the validated Brief Resilience Scale.
The outcome of widespread stress and often low ability to bounce back is psychological distress; 24% of new fathers score high for their risk of depression/anxiety, and this increases to 39% of first-time fathers with a child aged under one, and 33% of expectant fathers. Indeed, 29% of new fathers claim to have been diagnosed at some time with depression and/or anxiety, and these diagnoses have shown concentrations around the birth of their first child, with 7% of surveyed fathers experiencing a diagnosis around this early stage of their fatherhood journey.

In the face of such clear exposure to the risk of psychological distress, many new fathers show limited appreciation that paternal ante/postnatal depression and anxiety even exists – only 55% of new fathers aware of ante/postnatal depression broadly are also aware that it can affect men as well as women. Coupled with this tendency to limited understanding is a widespread view that experiencing these conditions is a sign of weakness, something to hide, feel defensive about, and even ashamed.

Limited awareness and understanding, as well as negative attitudes towards paternal depression and anxiety represent obvious barriers to new fathers seeking out the help and support that they may be in urgent need of during their journey to experienced fatherhood.

Drivers and barriers to healthy new fatherhood
As part of the research project, a sophisticated statistical model was developed that identified two pathways that link key themes affecting the experiences of new fathers:

- **A positive pathway** that results from new fathers accessing support and advice through their personal relationships (including both a strong partner relationship and an approach to coping that draws on family and friends), as well as through a supportive workplace that both supports them in their role as a father, and provides flexibility and conditions that reduce some of the stresses inherent in new fatherhood. The natural outcome of this combination of factors is that new fathers seek help when it is needed, rather than waiting until it is too late.

- **A more disruptive pathway**, where internalised pressure causes and/or is exacerbated by strains in the relationship with their partner; the outcome is a heightened risk of depression/anxiety, and a tendency to seek help as more of a desperate last measure rather than a timely intervention. Indeed, in this more dysfunctional pathway, help seeking may not eventuate at all.

For the typical new father, the first pathway applies; they will access help and information, and get to the other side in good mental health. That is not to say that they will not benefit from interventions – they will tend to access these willingly, and benefit from them. For those fathers experiencing greater stress, and with less resilience and often more limited access (or preparedness to access) to personal

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3 As measured by the validated Kessler 6 scale
and other support, interventions need to recognize the risks inherent in internalised pressure and partner strain as indicators of risk of psychological distress.

**Suggested interventions: programs and tools**

In developing strategic recommendations, we have been guided by two key perspectives on fatherhood:

- The stage of fatherhood (as demonstrated by the three segments), and
- The specific point in the fatherhood journey.

This has led us to a strategic framework of interventions where specific actions and activities are suggested by the specific needs of a particular segment at a particular point in their fatherhood journey. These interventions include:

- Targeted information online for expectant fathers during the first trimester, covering the impact of the pregnancy on their partner’s body, how to manage financial pressures, and how to manage anxiety and stress.
- A leaflet that is given to fathers at the 20 week scan to direct them to father-focused online and app resources.
- A change in focus at antenatal classes towards a co-parenting approach, and including a fathers only session to give fathers the tools and confidence to step up to be a co-parent.
- Father-inclusive practice at hospitals at the time of birth, to ensure that fathers are given equal information about caring for their baby.
- Provision of a full debrief to both parents experiencing a traumatic birth, to help them understand what happened, why, and what the implications are for baby and mother.
- Inclusion of fathers as co-parents in maternal and child health visits.
- Direct contact with fathers by text or phone to raise their awareness of paternal stress, coping tools, and support resources.
- First-time fathers groups that mirror current mothers groups, and extend from simple information about caring for the baby through to guiding new fathers on how to look after themselves and their relationship.
- Digital resources (website and app) that provide comprehensive information to new fathers in a way that aligns with their typically reactive need for such guidance.
• Activity based groups for more experienced fathers to help them make social connections and share information and experiences.

• Digital resources that encompass the needs of more experienced fathers for information about raising children and re-establishing their partner relationships after getting past the first year of their child’s life.

• A workplace advocacy program that helps employers become aware of the challenges and stresses faced by their new father employees, and encourages extension of flexible and supportive workplace practices, particularly into blue collar sectors.

Throughout the strategic framework we have stressed the need for beyondblue to operate via a new, Healthy Dads sub-brand, to avoid the clear association with depression. New fathers will more readily access a brand that is positively framed, and doesn’t suggest that they are, in some way, ‘damaged goods’ in need of help from beyondblue.
2. BACKGROUND

2.1. Research background

Becoming a parent is and always has been a major life changing event for both men and women. It heralds a time of major adjustment in all sorts of ways, and of course most men and women manage the transition well. Expectations of what it means to be a father have changed significantly over the last two generations, and we now have a much better understanding of the benefits of more active engagement by fathers in the raising of their offspring. Active, positive fathering is linked to reduced behavioural problems, improved social skills and better educational outcomes in children.4

A heightened vulnerability to psychological distress during pregnancy and the first year after birth has been well recognized for expectant and new mothers. However, over the past decade research has also shown risks of significant mental health problems for new fathers5. There are indications that a substantial proportion of new fathers exhibit signs of mental distress, with estimates of the incidence of paternal depression, for example, ranging between 5 and 12% for antenatal depression, and between 3 and 17% for postnatal depression6. This can be associated with irritability, anger and even aggression, along with increased use of alcohol and other drugs. This has far reaching implications for the mental health not only of the father but of the mother, the stability and health of the relationship, and on the long-term prospects of the child.

The broader literature on depression/anxiety and its impact on health in Australia is unequivocal; depression is a highly prevalent and disabling condition and represents the greatest single burden of any non-fatal disease in Australia (Mathers et al, 2000)7. Beyond this overall impact, those with depression suffer significant psychological distress, experience impairment across all aspects of their lives and are at increased risk of suicide (Harris & Barraclough, 19978; Patton et al 20109). As such, it is a public health issue of great importance. The issue for beyondblue is now to understand how the experience of new fathers in relation to depression and anxiety.

An extensive knowledge audit conducted as the initial stage of this project provided considerable insight on the factors associated with distress, and identified opportunities to better support fathers

wellbeing, as well as providing suggestions for engagement to be explored in the research. The review confirmed that while many of the factors associated with distress in fathers are well known, and while attempts are increasingly being made to develop father-inclusive resources and services, there is the opportunity to develop specific, practical strategies and interventions to support men’s mental health and wellbeing during the perinatal period.

Factors associated with psychological distress amongst fathers

The key factors identified in the literature and by stakeholders that are associated with psychological distress amongst fathers include:

- **The quality of the parent’s relationship.** Men in stepfamilies and partners of single mothers are at higher risk of depression than men from traditional families\(^\text{10}\), and rates of depression vary significantly with family structure\(^\text{11}\).
- **Maternal depression** is the strongest predictor of paternal depression during the postpartum period\(^\text{12}\).
- A **previous history of depression** is associated with depression during the perinatal period\(^\text{13}\). Depression in men can also be masked by other symptoms, such as anger attacks, affective rigidity, self-criticism, alcohol and drug abuse\(^\text{14}\)
- **Poor social support** is associated with depression in fathers\(^\text{15}\).
- **Low income** new fathers are more likely to display depressive symptoms, though financial stress may interact with other factors, such as transportation or housing difficulties; problems with alcohol and drugs; health problems/disability; and a criminal conviction history\(^\text{16}\).
- **Gender role stress,** including fear of ‘physical inadequacy’, ‘emotional expression’, ‘intellectual inferiority’, ‘performance failure’ and ‘subordination to women’ is also associated with distress in new fathers\(^\text{17}\). These stresses may develop from lack of knowledge and uncertainty about their role in childbirth and childcare\(^\text{18}\).

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14 Schumacher, 2008
15 ibid
16 Burgess, 2006
17 Habib, 2012
- **Difficulty with their new role as a father.** Fathers can lack the more structured transition that is defined for motherhood, leading to uncertainty and anxiety\(^\text{19}\). With changing societal norms for fathers, from provider to involved co-parent, fathers may have little idea what their role will be in the first few weeks after birth, adding to this uncertainty and anxiety.

- **Low levels of father-inclusive practice**\(^\text{20}\) may also add to father’s distress. Stakeholders interviewed as part of the knowledge audit\(^\text{21}\) argue that men can feel sidelined by the health care sector, reinforcing the notion that their role is as a ‘support’ or helper parent, rather than an involved co-parent. This may establish the role of the father as secondary and can have a negative impact on his confidence and ability to bond with his baby.

- Other factors identified as being associated with depression and distress in fathers are;
  - Poor support from the workplace
  - First time fatherhood
  - Traumatic birth
  - Infant related problems
  - Location (specifically under-resourced regional and rural health services)
  - Expectations of fatherhood compared to the reality (the Huggies ideal)

Some of these ‘other’ factors have been found by the present research to be of pivotal importance (notably workplace support and first time fatherhood).

### 2.2. Objectives

While there is a body of literature examining the impact of mental health and wellbeing in new fathers, there is still considerable opportunity to add to this body of knowledge. More particularly, there is the opportunity to develop specific, practical strategies and interventions to both protect fathers from negative health outcomes and help them recover from them when they occur.

Recognising that new fathers face an increased risk for mental health problems, beyondblue, proudly funded by The Movember Foundation, commissioned this research to understand experiences of psychological distress in new fathers, the barriers and facilitators of help seeking, appropriate communication concepts for engagement, and identify strategies to support them and help build their resilience.

\(^{19}\) Price-Robertson, R. (2015) Fatherhood and mental illness: A review of key issues, CFCA Paper No. 30 Published by the Australian Institute of Family Studies.

\(^{20}\) Father inclusive practice occurs ‘when the needs of fathers are responded to through the planning, development and delivery of services’ (FACHSIA, Father inclusive practice guide, 2009).

\(^{21}\) See Section 2.3 for a listing of the stakeholders included in this stage of the research.
In this context, beyondblue is seeking to develop a ‘Healthy Dads’ initiative which:

- promotes resilience and wellbeing in new fathers,
- improves understanding of the risks of psychological distress in new fathers, and
- improves recognition of psychological distress in new fathers, and provides them with appropriate levels of support.

To support this development process, a program of primary and secondary research was commissioned. The objectives of this program of research were to identify and understand:

- the varied mental health and wellbeing experiences of new fathers (including circumstances and population segments where the risk of psychological distress is higher);
- perceptions of psychological distress and help seeking in the perinatal period;
- the information and support needs of new fathers;
- effective strategies for improving and maintaining mental health and wellbeing during the perinatal period;
- the barriers and facilitators to using the strategies (i.e. both informal and formal help seeking);
- opportunities to reach and engage new fathers with resources and support;
- appropriate language and communication concepts;
- the role of social connectedness in new fathers as a protective factor for mental health and wellbeing; and
- any other information which could help inform the design and approach of a future national project.

2.3. Methodology

The project adopted a multi-stage, multi-method approach to reach the projects aims.

Stage 1: Knowledge audit

The knowledge audit informed the subsequent phases of the research by refining the scope of the research and specific research questions. The knowledge audit ensured that the study built on current knowledge and understanding.

The first step was to review relevant academic and ‘grey’ literature. This review targeted literature that has explored fathers’ experience of psychological distress and ante/postnatal depression and anxiety. Where relevant and helpful it also included literature in relation to mothers’ experience of ante/postnatal depression and anxiety. The audit covered factors that are associated with psychological distress amongst fathers, as well as interventions and resources designed to reduce this distress. Also included were reports and guidelines on how to engage men and their families on
this issue. Both national and international documents were included, and covered literature from peer-reviewed journals, research commissioned by beyondblue and Government, and reports produced by other relevant not for profit organisations.

Expert interviews were also conducted with stakeholders identified by the academic and ‘grey’ literature review and beyondblue as able to provide key, relevant insights into the experience of fathers, and offer views on possible strategies for supporting the wellbeing of fathers. The eight interviews took the form of qualitative depth interviews (up to 45 minutes each in duration) and were conducted by senior researchers from the project team. Individuals interviewed represented a range of organisations:

- Australian Fatherhood Research Network
- Centre of Perinatal Excellence
- Family Works
- Ngala
- Parent-Infant Research Institute (PIRI)
- Parenting Research Centre
- Perinatal Psychiatry Clinical Research Unit, Westmead Hospital
- Post and Ante Natal Depression Association

**Stage 2: Qualitative discussion groups**

Discussion groups and a small number of depths were undertaken to understand the varied perspectives and experiences of fathers, and explore practical initiatives and strategies that are likely to be effective with this target audience. The qualitative findings informed the quantitative stage of the research (stage 3).

Fieldwork was conducted between 26 February and 12 March 2015 and included 12 group discussions with expecting, new and experienced fathers, two groups with couples and two with mothers. Fathers in the group discussions were recruited to represent a range fatherhood experiences, including those who personally experienced pre or post-natal distress, whose partner had experienced pre or post-natal distress, who were socially isolated and who were separated from the mother of their child/ren.

The groups were held in Melbourne metro, Melbourne outer/fringe suburbs, regional Victoria, Sydney metro, Sydney outer suburbs, Adelaide metro and regional Queensland. Participants included culturally and linguistically diverse (CALD) individuals, those from low, mid and blue-collar socio-economic backgrounds, aboriginals and unemployed. We also conducted four in-depth interviews with young fathers (18 – 24 years) and two with homosexual/ bisexual fathers.
The groups covered:

- General experiences of fatherhood and new fatherhood
- Information or support needed or accessed to support their experience of fatherhood
- Their general orientation towards post-natal depression
- Interventions and strategies to reach and support new fathers

**Stage 3: Quantitative Survey**

The quantitative phase sought to profile the cohort of new fathers (including expectant fathers), quantify their experiences of mental health and wellbeing and the barriers and facilitators of accessing help seeking, and understand likely responses to potential interventions. As such, it sought to provide a robust knowledge base on which beyondblue could confidently base its development of the Healthy Dads initiative.

Fieldwork was conducted between 7th and 28th April 2015, with 1,531 men aged between 18 and 54 across Australia (in metro, regional, rural and remote locations). All those participating were fathers of children aged under 5 years, or were expecting their first child. In total, the sample included 152 men expecting their first child, 343 with children aged under 1 year, and 1,036 with a youngest child aged between 1 and 4 years.

All respondents completed a 20 minute online survey. Further details about the method are included below.

**Methodology**

Data was collected via an online survey, which enabled survey participants to complete the survey in privacy and thereby reduce social desirability bias. An online methodology also enabled an increase in representativeness and a larger sample size that could be analysed with greater granularity. It also enabled a longer survey to be used without compromising data quality. Multiple panel providers were used to minimise panel bias.

**Sampling**

The quantitative survey was based on a large sample of new and expectant fathers aged 18 to 54 years, nationally representative by age, state/territory and location (metro, regional and rural).22

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The following quotas were placed on our survey:

Table 1: Sample Quotas

<table>
<thead>
<tr>
<th>Age bracket</th>
<th>Proportion of sample</th>
<th>Number of interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>15%</td>
<td>210</td>
</tr>
<tr>
<td>30-39</td>
<td>55%</td>
<td>858</td>
</tr>
<tr>
<td>40-54</td>
<td>30%</td>
<td>463</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>1,531</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Proportion of sample</th>
<th>Number of interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>30%</td>
<td>477</td>
</tr>
<tr>
<td>VIC</td>
<td>25%</td>
<td>387</td>
</tr>
<tr>
<td>QLD</td>
<td>20%</td>
<td>311</td>
</tr>
<tr>
<td>SA</td>
<td>10%</td>
<td>157</td>
</tr>
<tr>
<td>WA</td>
<td>10%</td>
<td>115</td>
</tr>
<tr>
<td>Other (TAS, NT, ACT)</td>
<td>5%</td>
<td>84</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>1,531</td>
</tr>
</tbody>
</table>

**Questionnaire**

The questionnaire was developed by Hall & Partners | Open Mind in collaboration with beyondblue. It included validated instruments for depression and anxiety, as well as resilience and social support. It drew on the existing literature for questions around new fatherhood to ensure that findings were robust and useful.

The questionnaire used the insights from the qualitative phase, and covered:

- Experience of new fatherhood
- Preparedness for fatherhood
- Partner relationships
- Triggers for stress
- Stress and coping, including coping strategies
- The workplace and stress
- Information and help seeking
- Measures of depression/anxiety, resilience and social support
- Interventions and barriers
- Demographics
Analysis

Data was weighted to the age and state profile of fathers of children aged under 5 years using figures from the Australian Bureau of Statistics 2011 Census of Population and Housing. Significance tests were conducted at the 95% confidence level. A number of high-level statistical techniques, including factor analysis and structural equation modelling, were applied to the data.

Note for the reader: All efforts were made to ensure that the final sample of new fathers was as representative as possible. This included setting hard quotas by age, gender and location, and weighting the final data to match the population profile of fathers of children aged 0-4 years, using ABS 2011 Census data. The weighted findings on prevalence of psychological distress, derived from responses to the Kessler-6 psychological distress scale, indicate a level of distress amongst new fathers that is considerably higher than previously published research (which, however, used the full Kessler-10 scale). The reasons for this variation are not known, but may reflect use of different distress scales the threshold adopted for Kessler-6, which was recommended by the ABS, or sampling skews resulting from the use of an online research panel. However, the trend it is our view that the measured higher prevalence amongst that first-time fathers in the first year of their child's/ren's life experience higher levels of psychological distress was robust, and was strongly supported by the qualitative research.

Stage 4: Online Forum

An online forum was conducted following the quantitative survey to further explore the potential impact of future programs and communications strategies with new fathers. Given the outcomes of the survey, it was decided to focus on new fathers, that it first time fathers whose children were less than one year of age. A total 23 participants contributed to the online forum, some participants had been recruited from the panel of respondents to the online quantitative survey and while others were recruited via specialist qualitative recruiters to represent a range of new-dad experiences - those who had experienced depression, those whose partner had experienced PND and those who had sought information or support. The board ran over three days from 9 to 11 June 2015.
The key areas explored in the online discussion board were:

- Their experiences and the challenges of becoming a father
- Reactions to language and communication concepts
- Evaluation of current communication and information resources – including examination of the Man Therapy website and beyondblue’s Dad’s Handbook.
- The potential impact and possible execution of programs and strategies to help new parents negotiate their roles and responsibilities
- Reactions to the concept of Dads groups – how could participation be encouraged, what barriers would need to be overcome, what format would work well and which organisation would be best for facilitation of the groups?
3. THE EXPERIENCE OF NEW FATHERHOOD IN AUSTRALIA

3.1. Profiling new fatherhood in Australia

3.1.1. Who are the new and expectant fathers?

Summary:
New fathers who participated in the survey are concentrated in their 30s, are more likely than other men to be working, and tend to have higher than average household incomes. This latter characteristic of the survey sample appears to be at odds with national data that shows higher fertility rates in lower income areas.

Detail:
The online survey identified a number of demographic characteristics of new and expectant fathers that were in line with expectations, while others were somewhat surprising on the surface (refer Figure 1):

- In terms of age, new and expectant fathers are strongly concentrated in their 30s (58% of the total sample), with a further 15% aged under 30. Only around one in four are aged 40 and over. This is in line with ABS data that shows the median age of fathers to children born in 2013\textsuperscript{23} to be 33.0 years.

- Most new fathers in the survey sample are currently working (85%), and are skewed towards middle or higher income households (46% have household incomes of $100,000 p.a. or more). This latter characteristic of the survey sample appears to be at odds with national data that shows higher fertility rates in lower income areas.

- Compared to the overall population, new fathers in the survey sample are distributed similarly to the overall population geographically, with 63% living in capital cities, and a further 25% in major regional centres.

\textsuperscript{23} ABS 3301.0 Births Australia 2013
There are a number of other demographic concentrations amongst the sample of new and expectant fathers (refer Figure 2), including a strong focus on tertiary educated men (80% in total, including 47% with undergraduate or postgraduate qualifications), and on upper white collar (managerial and professional) occupations. As noted above, this appears to be a skew within the survey sample that does not accurately reflect the reality of low socio-economic skew amongst fathers in Australia.

Of interest is an apparent skew in the survey sample towards CALD (27%, against around 15-20% in the broader community on various measures), and indigenous backgrounds. The latter is particularly high, at 11% of surveyed new and expectant fathers, compared with an overall incidence of less than 3% of the population. This may reflect a combination of a younger than average population profile (leading to more men in childbearing and raising age groups) and higher rates of fertility than in the overall population.

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Figure 1: Experience of fatherhood amongst new fathers – who are they?

Concentrated in their 30s

- 31 years
- 27 years
- 15 years
- 9 years
- 18 years

Mostly in larger urban centres

- Capital cities: 63%
- Major regional centres: 25%
- Country towns: 9%
- Rural/remote localities: 2%

Skewed to middle-higher income households

- Low (<$60K): 28%
- Medium ($60-100K): 26%
- High ($100K+): 46%

Most are at work

- Employed: 85%
- Unemployed: 10%
- Other not in labour force: 4%

---

24 ABS Census 2011
3.1.2. How do new fathers view the experience of fatherhood?

Summary:
Amongst new fathers there is a strong contrast of positive and not so positive emotions. On the one hand are almost overwhelming feelings of love, joy and excitement, particularly for those expecting or new to raising their first child. Pitched against this is a heavy weight of felt responsibility, a sense that they have moved from being a free agent to carrying the welfare of a family on their shoulders. This juxtaposition of emotional reactions to fatherhood creates the potential for stress (and distress).

Detail:
Participants in the qualitative discussion groups spoke of the great happiness, unconditional love, and exhaustion that comes with fatherhood. For most new fathers, having their first child was associated with a sense that they were ‘growing up’, facing the future and taking on new responsibilities and a new role. Having a child represented the completion of a journey from being an individual to a couple and then to becoming a family.

An overarching theme across the discussions was the feeling among fathers that they had to be ‘the rock’ to carry the weight of emotional and financial responsibility for their partner and for the family generally. While some men seemed to relish their new role and take pride in the sacrifices that they made, some found it overwhelming and felt they had no choice but to ‘suck it up and get on with it’.

---

### Figure 2: Experience of fatherhood amongst new fathers

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>% of new/expectant fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>Year 10 or lower</td>
<td>6</td>
</tr>
<tr>
<td>Year 11/12</td>
<td>13</td>
</tr>
<tr>
<td>Lower tertiary</td>
<td>33</td>
</tr>
<tr>
<td>Upper tertiary</td>
<td>47</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td></td>
</tr>
<tr>
<td>Upper white collar</td>
<td>55</td>
</tr>
<tr>
<td>Lower white collar</td>
<td>15</td>
</tr>
<tr>
<td>Upper blue collar</td>
<td>13</td>
</tr>
<tr>
<td>Lower blue collar</td>
<td>10</td>
</tr>
<tr>
<td><strong>Cultural identification</strong></td>
<td></td>
</tr>
<tr>
<td>CALD</td>
<td>27</td>
</tr>
<tr>
<td>Indigenous</td>
<td>11</td>
</tr>
<tr>
<td><strong>Sexual orientation</strong></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>90</td>
</tr>
<tr>
<td>Bisexual</td>
<td>5</td>
</tr>
<tr>
<td>Gay</td>
<td>2</td>
</tr>
</tbody>
</table>
“My daughter crawling down the hall to greet me when I come home from work is priceless.”

“I can’t describe it when I first held him. I had two weeks off work and I changed most of his nappies and bathed him a lot.”

“I just love my son, I love waking up in the morning and having them run in calling Dad, Dad, Dad!”

“The night I bought my daughter home from the hospital, I bought life insurance straight away. My wife had been going on about life insurance for ever I never really felt like there was a need for it before we had the baby.”

“Blokes are obligated to be the strong one, be the man. Not only take care of the baby but your partner as well. You have to be ‘the rock’ and take care of everything it feels like that is the dad role – it’s hard.”

“You know there are sacrifices for being a new father, but there are rewards as well.”

“It is great to feel that responsibility. I used to only be worried about my present but now everything I am doing is for the future and my baby. I am always thinking about my wife and baby and how I can keep them happy.”

The online survey confirmed that excitement and joy are the overwhelming emotions that new fathers experience, both during the pregnancy and throughout the early years of their child’s life. A sense of satisfaction and “getting on with things” also prevails; stress and feelings of being overwhelmed or hapless are present, but very much secondary to the experience of new fatherhood. Figure 3 shows that almost nine in ten (89%) new fathers ‘find real joy’ in their role as a dad. While they are to some extent brought back to earth by expectations around their role (‘I need to be the rock for my family’ – 79% agree), most feel satisfied with their role as dad (81%), and ‘just get on with it’ when stressed or feeling down (77%).
Figure 3: Experience of fatherhood amongst new fathers

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree (9-10)</th>
<th>Agree (7-8)</th>
<th>Neutral (4-6)</th>
<th>Disagree (0-3)</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>I find real joy in my role as a dad</td>
<td>12</td>
<td>31</td>
<td>58</td>
<td></td>
<td>8.6</td>
</tr>
<tr>
<td>I need to be the rock for my family</td>
<td>18</td>
<td>37</td>
<td>42</td>
<td></td>
<td>7.8</td>
</tr>
<tr>
<td>I am satisfied with the role I play as a parent</td>
<td>17</td>
<td>43</td>
<td>38</td>
<td></td>
<td>7.8</td>
</tr>
<tr>
<td>Even when I’m stressed or down about being a dad I ‘suck it up’ and just get on with it</td>
<td>17</td>
<td>41</td>
<td>36</td>
<td></td>
<td>7.8</td>
</tr>
<tr>
<td>I don’t spend as much one on one time with my child/ren as I would like</td>
<td>19</td>
<td>25</td>
<td>32</td>
<td>23</td>
<td>6.2</td>
</tr>
<tr>
<td>I depend on my partner for direction on how to care for our child/ren</td>
<td>16</td>
<td>32</td>
<td>33</td>
<td>18</td>
<td>6.2</td>
</tr>
<tr>
<td>Having to be the rock for my family causes me a lot of stress and anxiety</td>
<td>20</td>
<td>32</td>
<td>29</td>
<td>18</td>
<td>6.0</td>
</tr>
<tr>
<td>When I’m stressed or feeling down about being a Dad, it is easy to find someone to talk to</td>
<td>23</td>
<td>28</td>
<td>27</td>
<td>17</td>
<td>5.8</td>
</tr>
<tr>
<td>I am overwhelmed by the sacrifices I have to make for my family</td>
<td>16</td>
<td>31</td>
<td>25</td>
<td>16</td>
<td>5.4</td>
</tr>
<tr>
<td>I have as much time for myself as I need</td>
<td>32</td>
<td>32</td>
<td>22</td>
<td>14</td>
<td>5.2</td>
</tr>
</tbody>
</table>

CI: So thinking about the first year of your youngest child’s life, to what extent do you agree with the following?
Base: Currently have a child/ren n=1379

Negative emotions around the fatherhood experience are less marked (but still substantial) – not spending as much one on one time with their child as they’d like (55%), feeling stressed or anxious about ‘having to be the rock’ (47%), feeling ‘overwhelmed by the sacrifices’ they have to make for their family (41%). There are indications that fathers don’t feel entirely like they are going through it alone – 44% say ‘it is easy to find someone to talk to’ when they are stressed or down, and 36% ‘have as much time for myself as I need’. Their partners play a critical support role – 51% ‘depend on my partner for direction’ on caring for children.

These responses to new fatherhood vary with the experience of the father in particular:
- Feeling joy in fatherhood is the prevailing emotion across all stages of experience, falling back only slightly amongst fathers with four or more children (83% still agree).
- First-time fathers with a child aged under one are more likely than more experienced fathers to feel ‘overwhelmed by the sacrifices’ (50% v 41% of all new fathers), and to find ‘being the rock’ stressful (54% v 47% overall).
- However, they also appear to have more personal support when they need it – 61% agree that it is ‘easy to find someone to talk to’, compared with 44% of all new fathers, and 63% depend on their partner for direction on caring for their child (against 51% overall).

The fatherhood experience also changes with family size – fathers with more children are far less likely to have time to themselves (falling from 39% of those with one child to 29% of those with four or more). However, despite finding it harder to find someone to talk to when they are stressed or feeling...
down (27% against 40% of those with one child and 44% with two), their experience makes them feel less overwhelmed by the sacrifices they have to make for their family (11% against 18% of those with only the one child). Expectant fathers experience a similar range of emotional reactions to new fathers (refer Figure 4) – they fell ‘really excited about becoming a dad’ (81% agree), but understand the expectation that they will ‘be the rock’ for their family (79%). Even when stressed about the pregnancy, their way of coping is to ‘suck it up’ and get on with things (74%).

There is an underlying theme of remoteness from a full involvement with the pregnancy amongst expectant fathers – 42% agree that they ‘have no idea what’s going on with the pregnancy’, 57% ‘would like a bigger say in what happening with the pregnancy’, and 59% ‘depend on my partner for anything to do with the pregnancy’.

Figure 4: The experience of expectant fathers

The sense of feeling somewhat removed from the pregnancy, or even superfluous, was expressed in the discussion groups and online forum by some fathers. While most indicated they were happy for their partners to be the primary caregiver and their main source of information about the pregnancy, birth and child raising, some men felt they were restricted to playing a limited role until their baby was less dependent on its mother. 

“I felt a bit hopeless really for the first six months while she was being breastfed, like I was just in the wings if things got too hard or if my wife needed a break. I would have liked to be more hands on, but I just did what I could.”
Participants in the online forum also clearly expressed the contrasting emotions they felt after becoming a father. They spoke about the difficulty they felt adjusting to a lack of sleep, balancing their responsibilities and meeting the needs of their baby and partner.

“Being a first time parent is physically and mentally challenging. Interrupted sleep schedules, conflicts with my partner over parenting issues, financial stress, worrying over the baby’s health, less spare time to hang out with my mates etc. However, with that all said, I still love being a dad to my beautiful daughter!”

‘Although there are challenges, I love being a dad and hopefully a dad of many more children."

“I have found being a parent both the most enjoyable, but at some times stressful.”

**Strategic Implication:**
From the realisation of pregnancy, new and expectant fathers are at risk of shock to the system that they, and their relationship, are often not prepared for. This generates a need for new fathers to feel like they are supported in their new role, either by their partner or by others.

### 3.1.3. How prepared do new fathers feel for fatherhood?

**Summary:**
While men entering into the world of fatherhood often believe themselves to be prepared, this can be superficial, and does not equip them for the stress of a new baby, and the changes in their relationship with their partner. When they look back, from the viewpoint of being an experienced father, they realise how unprepared they were in reality.

**Detail:**
On the whole fathers did not feel they were prepared for the quantum of change they experienced after their first child was born. Most argued that nothing could have prepared them for the demands of a newborn child, the lack of sleep, experiences such as sickness and teething and the change in the relationship with their partner.
Those fathers in the groups who felt prepared for the changes parenthood brought tended to have close personal experience with babies and young children and had spent some time with their partner prior to the birth planning and agreeing how to deal with the challenges and demands of a newborn.

“You have no idea about what is coming up and in all honesty, no matter how hard you plan it you have no idea – I’m not trying to scare you.”

“There is a big learning curve. Mine was very steep!”

“My biggest challenge is babies in general. I’m nervous about hurting them. I’m hoping it will be different with my own kid.”

“Nothing anyone can say or do can prepare you for a lack of sleep. You think you will be OK and will cope but the reality hits you like a tonne of bricks.”

“Everyone I feel mentions money, but in amongst crying, nappies, sleep deprivation and time constraints, being a parent is a stress that is hard to explain unless you’re in that situation.”

The findings from the online survey indicate a moderate degree of preparedness amongst new and expectant fathers; a small majority feel prepared, but they have experienced some surprises in relation to the demands of babies and children, and changes to their relationship with their partner.

As can be seen in Figure 5, 59% of new fathers agree that ‘babies and children are much more demanding than I thought’. While this is a more strongly held reaction amongst first-time fathers of children aged under one (65% agree), it is not a feeling that dissipates with experience – 57% of fathers with four or more children agree, and there is no significant difference between fathers of babies (under one year) and toddlers (one to four years) on this measure. Older fathers (aged 45-54 years) are less likely to agree (53%), while CALD and indigenous fathers are far more likely to agree that they were surprised by the demands (75% and 90% respectively).
Overall, 55% of new and expectant fathers ‘didn’t realise how much the relationship with my partner would change’ after the baby. This reaction is more often noted amongst first-time fathers with children aged under one year (61% agree), and is particularly prevalent amongst FIFO/DIDO workers (74%), and CALD (67%) and indigenous fathers (87%). Bisexual and gay fathers had very high levels of surprise at relationship changes (73% and 78% respectively).

Other findings in relation to preparedness include:

- 53% agree that they wish they ‘knew more about parenting’; this is more common amongst less experienced fathers – in particular, first time fathers with a child aged under one (65%), but also those expecting their first child (61%). In comparison, this falls to just 39% of fathers with three children, and 45% of those with four or more children.

- Despite this lack of knowledge, only 43% appear to have asked friends and family for advice. However, those at the start of their fatherhood journey are very different in relation to this – 68% of those expecting their first child and 67% of those with their first child still aged under one agree with this statement. As fathers have more children, they appear to consult less and less with those friends and family – 48% of fathers with one child agree, falling to 41% of those with two, 32% of those with three, and only 23% of those with four or more children.

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Note that the sample of gay fathers was very small – n=16. Great caution needs to be exercised with results for this group of fathers.
Overall, 56% of new/expectant fathers consider themselves well prepared, and 55% to have a good understanding of the parenting process – against this small minority of confident, prepared fathers, 12% consider themselves poorly prepared and 14% to lack understanding of the process. These self-assessments appear to become more critical with time and experience; while 76% of expectant fathers and 70% of first time fathers in their first year of fatherhood consider themselves well prepared, and only 3% and 6% respectively not well-prepared, amongst experienced fathers there is a more reserved view – only 51% considered themselves well-prepared and 14% not well-prepared.

Strategic Implication:
Information provided during pregnancy needs to filter through not just to expecting mothers but to the fathers. Access to information about fatherhood needs to happen earlier, needs to be father-specific, and must be delivered directly to the father.
3.1.4. How is the relationship with the partner affected by parenthood?

Summary:
As with the overall experience of fatherhood, there is a clear dichotomy at work in the way that new fatherhood affects men’s partner relationships. Having a child can deepen the relationship, but it can also change it fundamentally. Fathers feel that they are no longer their partner’s priority, and even during the pregnancy can feel remote and excluded from what is happening to their partner.

Detail:
In the discussion groups, most men expressed that the birth of their child/ren had led to a deepening in their relationship with their partner, that the bond between them was strengthened by becoming a family. However, many lamented the loss of being the focus of their partner’s affection and struggled with a lack of intimacy between them after the birth of their child.

The first year after the birth of their first child was often cited by fathers as the hardest, and when the changes in their relationship were most pronounced. For many, their child turning one signalled a rebalancing and improvement in their relationship with their partner.

“I used to sleep naked next to my wife, now I sleep with clothes on. These are the things that you miss.”

“Sliding down in the order is one of the toughest things I have found – first one comes along and so you become second in line. You are used to being your partner’s priority and she yours. I’ve had to keep her as my priority but the kids are there for hers. If you are lucky you slide in just before the dog.”

“She used to call me darling and beautiful, now she only uses those words for our son. I understand how she feels towards him, but I want to feel she loves me too.”

“I promise you guys, just get through the first year. She’ll come back to you.”

The online survey findings paint a picture of deepening relationships between fathers and their partner, based on respect, communication, and a capacity to negotiate and share the experiences of parenthood (refer Figure 6). This is demonstrated by very high levels of agreement with statements
about their relationship – 75% of expectant or new fathers feel that ‘my partner really respects me as a parent’ and 69% consider that they ‘have good communication’. They also note changes during the parenting process – 61% agree that their relationship with their partner ‘is stronger since we had a baby/became pregnant’, and the same percentage that ‘my partner and I talk about and negotiate our roles as parents’:

Figure 6: The partner relationship during parenthood

- These perceptions of strengthening relationships are particularly active around the first birth – 72% of those with a first child aged under one, and 71% of expectant fathers consider their relationship to now be stronger; this falls to 57% of experienced fathers, and 53% of fathers with three or more children.
- Similar patterns are seen for respect and communication, and role negotiation.

Against this very positive view of parenthood and relationships, around four in ten expectant or new fathers feel overshadowed, or struggled with their relationship, including fighting more with their partner:

- 43% agree that they ‘feel less important to my partner after the baby was born’;
- 43% agree that their relationship ‘went through a really tough time’ after the baby was born (or after finding out about the pregnancy); and
- 41% ‘fight a lot more’ since starting the parenting process.
As with the positive impacts on relationships, the stresses are also more pronounced around the birth of the first child:

- 47% of first-time fathers felt less important after the birth, against 40% of experienced fathers; if the first child was still under one year of age, this was even higher at 52%.
- 45% of expectant fathers ‘fight a lot more’ now, and 50% of first-time fathers of a child aged under one year; this falls to 36% of fathers with two or more children all aged over one. The greater the father’s experience and the longer the time since the birth, the less they appear to fight with their partner.

The impact that parenthood has on parents’ relationship was also widely noted by participants in the online forum. New fathers spoke about finding it difficult to understand what is required to maintain a healthy and happy relationship with their partner, while also negotiating their role and responsibilities.

**Strategic Implication:**
There is a need to capitalise on the good times before the baby comes, so the parents are able to do some planning and short circuit some of the stress points that lie ahead. Fathers need to know they are going to feel removed from their partner and encounter multiple stresses, and couples need to be given the tools to intervene and short circuit partnership stresses.

3.1.5. **How involved do fathers get with the healthcare system?**

**Summary:**
Fathers (at least at the point of expecting or raising their first child) consider they have a reasonable level of involvement in the pregnancy and the interactions this entails with the healthcare system. However, they clearly want to be involved more, and to have more visibility as a parent in the eyes of healthcare providers.
Detail:
In the group discussions and online forum it was widely seen as justified that women receive the majority of attention and information from health professionals and others. However, many fathers expressed a desire to have felt more included by the healthcare system during their partner’s pregnancy and after the birth, and to have received greater acknowledgement of their presence and role and more dad-focused practical information.

Some fathers spoke of feeling very much on the outside of the healthcare system and being actively excluded or ignored by hospital staff, Maternal Health Nurses and others.

“No-one has asked me how I am going, and you know, it’s disappointing.”

“In all honesty it was like I was a ghost in the room, no one even looked at me let alone talked to me.”

“It seems like everything is for the mother and baby, which is probably fair, but a bit of dad-info would have been OK.”

“After my wife had the emergency caesarean I was pretty much left with the baby. I wasn’t really told anything and I had no idea what was happening for a couple of hours.”

“I feel that most information is targeted at the mother – which is understandable due to the massive hormonal changes, demands on both parents and associated mental health issues.”

During the pregnancy, and both during and after the birth, most fathers feel that they had a reasonable level of involvement with health professionals, including GPs, obstetricians, midwives, maternal and child healthcare nurses, and hospital personnel (refer Figure 7 which presents findings from the online survey). Indeed, only 11% of fathers consider their involvement to have been relatively negligible:
Fathers become less involved with the process as their personal experience builds – while only 8% of first-time fathers claim limited involvement with the healthcare system, 14% of experienced fathers and 18% of those with three or more children do so. High involvement with the healthcare system is most apparent during the first pregnancy – 41% of expectant fathers rate their involvement as very high, compared with 37% of first-time fathers with a child aged under one, 25% of experienced fathers, and only 20% of fathers with four or more children.

Despite this apparent connection between fathers and the healthcare system, fathers still want to be even more involved with the system. To illustrate this paradox, almost half claim to be satisfied with their involvement, but 36% would like some more involvement, and 16% a lot more. It is telling that only 1% of fathers express a desire for less involvement, suggesting that their contact with the healthcare system may have been positive and personally important to them. As with their actual involvement, the desire to be more involved with the healthcare system is more marked amongst those going through their first experience of fatherhood:

- 27% of first-time fathers with a child aged under one say that they would like to have been a lot more involved, compared with 16% of experienced fathers, and only 13% of those with three or more children.
3.2. Fatherhood segments

The research set out to identify different segments within the cohort of new fathers that would help guide the development and targeting of strategic interventions. To identify the segments, it was intended that multivariate statistical techniques such as Factor Analysis and Cluster Analysis might be utilised to identify linking themes of attitude, behaviour, and demography amongst new fathers that would group together as key segments.

In practice, it became apparent quickly that the most relevant segmentation structure within the cohort of new fathers related quite simply to lifestage, and specifically the relatively compressed period of fatherhood that immediately surrounds the birth of a father’s first child. The two phases of pregnancy and the first year of the child’s life were found repeatedly through this research to coincide with clear differences in the way that new fathers approach fatherhood, and their vulnerability to stress and the potential for depression and anxiety. Outside of this relatively brief period, fathers quickly become “experienced”, adopting a more confident and less stressful approach to fatherhood.

This led to the identification of three key segments of new fathers, as outlined below. The size of these segments has been calculated by applying survey estimates to available data on the current population of around 800,000 new fathers26 in Australia:

1. **In the dark** – this segment comprises approximately 90,000 men, or 10% of new fathers, and they are defined by expecting their first child.
2. **Trainer wheels** – a further approximately 110,000 men (12% of new fathers) belong to this segment, and all are first-time fathers of a child aged under one year.
3. **The other side** – this very large segment (approximately 600,000 men, or 78% of all new fathers) comprises the “experienced dad”, men who have more than one child, or one child who is aged one to four years old.

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26 As mentioned earlier, a ‘new father’ for the purposes of this study is defined as a father or carer of a child aged under five years. At the 2011 Census, 815, 464 male parents lived in households with at least one child aged 0-4 years.
These segments approach new fatherhood in quite different ways; while *The other side* are marked by experience, they are also more economically confident, have learned enough about parenting to feel relatively relaxed and skilled, and hence are at far low risk of psychological distress. In contrast, the other segments are typified by stress and a feeling of being overwhelmed by what lies ahead, or what they are currently experiencing. They are the prime targets for interventions to provide information and support, and the public health benefits of successfully engaging these segments are proportionately far greater than for the experienced father segment.

Brief profiles of the segments are provided in Figures 8, 9 and 10 following.
This segment comprises men who are expecting their first child. They have high risk of psychological distress, and feel overwhelmed at what lies ahead. They are dependent on their partner for guidance, but are proactive in talking about roles, and turning to others close to them for advice.

**Key index scores**

<table>
<thead>
<tr>
<th></th>
<th>Segment 1</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>K6 score</strong> (psychological distress – high risk: 19-30)</td>
<td>33% ▲</td>
<td>24%</td>
</tr>
<tr>
<td><strong>Brief resilience score</strong> (low resilience - &lt;3)</td>
<td>23% ▼</td>
<td>27%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Segment 1</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I depend on my partner for anything to do with the pregnancy</td>
<td>34% ▲</td>
<td>18%</td>
</tr>
<tr>
<td>I feel overwhelmed by the sacrifices I am going to have to make for my family</td>
<td>37% ▲</td>
<td>16%</td>
</tr>
<tr>
<td>I am well prepared for becoming a new parent</td>
<td>40% ▲</td>
<td>21%</td>
</tr>
<tr>
<td>I have a good understanding of what being a parent is going to be like</td>
<td>37% ▲</td>
<td>21%</td>
</tr>
<tr>
<td>I ask friends and family for advice about how life might change as a parent</td>
<td>33% ▲</td>
<td>16%</td>
</tr>
<tr>
<td>My partner and I talk about what our roles will be as parents</td>
<td>40% ▲</td>
<td>22%</td>
</tr>
</tbody>
</table>

**Segment size**

10%  
Approx. 90,000 men

**Key Demographics**

<table>
<thead>
<tr>
<th></th>
<th>More likely to be...</th>
<th>Segment 1</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>18-34</td>
<td>61% ▲</td>
<td>42%</td>
</tr>
<tr>
<td>Location</td>
<td>Metro</td>
<td>71% ▲</td>
<td>63%</td>
</tr>
<tr>
<td>Income</td>
<td>Low-medium (under $100K)</td>
<td>64% ▲</td>
<td>54%</td>
</tr>
<tr>
<td>Occupation</td>
<td>Lower blue</td>
<td>15% ▲</td>
<td>10%</td>
</tr>
<tr>
<td>Background</td>
<td>CALD</td>
<td>33% ▲</td>
<td>27%</td>
</tr>
<tr>
<td>Household situation</td>
<td>Living with pregnant partner</td>
<td>53% ▲</td>
<td>7%</td>
</tr>
</tbody>
</table>

**Barriers to participating in interventions**

<table>
<thead>
<tr>
<th></th>
<th>% Mention</th>
<th>Segment 1</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wouldn't have the time</td>
<td></td>
<td>21% ▼</td>
<td>29%</td>
</tr>
<tr>
<td>I wouldn't know where to start</td>
<td></td>
<td>20% ▼</td>
<td>24%</td>
</tr>
<tr>
<td>I wouldn't feel comfortable starting up for the 1st time on my own</td>
<td>19% ▼</td>
<td>24%</td>
<td></td>
</tr>
</tbody>
</table>

Key:

▲ Indicates a significant difference at the 95% confidence level between the segment and total.
Figure 9: Segment profile: Trainer wheels

This segment comprises first-time fathers whose child is still aged under one. They are the most at-risk segment, with both high levels of psychological distress and low resilience. They would like to know more about parenting, and be more input into the process, but feel that they can talk to their partner and others close to them.

**Key index scores**

<table>
<thead>
<tr>
<th></th>
<th>Segment 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>K6 score</td>
<td>39%▲</td>
<td>24%</td>
</tr>
<tr>
<td>(psychological distress - high risk: 19-30)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brief resilience score</td>
<td>34%▲</td>
<td>27%</td>
</tr>
<tr>
<td>(low resilience - &lt;3)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Typical defining attitudes**

<table>
<thead>
<tr>
<th></th>
<th>Segment 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>When I’m stressed or feeling down about being a Dad it is easy to find someone to talk to</td>
<td>52%▲</td>
<td>42%</td>
</tr>
<tr>
<td>I depend on my partner for direction on how to care for our children</td>
<td>34%▲</td>
<td>18%</td>
</tr>
<tr>
<td>I wish I knew more about parenting</td>
<td>38%▲</td>
<td>19%</td>
</tr>
<tr>
<td>I asked friends and family for advice about how life my change as a parent</td>
<td>32%▲</td>
<td>16%</td>
</tr>
<tr>
<td>I wish I had more input into how we parent</td>
<td>27%▲</td>
<td>12%</td>
</tr>
<tr>
<td>My partner and I have good communication</td>
<td>44%▲</td>
<td>29%</td>
</tr>
</tbody>
</table>

**Key Demographics**

<table>
<thead>
<tr>
<th></th>
<th>More likely to be…</th>
<th>Segment 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>18-34</td>
<td>63%▲</td>
<td>42%</td>
</tr>
<tr>
<td>Location</td>
<td>Metro</td>
<td>69%▲</td>
<td>63%</td>
</tr>
<tr>
<td>Occupation</td>
<td>Upper white</td>
<td>66%▲</td>
<td>55%</td>
</tr>
<tr>
<td>Background</td>
<td>CALD</td>
<td>42%▲</td>
<td>27%</td>
</tr>
<tr>
<td>Household situation</td>
<td>Living with partner and kids</td>
<td>93%▲</td>
<td>86%</td>
</tr>
</tbody>
</table>

**Barriers to asking for emotional help**

<table>
<thead>
<tr>
<th></th>
<th>Segment 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wouldn’t know where to start</td>
<td>27%▲</td>
<td>24%</td>
</tr>
<tr>
<td>I’d be concerned I might not be able to afford it</td>
<td>26%▲</td>
<td>23%</td>
</tr>
<tr>
<td>Not available in my area</td>
<td>23%▲</td>
<td>17%</td>
</tr>
<tr>
<td>I wouldn’t feel that I’d fit in</td>
<td>22%▲</td>
<td>19%</td>
</tr>
</tbody>
</table>
Figure 10: Segment profile: The other side

This segment covers all other fathers – those with children aged 1-4, and in most cases with more than one child. They are marked by experience, but looking back they consider themselves to have been a bit ignorant and ill-prepared. They are older, more economically comfortable, and are at lower risk of psychological distress.

Key index scores

<table>
<thead>
<tr>
<th>K6 score</th>
<th>Segment 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>21%</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>Brief resilience score</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>(psychological distress – high risk: 19-30)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Brief resilience score | 27%       |
| (resilience – low, <3) |

Key:

▲ Indicates a significant difference at the 95% confidence level between the segment and total

Typical defining attitudes

<table>
<thead>
<tr>
<th>I wish I knew more about parenting</th>
<th>Segment 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>19%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I was well prepared for becoming a new parent</th>
<th>Segment 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>16%</td>
<td>21%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I had a good understanding of what being a dad would be like before the birth</th>
<th>Segment 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17%</td>
<td>21%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I asked friends and family for advice about how life might change as a parent</th>
<th>Segment 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>12%</td>
<td>16%</td>
<td></td>
</tr>
</tbody>
</table>

Barriers to asking for emotional help

<table>
<thead>
<tr>
<th>% Agree/Strongly agree</th>
<th>Segment 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I need to spend any free time with my baby/family</td>
<td>32% ▲</td>
<td>31%</td>
</tr>
<tr>
<td>I wouldn't have the time</td>
<td>31% ▲</td>
<td>29%</td>
</tr>
<tr>
<td>I wouldn't feel comfortable fronting up for the 1st time on my...</td>
<td>23% ▼</td>
<td>24%</td>
</tr>
</tbody>
</table>
4. NEW FATHERS’ EXPERIENCES OF STRESS AND COPING

4.1. What is the nature of stress faced by new fathers?

4.1.1. What challenges do fathers experience in pregnancy and parenting?

Summary:
Fathers experience a wide range of challenges as they move into and through the experience of fatherhood, with many of these challenges relating to disruption (lack of sleep, teething) or juggling (work and family commitments, finances). However, primary amongst the challenges thrown at fathers is the need to ‘man up’ – to provide the support they now have to give to the whole family unit, they have no choice but to keep moving, and meet challenges as they arise.

Detail:
In the qualitative phase of the research, fathers identified a number of challenges they faced during the pregnancy and after the birth of their child/ren – these included feeling like they needed to be strong enough to support the whole family unit, financial pressures, meeting work commitments, lack of time for themselves, difficulty dealing with their partner’s illness, depression or anxiety, children’s illness and behavioural problems, and a lack of sleep.

Many fathers spoke of feeling like they had to simply ‘man up’ and they had no choice but to keep going and deal with the challenges as best they could.

“Once I said to her, when do I get to have a meltdown? It isn’t that I feel like I need to but I feel like I’m not allowed to because I have to be there and be stoic and hold the fort like a rock. That is possibly one of the biggest challenges to deal with because you think can I do this? Can I always do this? It is expected that we can do it all.”

“I need time for myself but as soon as I get home I am handed the kids.”

“I felt inadequate as a father since I was not making enough money.”

“The pregnancy happened earlier than we were thinking. We were in the process of saving for a house deposit and we’ve had to fast track that so we can be in the house before the baby comes. That has just added to the stress and I’ve tried to keep it off her back.”
From the online survey, it is clear that new fathers experience a very wide range of challenges as part of their experience of parenthood – in total, 97% of new or expectant fathers claim to have experienced at least one of the nominated challenges (refer Figure 11), and indeed, they nominate an average of 8.1 of the 15 identified issues as having affected them personally.

Figure 11: Challenges experienced by new and expectant fathers

**Broadly, these parenting stresses focus on:**

- **Disruption** – notably, a lack of sleep (mentioned by 84% of new fathers) and the baby being sick or teething (78% of new fathers); and
- **Juggling** – including juggling work and family commitments (79% of new fathers), having difficulty finding time for themselves (74% of new fathers), financial stress (66% of new fathers and 59% of expectant fathers), and relationship changes and friends drifting away (65% and 59% respectively of new fathers).

There are relatively few differences in the number and nature of challenges nominated by new fathers with differing levels of experience or family size – experienced fathers note more challenges (8.7 compared with 8.3 for first-time fathers), reflecting their greater experience of pregnancy, birth and child-raising, and hence increased opportunity to encounter more challenges.
**Expectant fathers note far fewer challenges** that they face – an average of 4.5 of 9 presented to them, and in virtually all cases they nominate them less than new fathers do. There is one key exception; 44% of expectant fathers mention problems becoming pregnant, compared with 31% of new fathers. This may reflect both recency and a tendency for such stresses to be overwhelmed (and to some extent forgotten) by the actual experiences associated with parenting.

Not all challenges are equal, of course – by identifying major stresses, those that have a clear relationship with parental experience of depression and anxiety, the survey found that **78% of new or expectant fathers experience at least one major challenge**, while 20% experience only secondary challenges. Again, there is a tendency for more experienced fathers to have encountered more serious challenges – 81% of experienced fathers did so, compared with a still extremely high 76% of first-time fathers.

This exposure to more significant stresses is lowest amongst the youngest fathers – 70% of 18-29 year old new fathers experience any major challenges, compared with around 80% of all older age cohorts.

**There is also a clear income divide** – while 84% of new fathers from lower income households (under $60,000 p.a.) experience major challenges during their pregnancy and parenthood, this falls to 76% of middle income earners ($60-100,000 p.a.) and 71% of higher income earners ($100,000 p.a. or more). Financial stress is not included amongst these major challenges (although it affects lower income earners considerably more – 73% of lower income earners mention it, compared with 49% of higher income earners). Rather, these income differences are in particular due to significantly more lower income earners experiencing:

- Child’s emotional/behavioural problems (53%, against 38% for higher income earners);
- Partner experiencing postnatal/antenatal depression and anxiety (50%, against 35% of higher income earners); and
- Premature birth of their child (27%, against 15% of higher income earners).

**CALD and indigenous new fathers experience particularly high exposure to such major challenges** – 83% and 94% respectively, as do bisexual and gay fathers (92% and 82% respectively). As seen with the income differences, this is driven by child’s emotional/behavioural problems (affecting 71% of indigenous fathers), problems becoming pregnant (67% of indigenous fathers, and 56% of

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27 The major stresses identified were traumatic birth, premature birth, child’s emotional or behavioural problems, problems becoming pregnant, or the partner experiencing postnatal/antenatal depression and anxiety. Each of these stresses was found to have a higher statistical correlation with the Kessler-6 score and/or the individual’s experience of depression and anxiety.
bisexual or gay fathers), traumatic birth (54% of indigenous fathers), and premature birth (32% of CALD and 53% of indigenous fathers). For new fathers, lack of sleep and financial stress are the challenges that they most often nominate as being the most stressful to them personally, with over one in four new fathers mentioning them (refer Figure 12). It is intriguing that challenges that are known to have a more direct relationship to depression and anxiety (and that are classified as more serious for the purposes of the analysis discussed earlier) do not appear to have been considered as such by new fathers.

For example, while 50% of new fathers claim to have experienced child’s emotional/behavioural problems, only 6% consider these to have been amongst the most stressful challenges they faced. Similarly, while 43% experienced a partner with depression/anxiety, only 13% saw this as one of the most stressful challenges. Against this, almost half of those experiencing financial stress consider it to have been on of their most stressful challenges. It appears that new fathers are placing a greater emphasis on those stresses that affect them most directly and personally – their sleep, their finances. When the stress is more external to them – a traumatic birth or a child with emotional/behavioural problems – they do not appear to fully acknowledge the severity of the issue.

Figure 12: The most stressful challenges experienced by new fathers

A similar pattern is seen amongst expectant fathers (refer Figure 13); financial stress in particular features strongly in the list of most stressful challenges that they have faced during the pregnancy.
Interestingly, problems becoming pregnant, which can contribute to the risk of depression and anxiety, is the lowest ranked of all challenges in terms of perceived seriousness to expectant fathers (mentioned by only 10%). This may be again a factor of recency – now that they are pregnant, the problems getting to that point start to be overwhelmed by the new challenges of finances, finding time, balancing their relationship with their partner, and so on.

Figure 13: The most stressful challenges experienced by expectant fathers

Comments made in the online forum reinforced the wide ranging challenges experienced during the first year of fatherhood and the difficulty many men feel trying to balance the demands of their new life with finding time for themselves.
“Since becoming a first time father last August I haven’t had much spare time to do the things I did in my previous life! I’m looking forward to the time when I’ll be able to get back to things like going to sporting events, hitting the gym, swimming at the beach and playing music.”

“One of the biggest challenges has been the interrupted sleep and reprogramming my body to run on limited sleep. I am due to return to work in the next few days and my wife is a little apprehensive.”

“Interrupted sleep schedules, conflicts with my partner over parenting issues, financial stress and worrying over baby’s health, less spare time to hang out with my mates.”

**Strategic Implications:**
Policy development needs to acknowledge that the stresses that more often than not matter most are the ones that affect fathers most directly — lack of sleep, juggling work and family, and encountering financial stress. These are things that may appear of secondary importance, but can be very real to fathers, who may feel that they are dealing with such issues on their own.

**4.1.2. How much stress do new fathers and their partners experience?**

**Summary:**
There is a wide experience of what is, to the fathers, high levels of stress amongst new and expectant fathers. Important, the experience of stress centres around the first child’s birth — the pregnancy, the birth, and the child’s first year of life. However, at this early stage of fatherhood, many men still feel that the feelings and experiences of their partners are somehow more important than their own. This is a further reflection of the internalised pressure that new fathers place upon themselves to be ‘the rock’ for their family.
Detail:
Throughout the discussion groups men expressed experiencing varying levels of stress associated with fatherhood. However, it was widely acknowledged that the first year of their first child’s life was probably the most stressful time as they struggled to deal with the challenges and demands of a young child, financial pressures and the change in their relationship with their partner.

Many men also felt that their partners’ feelings and experiences were generally seen as more important, as have had to carry the baby, give birth and are often the primary carer, and that any stress they were feeling was seen as secondary.

During the pregnancy fathers were concerned about being prepared for the responsibility of having a child but also being able to provide adequately for their family – this included having a home, car and baby equipment.

“On the weekend we went to look at cars. We have to make sure that everything is prepared.”

“There is a lot of responsibility and I need to make sure that I am ready to become a dad.”

“Do I deserve this responsibility? Will I be enough? I feel I have to prove myself to my wife and baby. How can I keep them relaxed and give them a better life?”

“The pregnancy happened earlier than we were thinking. We were in the process of saving for a house deposit and we’ve had to fast track that so we can be in a house before the baby comes. That has just added to the stress and I’ve tried to keep it off her back.”

Most men in the discussion groups considered that their partners had experienced higher levels of stress after the birth of the baby, and that part of their own challenge was trying to support their partners through this time without being able to acknowledge that they too were feeling overwhelmed.

“You need to give away all your time and come up with all the answers – that is how you feel.”
From the online survey it was found that around one in six new(expectant fathers and almost one in four of their partners are considered to be very stressed during the pregnancy or parenting stages of their lives (refer Figure 14). Almost half of fathers, and six in ten of their partners experience some level of concerning stress. Against this widespread experience of high levels of parenting stress, less than one in six new(expectant fathers, and less than one in ten of their partners appear to experience negligible stress during this period.

![Figure 14: Experience of stress and anxiety by new/expectant fathers and their partners](image)

For the new and expectant fathers themselves, claimed experience of stress and anxiety is most concentrated around the first birth:

- 57% of first-time fathers in the first year of their child’s life are at least somewhat stressed\(^\text{28}\) by their experience, compared with 46% of expectant fathers, 45% of experienced fathers, and 36% of fathers with three children.
- Overall, first-time fathers (regardless of the age of their youngest child) are more stressed (50%, compared with 45% of experienced fathers).
- The first year of the child’s life also appears to contribute to stress/anxiety – 51% of fathers of children aged under one year old experience stress, against 46% of children aged one to four years.

\(^{28}\text{Defined as a score of 7 or higher out of 10 on the scale from not at all stressed (0) to very stressed (10)}}
Other characteristics of fathers that are associated with more reported stress include:

- **Age** – the overall incidence declines from 50% of 18-29 year old fathers, to 49% for 30-34 year olds, 46% of 35-39 year olds, 44% of 40-44 year olds, and 39% of 45-54 year olds.

- **Residential location** – Stress is highest amongst fathers in capital cities (51%), compared with 43% in major regional centres, 35% in country towns, and 29% in rural/remote localities. This may reflect stress factors to do with the location, rather than parenting alone.

- **Income** – Stress falls with income, from 53% for lower income households, to 43% for middle and 40% for higher income households.

- **FIFO/DIDO workers** – They experience extremely high levels of reported stress/anxiety, at 70%, compared with 39% for other workers.

- **Occupation** – in contrast with the pattern of lower income/higher stress, the relationship works in the opposite direction, with upper white collar workers (managers and professionals) experiencing greater stress/anxiety (52%), falling to 43% of lower white collar (clerical, sales), 44% of upper blue collar (tradespeople), and 38% of lower blue collar workers (labourers and machinery operators).

- **Education** – the general pattern is towards higher stress/anxiety with higher educational attainment, with 51% of upper tertiary qualified fathers experiencing stress, falling back to 44% of lower tertiary qualified, and 40% of Year 11/12 leavers.

- **Special groups** – very high levels of stress/anxiety are reported amongst CALD (58%), indigenous (87%), and gay or bisexual fathers (67%).

As noted in relation to residential location, the patterns observed in relation to income, occupation, education and special group membership may, in part, reflect underlying stress faced by members of such populations outside of the experience of pregnancy and parenting.

The same patterns are apparent for partner stress/anxiety as for the fathers, i.e. the same differences by age, residential location, income, occupation, education, and special group membership.

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**Strategic Implications:**
The primary focus of any interventions directed at new fathers should be on the period immediately surrounding the birth of the first child; it should start with pregnancy and remain a strong focus through birth and the first year of the child’s life. This indicates that an ability to find and connect with first-time fathers will be a critical consideration.
4.2. Coping with stress

4.2.1. What do new fathers do to cope with stress?

Summary:
Partners play a critical role in supporting new fathers, and thereby enabling them to cope more comfortably with their stress. Personal networks, which extend beyond the partner to encompass close family and friends (and work mates) are a critical factor in lifting the capacity of new fathers to cope with the stresses that they invariably confront.

Detail:
Fathers taking part in the qualitative research were generally hesitant about seeking help for themselves to cope with the stress they were experiencing, and many felt they had to sacrifice their own personal needs to be able to support their partner and child/ren. For most it was a matter of simply getting on with it, bearing their responsibilities and trying to make things work the best they could.

“You have to accept the fact that you have to push through, you have to work, you have to persevere.”

“In the end when you are a bit stressed and you think I hope I can keep it up and that I don’t mess things up because this is really important.”

“You just struggle through it... you feel like you are doing 2 full time jobs.”

“I don’t know how I dealt with it- you just hop on the rollercoaster and enjoy the ride. It’s an experience you don’t know until your there.”

While it was widely acknowledged by group participants that it was important for fathers to find time for themselves and to spend time with friends, the reality was that few felt they had enough opportunity to do this and often coped with stress by drinking or occasionally escaping to spend time alone.
The positive impact of social connectedness was evident in the discussions, those men who had remained connected to friends and family and felt supported by their social network appeared to cope better with stresses and the challenges of fatherhood. For these fathers, the opportunity to catch up with others socially provided them with a balance to the demands at home.

Across the discussion groups a small number of men indicated they had sought professional help to cope with the pressures of fatherhood. For some this was linked to an acknowledgement that they were drinking too much and this was having a negative impact on their relationship with their partner, others had been actively encouraged to seek professional help by their partners to address depression.

The findings of the online survey, as shown in Figure 15, point clearly to personal rather than professional approaches to coping, with ‘avoidance’ strategies (exercise, work, drinking) being the least utilised (and useful). New and expectant fathers are far more likely to talk to people close to them (their partner, their family, and/or their friends) than to seek out professional help, such as through a counsellor:
91% of new and expectant fathers talk to their partner, 76% talk to their family members, and 71% see friends as a means of coping with the stress of pregnancy or parenting.

In most cases where personal networks are drawn on, they are judged helpful by the new/expectant fathers. Indeed, around seven in ten of those who seek help from partners, family or friends find it helpful to them. The clear contrast to this is ‘throwing myself into work’ and ‘drinking/go to the pub’ – in both cases only around half of those men who adopt the coping strategy find it helpful to them.

Seeking professional help is a minority choice, but appears to help – 35% of new/expectant fathers access such help, and in two-thirds of such cases they find it helpful to them.

There are a number of clear demographic patterns to the coping strategies that are adopted, and particularly for the ‘avoidance’ strategies:

- While 39% of new/expectant fathers drink or socialise as a means of coping with pregnancy or parenting, this is far more prevalent amongst 18-29 year olds (47%) and FIFO/DIDO workers (64%).
- Against overall use of exercise by 55% of new/expectant fathers, 72% of expectant fathers, 60% of capital city residents, 74% of FIFO/DIDO workers, 61% of upper white collar workers, and 61% of upper tertiary qualified adopt this strategy.
‘Throwing myself into work’ is a strategy for 56% of the overall group, but is far more utilised by expectant fathers (67%) and FIFO/DIDO workers (74%).

**Strategic Implications:**
Acknowledgement that fatherhood is stressful is important, but providing tactical strategies for coping with stress is a critical path to helping new fathers cope better with the stresses that they encounter. Partners, family and friends are an important conduit for receiving and delivering these sorts of messages, information and support.

**4.2.2. How does work and the workplace affect fathers coping with stress?**

**Summary:**
There are clear indications that supportive, flexible workplaces benefit father health. However, there is a strong income and occupational divide in the availability of such working environments for new fathers; importantly, flexible work conditions aren’t available to many blue collar workers who encounter fatherhood stress, and could benefit disproportionately from a workplace that understood their situation and valued maintenance of their health as a father.

**Detail:**
Across the qualitative sample fathers spoke of a range of experiences in relation to the impact their work and workplaces had on their ability to cope with stress of fatherhood. For some, work was a positive, as it provided a much needed refuge, a place to get away from the pressures of home and to interact and be supported by other adults.

“Lots of guys feel better when they have someone to vent to - I’m really fortunate that one site that I work at, the guys are really attune to how I’m... one of the guys I work with picked up on it and he took me out for lunch and I just gave it to him and it was that validation that what you are experiencing is normal and that going a little bit crazy from time to time is a part of it.”

“The blokes at my work really look out for each other. I know that I can talk to them, they are all fathers and I have this feeling they will be looking out for me.”
On the flip side, some spoke of feeling the pressure of having to perform at work when they were feeling affected by a lack of sleep and distracted by issues with their baby and their partner. There was a sense that they felt under pressure to prove to their workplaces that they were able to work to the same standards and under the same conditions as they had prior to the birth of their baby.

“My employer was OK, he gave me some time off but there is a bit of you’ve gotta get on with the job sort of thing.”

Many men would have appreciated the opportunity to take more time off after the birth and lamented that they were often not able to access the same flexible working conditions as offered to mothers and that would enable them to spend more time with their child/ren.

The online survey shows that for a small majority of new and expectant fathers their workplace plays a supportive and facilitating role in relation to their ability to cope with pregnancy and parenting (refer to Figure 16) – 56% of fathers agree that ‘my workplace supports me in my role’ and ‘provides the flexibility and conditions I need’ as a new or expectant father. However, this is not the case for all – around one in eight fathers (13%) have the reverse experience, and 45% find that work pressures result in time with their children being less enjoyable. This paints a complex and mixed picture of how workplaces currently accommodate parenting:

Figure 16: The relationship between workplace and stress for new fathers
• **First-time fatherhood appears to generate a more favourable response from the workplace** – while 56% of all new fathers agree that their workplace supports them in their role as a dad, this is the case for 66% of expectant fathers and 73% of first-time fathers of a child aged under one year. In contrast, only 43% of fathers with four or more children agree; these more experienced fathers appear to be left on their own far more.

• **Supportive workplaces tend to be white collar workplaces** – 63% of upper white collar and 53% of lower white collar and upper blue collar workers agree that their workplace is supportive, while only 41% of lower blue collar workers do.

• **The same patterns are seen in relation to flexible working conditions** – expectant and first-time fathers with babies are more likely to agree that this is their situation (70% and 68% respectively agree, against 56% overall), as do upper white collar workers (63%, against 42% of lower blue collar workers).

Despite this tendency for workplaces to be more accommodating to the first-time father, such fathers still find that work pressures negatively impact on the time they spend with their children – 56% of first-time fathers with babies agree that work pressure can make time with their children less enjoyable (against 45% of all new fathers). This in fact affects upper white collar workers, who claim to have more supportive employers and flexible arrangements, more than other fathers (52% agree with the statement).

**Strategic Implications:**

There is a clear need for some of the positive work practices that are evidently available (and widely available) to white collar fathers, and particularly those in managerial and professional roles, to be extended more widely to fathers working in blue collar occupations, where the personal pressure to ‘man up’ and cope may prevent fathers from seeking help on their own.

4.2.3. **How well do new fathers and their partners cope with stress?**

**Summary:**

While the typical picture of new fatherhood is one of encountering stress but coping with it, there is still a relatively substantial incidence of fathers who simply don’t cope with fatherhood. The experiences of fathers fall on a spectrum of coping, but difficulty coping seems to have a lower socio-economic profile – fathers in blue collar occupations, on lower incomes, and with lower educational attainment do less well, on average, in meeting the challenges of new fatherhood.
Detail:
Across the qualitative sample fathers and their partners varied in their ability to cope with the stress associated with pregnancy and becoming parents. Those who appeared to cope better were often more prepared, had negotiated strategies for keeping their own relationship a priority and had more realistic expectations of the impact that having a child would have on their lives.

Conversely, those who struggled with the stress that came with parenthood often issues they had not expected, such as lack of sleep, change in their relationship, financial concerns and illness or behaviour difficulties associated with their child.

While most new and expectant fathers and their partners cope quite comfortably with the stresses that pregnancy and parenting place in their path (refer to Figure 17), many simply do not cope, or just get by. Overall, 5% of new and expectant fathers say they didn’t cope with the stressful situations around pregnancy and parenting, and 9% feel that their partner did not cope. A further three in ten parents (both fathers and partners) cope modestly at best:

Figure 17: Experience of coping with stress and anxiety by new/expectant fathers and their partners

- In contrast with the higher incidence of stress amongst expectant and first-time fathers noted in section 4.1.2 above, difficulties in coping are more common amongst more experienced fathers (and particularly those with toddlers) – where 35% of expectant fathers and 34% of first-time fathers of a child aged under one cope very well (giving a score
of 9 or 10 out of 10), this falls to 16% of first-time fathers with a toddler, and 19-22% of fathers with two or more children.

- Those not coping (scores of 0 to 3) were significantly more likely to have larger families (e.g. 9% of fathers of four or more), or to be separated from their family (14%).

In terms of the demographic profile of non-coping fathers, there are some important concentrations:

- Those in **country towns or rural/remote localities** (9% and 16% respectively);
- Fathers from **lower income households** (8%);
- **Unemployed and others not in the workforce** (16% and 7% respectively);
- **Lower blue collar workers** (8%); and
- Those educated to **Year 10 or below** (13%).

It is of interest that the very high levels of stress amongst CALD, indigenous, and gay or bisexual fathers does not appear to carry through to an inability to cope. Indeed, each of these groups is significantly more likely than other fathers to say that they have coped very well.

Across the whole sample of new and expectant fathers, partners are reported as coping less well than the fathers, by an average of 4%, i.e. 5% of fathers against 9% of their partners didn’t cope. This gap exists in relatively similar magnitude across a wide range of sub-groups, but with some notable exceptions:

- **Older fathers** (aged 45-54) – a gap of 13%. This appears to be an experience/‘relaxation’ response – as fathers age, they appear to cope increasingly well in comparison with their partner.
- Fathers **living on their own**, whether with their children or not (a gap of 11%). These situations are typified by very high levels of non-coping amongst partners (16% if the father lives with his children, 25% if he lives separately from them), and the suggestion is that the breakdown of the relationship and the difficulties of single parenting may make coping harder for partners.
4.2.4. How resilient are new fathers to stress?

Summary:
Low resilience, and therefore low capacity to recover from the stresses of new fatherhood, is quite widespread. However, it has concentrations – amongst first-time fathers both during the pregnancy and in the first year after the birth, and amongst those working in skilled trades. The latter group appear to carry an independence that characterises their choice of self-employment into fatherhood, and this can, coupled with low ability to bounce back from stress, place them at heightened risk of depression and anxiety.

Detail:
In the discussion groups it was evident that first time fathers in the first year of their child’s life were generally less resilient to stress. Resilience seemed to grow with subsequent children as they learned how to be a parent and adjust to the new regime in their life.

“Things are ok now, it was really tough for that first year and then it seems to come right again. You just have to wait.”

“I found it easier with my second daughter, the adjustment wasn’t that great and we sort of knew what to do.”

As part of the online survey, participating new and expectant fathers completed the Brief Resilience Scale (BRS) battery of attitudinal statements, a validated scale that indicates an individual’s capacity to ‘bounce back’ from and cope with stressful situations in their lives. Their responses are summed to provide a score between one and five – meta analysis of BRS studies suggested that scores below three indicated low resilience, while scores above 4.3 indicated high resilience. On this basis, while the majority of new and expectant fathers have typical levels of resilience, more than one in four have low resilience:

First-time fathers are significantly more likely to have low resilience (32%, against 25% of experienced fathers), while high resilience is far more likely amongst experienced fathers (10%), and fathers with two or three children (11% and 10% respectively).

Upper blue collar workers represent another pocket of low resilience amongst new fathers (37%, against 24-29% for other occupations).

Both of these less resilient groups of fathers are also more likely to report experiencing stress and anxiety as a result of their fatherhood experience (as discussed in section 4.1.2 above) – this highlights their potential for greater risk of mental health issues.

**Strategic Implications:**
First-time fathers and those from lower socio economic status combine lower resilience to stress with higher levels of stress – this creates a considerably heightened risk of psychological distress amongst these two groups of new fathers.
5. NEW FATHERS AND DEPRESSION / ANXIETY

5.1. How do new fathers rate in terms of their risk of depression/anxiety?

Summary:
The risk of depression and anxiety, as measured by the Kessler 6 validated scale, is widespread amongst new fathers, but particularly those closest to the birth of their first child – during the first pregnancy, and in the first year of the child’s life. Susceptibility to psychological distress increases greatly where the father has a previous experience of depression/anxiety, or his partner is suffering from ante/postnatal depression/anxiety. Amongst groups at greatest risk, substantially more than half of new fathers are at risk.

Detail:
The Kessler Psychological Distress Scale, or K10, is a validated checklist measuring depression and anxiety, or psychological distress. Its authors drew on questions from 18 commonly used screening scales that were best able to screen for current (within one-month) psychological distress. For this current study the abbreviated K6 scale has been employed to enable the relationship between new fatherhood and depression/anxiety to be explored.

Responses to the K6 questions result in scores for individuals ranging from six to 30; following on from the approach adopted by the Australian Bureau of Statistics 30, scores of 6-18 are considered to indicate “no probable serious mental illness”, while scores of 19-30 are considered to indicate “probable serious mental illness”.

Using this definition, one in four new fathers score 19 or higher for their risk of depression and anxiety (refer Figure 19). This is in excess of the incidence of depression and anxiety amongst Australian men generally. To illustrate this, beyondblue reports that 1 in 8 men will experience depression and 1 in 5 anxiety at some time in their lives; the finding from the current research relates to a level of psychological distress that is current.

30 ABS, National Survey of Mental Health and Wellbeing 2007 (Catalogue.no. 4326.0)
Within particular subgroups of new fathers, however, the risk of depression/anxiety is considerably greater (refer Figure 20):

- Amongst indigenous new fathers surveyed 82% scored high on K6, and very high levels were recorded amongst bisexual or gay new fathers (59%) and new fathers from CALD communities (44%).
- New fathers with a recent experience of depression/anxiety remain at very high risk (68% if they were diagnosed within the last 12 months, 57% if 1-5 years ago, and 49% even if their diagnosis was more than 5 years ago.
- Having a partner who has been diagnosed with depression/anxiety is also associated with a higher risk amongst new fathers (50%).
Figure 20: Risk of anxiety/depression by subgroup

The qualitative research suggested a likely relationship between experience and recency of new fathers and their risk of depression/anxiety; this hypothesis was clearly supported by the findings from the online survey (refer Figure 21):

- **First time expectant fathers** have very high risk of depression/anxiety (33%), and this risk increases during the **first year after the birth** (to 39%);
- Average risk then declines sharply as the first child grows, or second and subsequent children are born and raised (21% for each subgroup).
This pattern of higher risk amongst fathers of first children, younger children, and fewer children can be seen clearly in the comparisons in Figure 22; in particular, there is a tendency for new fathers with three or more children to experience significantly lower levels of psychological distress.
The ability of new fathers at risk of depression/anxiety being able to cope with the condition is made more difficult by a strong correlation between the K6 scores of new fathers and their resilience, or ability to bounce back from adversity or challenge (as measured by the Brief Resilience Scale, discussed in section 4.2.4 above):

- While 39% of new fathers with low resilience score high on their risk of depression/anxiety, only 2% of those with high resilience are similarly affected.
- Looked at the other way around, while 45% of new fathers with high risk of depression/anxiety have low resilience, only 1% of those affected have high resilience.

This interrelationship clearly places a limit on the capacity of new fathers experiencing depression/anxiety to recover without intervention or assistance.

### Strategic Implications:
The ‘hotspots’ of psychological distress amongst new fathers are key pointers to where interventions are most critical – amongst first-time fathers, those with close personal experience of depression/anxiety, and amongst groups such as indigenous, CALD and bisexual or gay fathers.

**5.2. What is the actual incidence of diagnosed depression/anxiety amongst new fathers?**

**Summary:**
Not only are new fathers at risk of depression and anxiety, many have had an experience of the conditions. While for most this is not necessarily a recent phenomenon, when it occurs during their time as a father it is highly concentrated around the birth of their first child – during the first pregnancy, or in the first year of the child’s life. This continues the focus on this period as the time of greatest vulnerability amongst fathers.

**Detail:**
Within the discussion groups there was a general acknowledgement that the first year after the birth of their first child was a very stressful time – the magnitude of change in their lives, the financial pressure and change in relationship with their partner were catalysts for feeling overwhelmed.

Generally, fathers were hesitant to describe themselves as depressed and there was a general perception that that post-natal depression was something that was related to women.
“I had a mate that was having a hard time. I texted him to ask how he was going and he said ‘The novelty wears off pretty quickly’ and I could tell that he was having a rough time with the baby up all night.”

“I’m sure that a lot of men don’t realise that PND can affect them too. Maybe this should be called out and explain it that it can be completely normal for men to experience PND too.”

The findings of the online survey illustrate that personal experience of depression and anxiety is widespread amongst new and expectant fathers, as the K6 results would seem to indicate (refer Figure 23). Overall, around three in ten new fathers have experienced depression/anxiety at some time in their lives. However, it is clear that this is not, in most cases, a very recent phenomenon:

- Only 3% of new fathers claim to have been diagnosed with depression/anxiety within the last 12 months, and a further 9% within the last 1-5 years.
- More than half of those with a personal experience of depression/anxiety were diagnosed more than five years ago.

More than six in ten of those new fathers who have been diagnosed with depression/anxiety at some time received this diagnosis at some time before their first child was expected. However of those diagnosed from that point on, the diagnoses are strongly concentrated around the birth of their first child:

- Across the whole sample of new fathers, 7% claimed to have been diagnosed with depression/anxiety either during the first pregnancy, or in the first year after the birth of their first child. This compares quite closely with recent Australian estimates of 5.3% for paternal antenatal depression and 3.6% for paternal postnatal depression.\(^{31}\)
- While 23% of new fathers who have ever been diagnosed with depression/anxiety had this happen either during the first pregnancy or within the child’s first year of birth, less than half

this number (10%) were diagnosed more recently (i.e. after the first year of their first child’s life).

Figure 23: Personal experience of depression/anxiety amongst new fathers

New fathers have experienced a diagnosis of depression/anxiety for their partner at similar levels, or around three in ten new fathers. There are strong patterns of correlation between the experience of new fathers and their partners apparent:

- Of those new fathers who have never been diagnosed with depression/anxiety, only 13% have a partner who has been diagnosed with ante or postnatal depression/anxiety.
- In contrast, 58% of new fathers who have been personally diagnosed also had a partner with a past or current diagnosis.

**Strategic Implications:**
Risk of psychological distress amongst new fathers is playing out directly to actual lived experience of depression and anxiety, and the indications are again that it is around the birth of the first child that the need for intervention is greatest.
5.3. How aware are new fathers of ante/postnatal depression and anxiety?

**Summary:**
Across both major primary research stages, new fathers were found to have somewhat superficial and incomplete understanding of ante/postnatal depression and who it can affect. In particular, while mothers are widely acknowledged as being affected, fathers are far less likely to be seen as potentially or actually experiencing depression and anxiety as a result of the parenting process. Given the extent to which new fathers admit to experiencing stress themselves, this lack of a depth of understanding of what they may be experiencing is of concern.

**Detail:**
Across the discussion groups and in the online forum fathers exhibited a solid awareness of the term post-natal depression, though many believed that this was a condition only experienced by women and generally did not feel that it was something they would use in relation to men.

Among those who had experienced distress, there was feeling of relief that they were not alone in having felt overwhelmed and like they were unable to cope during the early years of their child’s life.

"Depression is all about the mother, nothing for the father – everything is for the mother and the child."

“One in 10 fathers experience post-natal depression. Really? That’s huge but it sounds about right to me."

“I don’t think guys know about PND."

“Most information you see or hear is about troubles mothers will experience."

“My wife said she doesn’t hear much about it for guys, yet they ask her all the time when she takes my daughter for routine check-ups.”

More than three-quarters of new fathers taking part in the online survey claimed to be aware of postnatal or antenatal depression and anxiety (refer Figure 24). This is **significantly lower**
amongst men expecting their first child (65% aware); once the first child has been born it rises to 75-80% and remains around that level across a very wide range of fatherhood subgroups.

Figure 24: Awareness and understanding of post/antenatal depression/anxiety amongst new fathers

Importantly, while a large majority of new fathers are aware of ante/postnatal depression/anxiety, they are less clear about who can be affected:

- Only slightly more than half (55%) of new fathers aware of the conditions know that it can affect both men and women.
- For no subgroup of new fathers does this exceed 65%; that is, across a wide range of demographics at least one in three new fathers is unaware that both fathers and mothers can be affected by post/antenatal depression or anxiety.
- First time expectant fathers and first time fathers of children aged under one are significantly less likely than other new fathers to be aware that both parents can be affected (47% and 49% respectively); interestingly, this reflects a significantly stronger belief amongst this group of new fathers that men alone are affected (19% and 20% respectively, against 10% of all new fathers).

When new fathers are asked to estimate the incidence of paternal depression/anxiety, they nominate an average level of 25% incidence. This is, in fact, somewhat below both the incidence observed amongst new fathers in the online survey who report a previous diagnosis of depression/anxiety (29%), and. This tendency to underestimate the incidence of paternal depression/anxiety is not affected by the individual’s risk or experience of depression/anxiety (a mean of 24%).
5.4. How do new fathers view ante/postnatal depression and anxiety amongst men?

Summary:
New fathers hold attitudes towards ante/postnatal depression and anxiety amongst men that are often potentially damaging, both to themselves and their peers. They may somewhat grudgingly acknowledge that the conditions ‘happen’ to fathers, but can see them as signs of weakness, something to hide, feel defensive about, and even ashamed. These attitudes can potentially run counter to their need to reach out for help and support.

Detail:
In the discussion groups, fathers readily acknowledged the stress they faced after the birth of their child and some admitted to feeling overwhelmed. However, the stigma associated with depression and anxiety meant they were hesitant to use this label and often prefaced comments with “I wasn’t depressed but….”

Some men admitted that to say they felt depressed would be a measure of weakness and would mean they were not fulfilling the normative masculine role.

“If someone told me to see a psych, I’d feel insulted. I’d think what do they think of me?”

“Men are just irritable, feel detached from their children and partner, withdraw from social networks and perform in a lacklustre manner at work. It doesn’t feel medical or as serious.”

“Guys are pretty much better at hiding it, you know a girl will probably bawl their eyes out to a mate but a guy wouldn’t. A guy tends to swallow their pride a bit and just go to work and carry on as usual.”

Strategic Implications:
A tendency to patchy understanding amongst new fathers of the existence of paternal ante/postnatal depression and anxiety indicates a need to raise awareness and build understanding that it is real and can affect fathers in widespread situations.
New fathers taking part in the online survey exhibit attitudes towards paternal depression and anxiety that are not strongly supportive (refer Figure 25):

- There is a grudging acceptance that depression and anxiety are, to some extent, to be expected amongst new fathers – 45% agree that ‘most men will feel stressed, anxious and unable to cope’ and 38% that ‘it’s normal for men to feel depressed’ before or after the birth of the baby.
- Of some concern is the view, held by 31% of new fathers, that ‘postnatal depression and anxiety in men is a sign of weakness.’
  - This attitude is held most strongly by first time expectant fathers (43%), and first-time fathers with a child aged under one year old (41%).
  - It is far less prevalent amongst experienced fathers (26%), and those with four or more children (22%), but still represents a considerable minority attitude.
  - It is particularly concerning that those fathers most susceptible to depression/anxiety are the most likely to view the conditions as a sign of weakness – 71% of new fathers with a high K6 score agree with this statement, against only 17% of those with a low score.

This last finding indicates a clear tendency for new fathers at risk to readily blame themselves for their condition, rather than perhaps accepting it as “part of the landscape” of new fatherhood. This tendency towards discomfort with their condition is unlikely to predispose them towards help seeking.

**Figure 25: Attitudes towards paternal depression/anxiety amongst new fathers**
**Strategic Implications:**
The prevalence of views of paternal depression and anxiety as weakness go, to some extent, hand in hand with relatively poor understanding of the conditions affecting new fathers per se. Acting to reduce such stigmatisation represents an important precursor to fathers acknowledging their own needs for support and help when they encounter stress in fatherhood.

5.5. **What are the pathways to depression/anxiety and help seeking amongst new fathers?**

**Summary:**
New fathers appear to take two separate types of journey in relation to help seeking and depression and anxiety. Some embark on a positive journey, accessing support and advice through their partner and personal networks, and supported by a workplace that is flexible and understanding; the risks of psychological distress amongst such fathers is greatly diminished. In contrast, many new fathers build an internalised pressure that won’t let them admit when they are struggling, and often spills over into strain on their partner relationship; the outcome here is too often psychological distress, and a tendency to leave help seeking until it is too late.

**Detail:**
Across the discussion groups a small number of men indicated they had sought professional help to cope with the pressures of fatherhood. For some this was driven by self-acknowledgement that they were drinking too much or that they weren’t coping with the stress of fatherhood, the changes in their relationship with their partner, and their work commitments.

Most commonly, those who had sought professional help had been actively encouraged and supported by their partners. This highlights the integral role played by partners in addressing issues related to depression and anxiety and facilitating help seeking behaviour.

“I saw a psychologist when we had our first because I was all over the shop, I was out late drinking and hardly home. It was me being rebellious because I didn’t have to be there. In the end I thought, what they hell are you
In the groups many fathers looked back on the first year of their child’s life and reflected how difficult it had been, some hypothesised about what a difference it would have made to this time if they had accessed support or at least had some opportunity to talk openly about how they were feeling and the stress they were dealing with.

“*I'm honestly surprised that I made it, you know, if we are being honest here, because I didn’t turn to anybody. It was like you can’t show your emotions, you’ve gotta be there for her and for the child and you’ve still got to keep a roof over your head and get the bills paid and work like nothing’s happened.*”

A few men talked of trying to find help only to be disappointed with the lack of services available and the focus given to their partners and the baby. These men felt they simply had to struggle on alone and cope the best they could.

“Yes, it’s interesting because the health nurse comes to see the mother and I helped her walk to the car and she asked me how I was coping and I started to tell her about my own stress and anxiety and she said I can’t really help… *"*

The relationship between the varying experiences of new fatherhood and psychological distress (as measured by the K6 score) has been explored using a statistical technique known as structural equation modelling. This technique starts by identifying key themes in the survey findings, and then identifies relationships between these themes, to indicate the ways that different factors interact and result in increased risk of depression/anxiety on the one hand, and a greater propensity to seek help on the other hand. Details of the themes that were identified and their component measures are included in the Appendix.

While a total of 10 themes were identified from the survey data, only eight of these were found to have statistically robust relationships and connections. The resulting model of new fatherhood (shown in Figure 26) shows that there are two pathways to help seeking that link these themes:
• **A positive pathway** that results from new fathers accessing support and advice through their personal relationships (including both a strong partner relationship, as well as an approach to coping that draws on family and friends), as well as through a supportive workplace that both supports them in their role as a father, as well as providing flexibility and conditions that reduce some of the stresses inherent in new fatherhood. The natural outcome of this combination of factors is that **new fathers seek help when it is needed**, rather than waiting until it is too late.

• **A more disruptive pathway**, where internal pressure causes and/or is exacerbated by strains in the relationship with their partner; the outcome is a heightened risk of depression/anxiety, and a tendency to seek help as more of a desperate last measure rather than a timely intervention. Indeed, in this more dysfunctional pathway, **help seeking may not eventuate at all**.

This notion of internalised pressure is a critical element of new fatherhood; it encompasses a combination of attitudes (pride/self-sufficiency, reluctance to share the pain with their partner, a sense of shame or failure, and a feeling of betrayal of their partner by seeking external help) that can act as major impediments to healthy fatherhood. Many of these attitudes are encompassed by two common attitudes expressed by new fathers – that they ‘need to be the rock for their family’, and that they are an island, proud and independent, in making their way through the challenges of fatherhood.

Figure 26: Model of socially-mediated psychological distress (standardised effects)\(^{32}\)

\(^{32}\) The coefficients shown on the model indicate the strength of association between any 2 factors in the model, and can range between -1 and +1. Note that all coefficients in this model are positive, indicating that a higher value of one factor is associated with a higher value of the other (e.g. a high level of internalised pressure is associated with both higher risk of depression and greater partner strain. The arrow indicates the direction of influence, e.g. higher internalised pressure is
There are two possible broad responses to these identified pathways to help seeking:

- On the one hand, **the environment in which new fathers exist can be encouraged to be more supportive** over time (e.g. by educating employers on the benefits of supportive work practices, and fathers and their partners and families on the benefits of accessing personal support.
- The interaction of internalised pressure and partner strain suggests that **joint interventions involving both father and partner** and focus on achieving a “strong him” through a “strong them” may be beneficial.

**Strategic Implications:**
Interventions are needed that both foster positive pathways (through education and workplace activities) and address the triggers to psychological distress, by helping new fathers understand their need to avoid internalised pressure, and work with those close to them to maintain their health during the fatherhood journey.

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associated with a higher risk of depression/anxiety. Where an association is bi-directional (a two-headed arrow), this indicates that there is a feedback loop at work, e.g. internalised pressure can increase partner strain, which in turn increases internalised pressure.
6. INFORMATION AND HELP SEEKING

6.1. Do new fathers seek out help or information?

6.1.1. How many new fathers seek help or information?

Summary:
Reaching out for help appears to be a minority action taken by new fathers, a finding that aligns with the tendency to believe that they should ‘tough it out’ and not display weakness. However, this reluctance to seek help is more the mark of the experienced father, rather than those who are newest to it – first-time fathers. That group is far more likely to seek out information and help, reflecting their concern at embarking into the unknown, and a desire to feel that they have prepared for the change to their life that they are approaching.

Detail:
Across the qualitative group discussions and online forum, men generally had not been proactive about seeking information to prepare for fatherhood and had primarily relied on their partner for information, direction and support.

There was acknowledgement, and some disappointment, at the lack of information specifically designed for fathers and some contended this made them feel more excluded from the parenting of a newborn.

“There isn’t much education out there for this, you are pretty much left to figure it out by yourself.”

“With all due respect, it’s the women’s section why would I look there.”

“I have questions to ask but everything is told to my wife.”

“Dad specific information would be good as it helps you know that your feelings are common and normal.”
A minority (albeit a substantial one) of new and expectant fathers participating in the online survey claim to have sought out help, information or support during more stressful stages of the pregnancy or parenting period (refer to Figure 27) – reaching out is clearly related to the experience of the father with pregnancy and parenting:

- **Both expectant and first-time fathers with babies are more likely to seek help** of some kind – whether it is information or some other form of support (57%, against 44% of all new fathers). In this respect they are very different to more experienced fathers – only 37% of experienced fathers took such steps.

- **Similarly, fathers with more children generally seek less information and help** – 51% of those with one child did so, falling to 39% of those with two and 29% of those with three children. However, those fathers with four or more children appear to have higher need for help – 42% say they have sought information or help. This ‘tipping point’, which is seen across a number of findings around parenting stress and challenges, suggests that financial and other factors may increasingly come into play with larger family size.

- **Younger fathers appear to need more support** – 56% of 18-29 year old fathers say they have sought information or help, against 48% of 30-34 year olds, 44% of 35-39 year olds, 40% of 40-44 year olds, and just 25% of 45-54 year olds.

Other groups to exhibit higher information/help seeking in the face of stressful situations include residents of capital cities (48%, against 33% in rural/remote localities, possibly reflecting differences in access to help), lower income earners (48%, against 34% of higher income earners), those with upper tertiary qualifications (52%), and CALD, indigenous, and bisexual or gay fathers (56%, 91%, and 74% respectively).
6.1.2. When do new fathers seek help or information?

**Summary:**
New fathers tend to be reactive in seeking help or information, ‘learning as they go’ and as they encounter new challenges to be overcome. This obviously places the greatest need for such support closer to the birth, and the indications are that this is more pronounced after than before the birth. Again, it is first-time fathers that are the most needy, and the most ready to access information and advice to help them get through.

**Detail:**
From the qualitative research it is evident that new fathers are typically reactive when looking for information. In addition, their approach is very solutions-orientated and they primarily look for advice about a specific topic or to gain confidence about a particular issue.

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**Strategic Implications:**
New fathers are open to accessing information and help, particularly when it is their first experience of fatherhood. However, the reluctance to do so for subsequent children may not necessarily coincide with a lesser need for information and help, and suggests that experienced fathers should not be ignored in the delivery of such support.
There were key points in the pregnancy and soon after the birth that fathers were especially primed to receive information and advice – during ultrasounds, at the hospital shortly after the birth of their child, at appointments with Maternal Health Nurses and at potential information sessions with other new fathers. However, information directed to fathers on all of these occasions was seen as significantly lacking and, again, they relied on their partner to be the conduit for their own learning.

In the groups and online forum fathers most commonly spoke of looking for practical information about how to care for a baby (how to hold, dress, bath, change nappies etc.) and how to support their partner who might be depressed, anxious or struggling with the demands of looking after a baby.

“It can be separated into two categories – specific information you directly search for (e.g. why won’t my baby sleep!) or general information on things you might expect when learning how to be a parent.”

“The most useful information would have been how to deal with the changes for everyone. The sleepless nights, how to juggle work and come home to an exhausted partner.”

“Some information that would be useful would be what to expect throughout the fatherhood journey. This is such an unknown territory for fathers and you can be quite useless for the first 6 months. We are more of a support mechanism for the family as opposed to looking after the baby. We need to understand what is happening with the mum and child throughout the journey.”
Findings from the online survey show that new fathers are **slightly more likely to seek information about parenting after the birth than before it** (refer to Figure 28), although at both points a minority of new fathers do so (43% before and 47% after the birth):

- **First-time fathers with babies are more likely to seek help at both points** – 59% seek help before the birth, and 64% after, well above the overall average, and the situation for experienced fathers (37% before, 41% after).
- **Again we see less information seeking amongst fathers with more children** – for example, while 57% of those with one child seek information after the birth, this falls to 45% of those with two and 27% of those with three children. As with overall help and information seeking, fathers with four or more children appear to have higher need for information – 43% say they have sought information after the birth.
- **Younger fathers appear to need more support** – 56% of 18-29 year old fathers say they have sought information or help, against 48% of 30-34 year olds, 44% of 35-39 year olds, 40% of 40-44 year olds, and just 25% of 45-54 year olds.

Other groups to exhibit higher information/help seeking in the face of stressful situations include residents of capital cities (48%, against 33% in rural/remote localities, possibly reflecting differences in access to help), lower income earners (48%, against 34% of higher income earners), those with upper tertiary qualifications (52%), and CALD, indigenous, and bisexual or gay fathers (56%, 91%, and 74% respectively).

**Figure 28: Timing of seeking information about parenting**
### 6.2. How do new fathers view information and help seeking?

#### 6.2.1. How do they feel about the availability of information about fatherhood?

**Summary:**
New fathers are not rich in their praise of the availability of information that is specifically geared to their needs; they are often disappointed by the availability of targeted information that acknowledges their specific situation and needs. Location is clearly a barrier to accessing information, with new fathers in country towns and rural areas expressing the least satisfaction with the support available to them.

**Detail:**
Qualitatively, fathers were disappointed by the availability of information tailored to them. Most spoke of wanting to be an involved parent but felt that the health system and others overlooked their role and potential contribution. In addition, the lack of awareness of father-specific resources was seen to contribute to the perception that it was ‘all for the woman’.

Of interest, some fathers mentioned the need for information sources to allow them some privacy or discretion so that it wasn’t obvious that to others that they were seeking support.

> “There needs to be some discretion so that not everyone knows what you are reading.”

> “With a busy life, it needs to be quickly and easily accessed. Anything mobile based is great because it can be done privately.”

> “I search for things on my mobile so my wife can’t find what I have been looking for.”

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**Strategic Implication:**
Information provision needs to be geared to when new fathers most need and most want information and advice, and that is in the period closest to, and particularly following the birth of their first child.
New and expectant fathers in the online survey indicate a moderate level of satisfaction with the availability of information that helps prepare for fatherhood (refer Figure 29). While 56% agree that there is ‘enough information for me to prepare’, and 45% consider there to be ‘a lot of information directed at me as the father’, there are still many new fathers who don’t view the availability of information as adequate for their needs:

- **In particular, expectant and first-time fathers are more conscious of information being available** – 58% of expectant fathers and 59% of first-time fathers with a baby agree that ‘there was a lot of information directed at me as the father’, falling to 40% of experienced fathers and 34% of those with three or more children.
- More experienced fathers may talk about less access to information because a) that was the situation when their first child was born, or b) they have less need for such information now.
- **Rural fathers appear to need more access to information** – 14% of new fathers in rural/remote localities and 13% in country towns disagree that ‘enough information’ was available for them to prepare for fatherhood, compared with new fathers in capital cities and major regional centres (8% and 9% respectively).

CALD, indigenous, and bisexual or gay fathers all express above average satisfaction with the availability of information about fatherhood.

Figure 29: Attitudes to information seeking amongst new fathers

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree (1-3)</th>
<th>Neutral (4-6)</th>
<th>Agree (7-8)</th>
<th>Strongly agree (9-10)</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>There was enough information for me to prepare for fatherhood/There seems to be enough information about fatherhood</td>
<td>9</td>
<td>34</td>
<td>38</td>
<td>18</td>
<td>6.6</td>
</tr>
<tr>
<td>There was a lot of information directed at me as the father</td>
<td>15</td>
<td>38</td>
<td>28</td>
<td>17</td>
<td>6.1</td>
</tr>
<tr>
<td>I didn’t really need or want any information</td>
<td>26</td>
<td>34</td>
<td>23</td>
<td>15</td>
<td>5.4</td>
</tr>
</tbody>
</table>

E1: We would now like to talk about any information you might have sought or received when your partner was pregnant or after your first baby was born. To what extent do you agree with the following?
Base: All respondents n=1531
6.2.2. What barriers do new fathers have to help seeking?

Summary:
A keynote amongst barriers to new fathers reaching out for help and support is internalised pressure – a tendency to believe that they can and should be able to do this on their own, that to go outside the family (or even their partner relationship) is an admission of failure, and a source of shame. Internalised pressure is widespread amongst new fathers, but has cultural concentrations, in CALD communities, but also amongst indigenous new fathers.

Detail:
Across the discussion groups men spoke of feeling hesitant to seek help as it could be interpreted as a sign of weakness and an admission that they were unable to cope with the demands of fatherhood. Comments made in the online forum reinforced new fathers’ desire to be able access information discretely and independently from their partner. Their intentions were often based on a general reluctance to admit they needed support and information and a desire to not upset their partner.

“There is a ‘pride’ thing, where men think to themselves – it is my problem, I will deal with it.”

“If someone asks you, you just lie and keep going. There is always some more important stuff going on.”

“Another bloke thing is to bottle things up, not to let it out. We don’t really talk to people like women. We bottle things up and it poisons us – it kills us from the inside.”

In addition, some of those who had spoken of feeling stressed, depressed or anxious also felt there was a general lack of opportunity for them to ask for help or access support as most of this was directed at their partners.
New and expectant fathers in the online survey exhibit quite a widespread tendency towards internalised pressure that acts as a barrier to help seeking (refer to Figure 30) – they accept that challenges are ‘part of life as a new or expecting dad’ (74%), but show resistance to being seen as ‘failing’ in some way:

- ‘I don’t like other people telling me how to be a dad’ (53%),
- ‘I wouldn’t want to bother my partner’ (49%),
- ‘I wouldn’t want to admit I wasn’t coping’ (47%),
- ‘I would feel as though I was letting my family down’ (45%), and
- ‘I would be betraying my partner if I shared our problems outside the family’ (40%).

All of these attitudes suggest a widespread attitude of ‘I am the (family’s) rock’ amongst new fathers, but also an indication that they would rather go on in isolation than turn to others (‘I am an island’) – an internalised pressure on new fathers who are already dealing with considerable stress as part of their role as a father.

Those attitudes that relate to keeping the problem within the family (‘I wouldn’t want to admit I wasn’t coping’, ‘I would feel as though I was letting my family down’, ‘I would be betraying my partner if I shared our problems outside our family’) are more marked amongst CALD and indigenous fathers, suggesting that cultural factors are at work to limit help seeking in these communities:

- For example, 53% of CALD and 80% of indigenous fathers consider that a concern about ‘betraying my partner’ by sharing problems outside the family would be likely to stop them from seeking help for problems or issues as a new father.
- Similarly, 55% of CALD and 79% of indigenous fathers have such a concern about admitting that they weren’t coping.

In general, these barriers to help seeking tend not to affect fathers at different stages of fatherhood (pregnancy, first child, experienced) differently, with one marked exception:

- 59% of fathers of children aged under one consider it likely that they would be deterred from help seeking by a concern that ‘I wouldn’t want to bother my partner’ at a time that they had enough to deal with – in comparison, 48% of fathers of toddlers were concerned with this.
6.3. What sort of information do new fathers want?

6.3.1. Where do they prefer to get information and support about fatherhood?

Summary:
New fathers opt for a mix of personal (partner, family, friends) and remote (internet) sources of information; these suit the types of information and advice they need at different points in the fatherhood journey, and what they trust and feel most comfortable with.

Detail:
Across the discussion groups fathers spoke of how their relied on their partners for information and support. This highlights their general tendency to be reactive about seeking information, that they often lack confidence about their role and capability, and their perception that most information is directed to the mother.

Strategic Implication:
Any efforts to increase help seeking by new fathers at risk of psychological distress will need to recognise the centrality of internalised pressure as a barrier to action by the fathers. The set of attitudes that define internalised pressure need to be understood, acknowledged, and directly addressed by interventions.
Information searches on the internet were also commonly mentioned source of information, with topics typically focused upon issues such as sleep, health conditions and ways to support their partner.

Following a traumatic birth or emergency caesarean fathers were left feeling unsure about the situation and were often left with unanswered questions that affected them for a significant period after the birth. This highlights the need for a comprehensive face to face debrief by medical staff to both the mother and father that clearly explains what had happened and why.

“There needs to be someone to talk to after the birth. My husband was very traumatised as I almost died. They said to him ‘You have to choose who you want to be with – your wife in intensive care or your baby in the nursery.’ ‘I had a retained placenta and had to be rushed to theatre. He was just given my daughter and I was gone for three and a half hours – he had no idea what was happening.’”

In the online forum there was a distinct preference among new fathers for digital information that could be accessed as required or in relation to specific situations. New fathers spoke of feeling overwhelmed by the amount of information given to them either before or directly after the birth, and many were frustrated by the lack of clear, easy to access father-specific information that addressed concerns experienced in the early months of their child’s life.

Findings from the online survey suggest that new and expectant fathers prefer to access information from a mix of sources (refer Figure 31) – DIY (such as a website – 49%), health professionals (41%), and close family (including their partner – also 41%). They are less enthusiastic about other sources that are more removed from their immediate personal situation – friends, and communications received via email, text messaging, or brochures.

In terms of fathers at various stages of their experience of fatherhood, there are no particularly strong differences in these preferred information sources, either in terms of order or level of preference.
New fathers participating in the online forum were very positive about the value and structure of beyondblue’s *Dad’s Handbook* available via the organisation’s website and downloadable in PDF format. Generally the information was viewed as relevant, well organised and not too overwhelming or too detailed. Recommendations for how resources could be enhanced included the use of photographs of culturally diverse fathers, the use of humorous or light-hearted pictures, links to more detailed information or specific topics, greater coverage of relationship issues and how to maintain a healthy relationship’, and the use of case studies to illustrate different experiences of fatherhood.

### Strategic Implications:

Online information provision will continue to be of primary importance, but the scope to get better at delivering information in situ at key events (e.g. following a traumatic birth) certainly exists.

#### 6.3.2. What sort of information do new fathers want?

**Summary:**
The specific information that new fathers appear to want and need most relates to what is most pertinent to them personally; they have a confidence that the mother will know or receive the information they need. Their needs focus on the practical, in terms of ‘how to’ guidance, and information that increases their confidence that they are actually prepared for what is happening around them, and helps them address stress when it arises.

**Detail:**

---

Figure 31: Preferred sources of information and support about becoming a parent

- From a website: 49
- From a health professional: 41
- From family: 41
- From my partner: 41
- From friends: 28
- Via email: 19
- Through a brochure: 18
- Via a text message: 7
- None/Don’t know: 1

F: What are the top three ways you would prefer to get information and support about becoming a parent and being a new dad?
Base: All respondents n=1531
In the discussion groups and online forum fathers commonly spoke of looking for practical ‘dad-specific’ information about how to care for a baby (how to hold, dress, bath, change nappies etc.) and how to support their partner who might be depressed, anxious or struggling with the demands of looking after a baby. Many recommended that the information be presented according to different stages of a baby’s development and age, rather than being presented en masse or by topic. This fits with fathers’ predisposition to reactive rather than proactive information searches.

Upon reflection some fathers indicated that preparatory information about fatherhood specifically would have been useful and would have ensured they were more equipped for the changes that take place after the birth of a child.

“The primary information needs of new and expectant fathers identified by the online survey tend to be geared to what is of most direct pertinence for the father (refer Figure 32) – practical information on looking after your baby (58%), how to cope with the stress of parenting (56%), and being a new parent (52%). Of secondary importance is information about the partner’s health, labour and the birth, and pregnancy (32-42% nominate these areas). Fathers may be assuming that it is up to their partner to seek out information about these aspects.

As seen in relation to preferred sources of information, there are no particularly strong differences in preferred sorts of information between fathers at different stages of fatherhood, with the exception of expectant fathers, who are:
• More interested in information about the pregnancy (40%, against 32% of all new fathers), but
• Considerably less interested in information about parenting – how to look after your baby (41% against 58% overall), coping with the stress of parenting (40% v 48%), and being a new parent (37% v 53%). This suggests that these expectant fathers may be delaying such broader information seeking until closer to the actual birth.

Figure 32: Most helpful types of information for new/expectant fathers

Strategic Implications:
While new fathers focus on practical guidance, they display a clear desire to know more about how to cope with the stress of parenting; while this can come from personal networks, it represents an important component of any formal information resource development.
6.4. What sort of interventions do new fathers favour?

6.4.1. Which specific interventions would they consider?

Summary:
Two key requirements have been identified in terms of the reactions of new fathers to possible interventions: that they occur at key points in the pregnancy and period following the birth, and that they offer the opportunity for fathers to come together in the same way that mothers do, to share and learn together. This latter direction indicates that new fathers want to be provided with help and support both with their partner and on their own, as is appropriate to the nature of support they are seeking. Timing interventions with key events such as ultrasounds or the actual birth needs to involve the father as co-partner, and not just a ‘tag-along’.

Detail:
The times when fathers are actively looking for information coincide with specific points during a pregnancy and after the birth of a child when they are open to receiving advice and support about how they are feeling and their role as a father. Typically these are when they are interacting face to face with a health professional – at ultrasounds, during ante-natal classes, at the hospital for the birth and at Maternal Child Health appointments.

“I wouldn’t have a problem going to a fathers group but I would like to be included in the initial stages as well.”

The concept of a locally based fathers’ group that is organised in parallel with their partner’s mothers group was also generally well received, though there was some acknowledgement that attending these would be difficult at first and most would rely on strong encouragement from their partner.

“You mentioned having a support group for males you would not go to, but I think I would... it is the emotional pressure, my wife internalises so she stays up late and sleeps in late... I have seen a psychologist...”

“My wife is a part of the mothers group which is from the maternal health nurse... they mentioned there was a bbq for the other fathers but I keep asking Marlo when the bbq is but it never comes up... there is nothing like that for guys, but if there was a group on a Saturday or Sunday and you could meet other guys that have babies in that time and have a couple of beers and sausages and have a chat... this is the first time I’ve met people who are going through the same thing, and this group is actually therapeutic because people are going through the same thing... your mates do ask you how you are going but it’s usually about the mother.”
The concept of fathers groups was explored in detail in the online forum and received solid support. Participants were open to participating in a locally based, informed father’s group that provided them with the opportunity to meet other dads in a similar situation with whom they could share their experiences and potentially learn new skills or support one another.

“There was a group for just mothers so yeah I think there is a room for just fathers— even just to validate that you are involved as well.”

“There was no question and answer session to make me feel comfortable. Dad anxiety...”

“In an ideal world there would be some sort of community centre setting where there would be something to do for the mums and the kids you know and the dads had a room where they could go for a yarn and a coffee.”

“Sharing experiences is the best option, it makes you realise that everything is normal.”

“Speaking and healing about the challenges we are all facing.”

“I really like the idea of dads groups. Being able to discuss problems, milestones etc. with other guys has been fantastic for me. Three guys at work all have newborns.”

For most, a fathers group that mirrors the mothers groups co-ordinated by local councils is logical. The scheduling of these groups needs to be cognisant of that most fathers will only be free to attend outside typical working hours or on the weekend.

“Much in line with mothers groups, through community centres etc. would make sense, might help with Dads feeling left out ... SIGN ME UP!!!”

The qualitative research also highlighted the need for dedicated contact with new fathers between 2 and 6 weeks after the birth – as this is when they are at significant risk of depression and anxiety. Contact from a health professional or support person who they had some relationship with or who they had met during the course of their partner’s pregnancy or at the hospital was seen as ideal. The key
is that fathers are not left to initiate contact and that they feel able speak honestly, be able to ask for support and be directed to relevant information and advice.

“It needs to be taken more seriously because it tends to be shrugged off. Blokes are really good at pretending to be OK and that doesn’t help. Can’t rely on men to take initiative to ask for help for themselves.”

“In all honesty, it would be good if there was an AA set up were guys could just go in and talk shit.”

When presented with a broad range of possible interventions to help support new fathers, participants in the online survey displayed considerable interest in most of the options – of 11 interventions, six of them attract at least 50% consideration if they were finding the stress of parenting or the pregnancy ‘a bit much’ (refer Figure 33).

Figure 33: Consideration of possible interventions that support new fathers
While the most popular option – information about managing the stress of parenting (63% would consider this) – is quite broad in what it might cover and how it might be delivered, the next two most considered options represent interventions at key points in the pregnancy, namely during pregnancy scans and pre-natal classes.

While the overall results suggest that there is broad interest in all of the interventions, each attracts its own band of potential followers:

- Across all interventions there was greater interest from three sub-groups of fathers:
  - First-time fathers, and particularly if their child is still aged under one,
  - Those in capital cities, and
  - Upper white collar workers and upper tertiary qualified.

- ‘Meeting a bunch of local dads for a beer once a month’ also appeals disproportionately to younger fathers – 56% of 18-29 year olds, falling to 32% of 45-54 year olds.
  - A similar pattern exists for ‘A ‘being a dad’ online game or tool to teach you some practical tips’ (considered by 57% of 18-29 year olds, but only 36% of 45-54 year olds) and ‘text messages with links to fathering information from a parenting organisation’ (44% of 18-34 year olds, falling to 27% of 45-54 year olds).

- ‘Information about managing the stress of parenting’ has a particularly strong appeal to:
  - First-time fathers whose child is still aged under one – 75% would consider this, and
  - Those who have experienced stress during the pregnancy or parenting – for example, it would be considered by 75% of those who have sought help for stress, 80% of those scoring higher on the K-10 Depression/Anxiety scale, and 75% of those with any personal experience of depression or anxiety.

Fathers in the online forum provided some interesting context for a potential program to help parents prepare for the birth of their child. Some of the participants noted that a session of this nature would be best after the baby was born, rather than before. This reinforces findings that highlight the reactive nature of information seeking behaviour among new fathers and the belief that preparation for fatherhood is difficult as few can comprehend or understand the quantum of change that occurs.
“Prefer the bulk of it after the birth. Reason being that you don’t really know what is involved until you experience it, and you won’t really know what is required to do until you are in it.”

“After birth, every pregnancy is different and it’s no use accessing programs prior to birth if you don’t know what specific issues, problems might occur when the child is introduced into the family unit.”

“There would be too much to absorb and process if this was part of the antenatal classes”

**Strategic Implications:**
Interventions can usefully tap into shared experiences (e.g. ultrasounds and the birth), to increase the inclusion of new fathers and increase their comfort and confidence. Fathers-only events will achieve similar outcomes through a different, less instructional route.

### 6.4.2. What might stop them from accessing information or support?

**Summary:**
While new fathers cite the more obvious barriers to accessing information and support, such as a lack of time or energy, there is a prevailing theme of discomfort that runs through many of their responses – concern that showing up at a support group is an open declaration of weakness, or even a sense that they are betraying their partner or family by even needing support. In addition, structural impediments exist, such as a lack of local access or the time and cost of travelling to access support for those fathers living in rural areas.

**Detail:**
Pride and the expectation that asking for help is a sign of weakness were cited by fathers in the discussion groups as the most significant barriers to them seeking information and support.
“A guy isn’t supposed to hang out with his mates and start crying. It isn’t easy for guys to share their problems.”

“Men find it very difficult to ask for help – it is not being a ‘man’ and not living up to your responsibilities”

“For me, and probably most blokes, it is really, really hard to ask for help because we are expected to be the strong ones, admitting you need help is hard.”

“Another bloke thing is to bottle things up, not to let it out. We don’t really talk to people like women. We bottle things up and it poisons us – it kills us from the inside.”

Feeling excluded by health professionals and other sources was also mentioned as a barrier to seeing help and support, and this perpetuated fathers primarily relying on their partners for information and to encourage them to access support.

Some men in the groups spoke of having to support their partner and, therefore, felt as if they were unable to seek help for themselves as this would overshadow the impact that having a baby had had on her physically, emotionally and socially. For these fathers, it was important they were ‘the rock’ and put their needs secondary to the needs of their partner and baby.

New and expectant fathers in the online survey **focus on availability of time and energy as primary barriers** to accessing possible information and support as a new dad (refer Figure 34), with around three in ten mentioning time constraints, and one in four saying that they ‘don’t have the energy after work’. The other key areas that are likely to act as barriers to take-up are:

- **Discomfort:**
  - ‘I wouldn’t feel comfortable forefronting up the first time on my own’ (mentioned by 32% of upper blue collar workers but only 16% of lower blue collar workers),
  - ‘I wouldn’t feel that I would fit in’, and
  - ‘I don’t know how my partner would feel about it’.

- **Structural impediments**, such as:
  - ‘I’d be concerned if I might not be able to afford it’ (mentioned by 26% of low income earners and 24% of middle income earners),
- ‘Not available in my area’ (mentioned by 34% of fathers in country towns and rural/remote localities, against 15% in capital cities and major regional centres), and
- ‘I wouldn’t be able to get there’ (mentioned by 20% of indigenous new fathers, and 14% in rural/remote localities).

Figure 34: Barriers to new fathers accessing potential interventions

Strategic Implications:
Interventions that involve bringing new fathers together will need to counter any suggestion that turning up is an admission of failure. They will need to turn the focus to the positive strength of making yourself a healthy father who will be able to give his children (and partner) the best he can give.
6.4.3. How do they respond to branded interventions?

Summary:
Both a father’s education group and a parents’ preparation course garner support from new fathers, with a preference for such interventions to be delivered by beyondblue over Movember. However, this latter finding is somewhat misleading, since even beyondblue is not seen as ‘the right fit’ by new fathers, because of its negative associations with those experiencing acute psychological distress. New fathers, in the main, do not see this as being their own situation, and therefore may feel remote from an intervention carrying the beyondblue brand. Alternatives, such as the Man Therapy brand, may prove more appealing to the broader group of new fathers.

Detail:
For most fathers in the discussion group and online forum beyondblue was not a correct fit with providing information about how to cope with the stresses and challenges of fatherhood. This view was primarily anchored in a perception that beyondblue is for people with ‘problems’, those experiencing acute depression or anxiety.

“My perception of beyondblue is that it is for mental health concerns and might not think of looking here when wanting to find general parenting information.”

“I can’t say I have thought in the past that they (beyondblue) would deal with new fathers thought, more depression.”

“Most fathers don’t see their issues as mental health ones.”

“There were times I wished there was someone I could talk to but there was no one – maybe someone from beyondblue, but we aren’t talking about depression. It is more about how to deal with the stress of having a newborn.”

“beyondblue is hardcore: and what we are talking about isn’t actual depression.”

33 For the survey, Movember branding was simply used as a control against which the strength and appropriateness of the beyondblue branding could be tested. Movember was not at this point being considered as a potential provider, simply an alternative brand in the men’s health space that survey participants could consider against beyondblue.
There was some sense that Man Therapy was more appropriate to such interventions and they generally felt that it would be credible for messages and programs to be delivered or promoted under this brand.

“I know who could do it, who is that guy on the TV with the jacket and pipe. You know the one that talks about men’s business.”

While some mentioned Movember as a potential sponsor of the program, this perception was not widespread.

As part of the online survey, participants were presented with one of two possible interventions – a father’s education group, and a parent preparation course – with the option of this being delivered by either Movember or beyondblue. They were asked:

- How likely they would be to go to the intervention allocated to them (Figure 35), and
- Which organisation would make them more likely to consider going (Figure 36).

The findings show that both approaches attract very similar levels of consideration amongst new and expectant fathers:

- Around four in ten would probably or definitely go to such a group, and
- 21% in both cases would probably or definitely not go.

These are not ringing endorsements for either approach, but nor are they dismissive. The greatest enthusiasm for the interventions lies with particular groups:

- **Father’s education group**
  - This is of far greater interest to **those closest to the birth and first year of life** – 54% of expectant fathers and 52% of first-time fathers with babies would consider going, and indeed, 22% of the latter say they would **definitely** go. It is of far less interest to experienced fathers (34%) and fathers of toddlers (also 34%).
  - New/expectant fathers at **high risk of depression/anxiety** show very high interest – 70% would consider going, and 39% would definitely go.
  - **Younger fathers** – interest falls from 49% of 18-29 year olds to 28% of 45-54 year olds.

- **Parent preparation course/group**
  - As with the father’s education group, **those closest to the birth and first year of life** show significantly more interest – 48% of expectant fathers and 58% of first-time fathers with babies would consider going, with 26% of the latter saying that they would **definitely** go.
o New/expectant fathers at high risk of depression/anxiety also show very high interest in this option – 72% would consider going, and 40% would definitely go. In contrast, only 32% of those at lower risk express interest.

o Younger fathers – this follows an extremely similar pattern to the father’s education group, with interest falling from 49% of 18-29 year olds to 26% of 45-54 year olds.

Figure 35: Likelihood of considering the branded interventions

A father’s education group, where fathers go with their child to learn skills as a new dad with other new fathers from their local area

A parent preparation course/group, where dads and their partners would go to learn about what it’s like to be a new parent, and how to manage potential changes in the relationship

<table>
<thead>
<tr>
<th>Would definitely not go</th>
<th>Would probably not consider going</th>
<th>Might or might not go</th>
<th>Would probably consider going</th>
<th>Would definitely go</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>14</td>
<td>41</td>
<td>27</td>
<td>11</td>
</tr>
<tr>
<td>5</td>
<td>16</td>
<td>38</td>
<td>29</td>
<td>13</td>
</tr>
</tbody>
</table>

FO: And how likely do you think you would be to actually go to this group/activity if it was offered in your area?
Base: All respondents n=1531

There is a strong preference for beyondblue as the delivery organisation for either intervention, by a factor of around 2:1 against the alternative of being delivered by Movember34.

- This preference for beyondblue is particularly strong amongst new/expectant fathers who have experienced depression and anxiety – 81% for the father’s education group and 80% for the parent preparation course/group.

- However, a brand with a younger, “less serious” profile such as Movember, is more strongly preferred for delivering the parent preparation course/group amongst younger fathers – 40% of 18-29 year olds, against 30% of all fathers. For the father’s education group the reverse is true – 45-54 year olds prefer Movember, against 35% of all fathers.

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34 As mentioned earlier, the aim with this exercise was to measure the strength of beyondblue branding for the interventions, not Movember. Movember was simply included as a comparison point.
In the online forum, it was evident that there is not currently one particular organisation that is well positioned to adopt the role of ‘Champion of Dads’. Indeed, the outcomes of both the qualitative and quantitative components of this research indicate there is a strong need to develop a new brand or sub-brand that is a credible provider of information and advice to support fathers with their role and responsibilities.

While the Man Therapy website was generally liked by participants in the online forum, to position Healthy Dads under this campaign was seen to assume that dads primarily need help not information.

**Strategic Implications:**

Any branding of interventions of this nature will need to carefully consider the negative associations of the (beyondblue) brand with “people who need help”. A distinct branding for the new father interventions may be necessary.
6.4.4. Feedback on communication materials and resources

Summary
New fathers have a distinct need for information that provides them with tactics and strategies for dealing with the challenges that life with a new baby brings and the change in their relationship with their partner. Raising awareness of the prevalence of PND is important as it has the potential to normalise ‘Dad Stress’ and increase fathers’ preparedness to look for help, information and advice. Communications should incorporate elements of humour, be specific to the different stages in a baby’s life and provide case studies that illustrate the positive outcomes that can come from seeking support.

Detail
Online forum participants were asked to evaluate beyondblue’s Man Therapy website and Dad’s Handbook to determine the appropriateness and appeal of the resources and their potential to be further developed as a go-to resource for new dads.

Overall, the Man Therapy site was very well received, participants noted that it was easy to navigate and most appreciated the humour and light heartedness with which serious issues were tackled. While specific section or link for fathers and fatherhood was seen as important, some were hesitant to see fatherhood so clearly aligned with ‘therapy’.

The Dad’s Handbook was also well regarded by those participating in the online forum, it was perceived as relevant, well organised and comprehensive without being overwhelming. The inclusion of humorous images and more information on how to maintain the relationship and intimacy with their partner after the birth of the baby were two notable recommendations.

Feedback in both the discussion groups and online forum provide clear direction for the type of information new fathers are looking for and guidance for how this can be effectively presented:

- Father’s enjoy the use of humour and humorous photographs and illustrations in communications and information materials. For many the use of these provided some light hearted relief to serious information and was a reminder that while fatherhood could be challenging it should also be joyous.

- Fathers have a strong preference for simple, solution-orientated information and advice. – “We want the raw facts, not sugar coated.”
• The solutions-orientated information should focus on issues relevant to different stages of a baby’s life and support specific issues or challenges that typically face new fathers – for example, surviving without sleep, dealing with a crying baby, how to support your partner, what to do in an emergency, and signs of post-natal depression.

• The following statements received the strongest support for use with new fathers in campaigns raising awareness of PND or Dad Stress:

  ✓ Support your mates through tough dad moments.

  ✓ Being a dad can be tough, it takes strength to ask for help.

  ✓ Great dads are more than just breadwinners – Though this was noted as being not entirely politically correct as some fathers are not the main income earner and there was some comment among men that this statement had the potential to alienate women.

• Promoting the percentage of PND among new fathers, or simply the proportion of new fathers who feel stressed and overwhelmed, was generally viewed as important and a good anchor to new campaigns that could normalise the experience.

• Case studies can be developed to accurately portray the journey of fatherhood and illustrate the challenges that father’s experience. The case studies could portray men who have experienced PND and who have sought support which has led to a positive outcome.

**Strategic Implications:**
Communications should acknowledge and raise awareness of the stress that most men feel when they first become a Dad. New fathers will respond well to tailored information that provides tactics and strategies for dealing with the challenges of life with a baby and the changes in their relationship with their partner.
7. CONCLUSIONS & RECOMMENDATIONS

7.1. Key Insights from the Research

Men experience significant internalised pressure in their role as fathers

While fatherhood is a time of great joy and happiness, men can feel overwhelmed by the need to be the financial and emotional support of their family and the sacrifices they have to make in their new role. The internalised pressure that new fathers face encompasses feelings of pride and self-sufficiency, a reluctance to share pain with their partner, shame with feeling they are unable to cope with challenges such as a lack of sleep, juggling work and family commitments and the stress of fatherhood, and a sense that they need to be ‘the rock’, and ‘man up’ and bear the weight of their responsibilities without the support of others.

New fathers are at the greatest risk of psychological distress

First time fathers whose child is still under one year of age experience high levels of stress as they transition into their new role and deal with the disruption of life with young baby and the juggling of their commitments. This segment of fathers are the most at risk as they have both high psychological distress and low resilience, they are also likely to see their own feelings and experiences as less important than their partners. Finding and connecting with first-time fathers, particularly those with close personal experience of depression and anxiety and indigenous, CALD and bisexual and gay fathers, and supporting them in their new role is of critical importance.

New fathers have a superficial and incomplete understanding of PND and who it can affect

While fathers are exposed to such high risk of psychological distress they exhibit a limited understanding of paternal ante/postnatal depression and there is a broad lack of awareness that PND can affect men as well as women. In addition, the negative view that new fathers hold towards ante/postnatal depression and anxiety is damaging to themselves and their peers as it is perceived as a weakness, something to hide and feel defensive about.

Men do not want to identify ‘dad stress’ with depression and anxiety

The negative attitudes towards depression and anxiety generally, and specifically towards PND among fathers, present a significant barrier to men seeking help and support in their role as fathers. As men are more open to acknowledging the challenges and stress of fatherhood positioning PND among fathers as ‘dad stress’ is likely to work more effectively.

The partner relationship is of critical importance and facilitates access to support and information

Having a child deepens the relationship between parents, but is also changes it fundamentally. Those relationships that are aware of the challenges that lie ahead, and who have planned and negotiated their roles and responsibilities prior to the birth, fare better than those who are less prepared. A strong
partner relationship can also create a positive pathway for new fathers to access support and advice. These findings highlight the importance for couples to be given the tools to meet the challenges of parenthood together, to support each other and their relationship, and to short circuit partnership stresses.

**Fathers tend to seek information reactively and rely on their partner to be a conduit for advice and direction**

New fathers are open to seeking help and information, but tend to ‘learn as they go’ and seek information specific to the challenge they are currently facing. There are key points in the pregnancy and soon after the birth that new fathers are especially primed to receive practical information and advice relating to their role, experiences and feelings, how to care for a baby and how to support their partner. Online or digital information is highly valued as it can be accessed discretely and is available 24/7.

**Fathers show a general lack of satisfaction with their engagement with professionals and the availability of father-specific support and advice**

There is a sense that men feel somewhat remote from the pregnancy and restricted in their new role as a father as the majority of information and support is directed towards the mother. First time fathers generally wish they knew more about parenting they had timely access to father-specific information and more visibility in the eyes of the healthcare system.

### 7.2. Some Context: Insights from the Knowledge Audit

**Initiatives and resources**

In addition to reviewing the literature and specialist insights into the experience of psychological distress amongst new fathers, the knowledge audit also explored a number of programs and initiatives that have been trialled in Australia and overseas, and possible programs that could be developed to support new fathers’ mental health and wellbeing. The key insights from that part of the knowledge audit are briefly summarised in the following section, together with relevant conclusions from the qualitative and quantitative research components of this project.

**Fathers support groups**: Evidence for the impact of fathers’ groups is mixed, and stakeholders identified that recruiting men to groups may be challenging if they are positioned just as ‘support groups’ - they will respond more positively to information on their role as new fathers, such as what to do about a crying baby. Even when they have been recruited to a group, it may be difficult for new fathers to commit to ongoing sessions. New, and even expectant, fathers are typically time poor, and may struggle to find the energy to engage. The current research found a reasonable level of interest in fathers’ groups, particularly amongst those closest to birth and the first year of life, and amongst those at higher risk of depression/anxiety.
**Purpose driven groups:** Men tend to value peer-group learning and task-based activities, incorporating observable outcomes and results. Previous research showed that men find it easier to talk over a shared sense of purpose\(^35\).

**Antenatal classes/parent education groups:** Burgess (2006) found that the impact of traditional antenatal classes (where both mothers and fathers attend) is mixed – any benefits are hard to demonstrate and fathers tend to be dissatisfied with them\(^36\). Father specific groups may have more traction – fathers value the opportunity to discuss fears and roles, learn from others, and ask otherwise embarrassing questions\(^37\). New fathers participating in the current research demonstrated clear interest in education sessions directed at both parents, with the same skew towards higher interest amongst expectant, first-time/first-year, and younger fathers, as well as those at higher risk of depression/anxiety. However, there was some enthusiasm for taking the fathers out of the co-parent group, and allowing them to learn and share together with other fathers.

**Father directed education:** Habib (2012) identified that information (via email and internet) that is father-focused on the father–child relationship is more likely to be used and have a positive impact on fathers’ parenting behaviours.

**Family/Couple interventions:** There also seems to be a role for family focussed, or co-parenting initiatives, as well as father specific programs\(^38\). Some organisations argue that prevention and intervention efforts need to focus on the couple and family, not just individuals\(^39\). Co-parenting initiatives are proposed by stakeholders as a way to reduce both maternal and paternal depression. They are seen to achieve this by helping parents understand how to handle conflict, discuss the type of parents they want to be, negotiate roles and responsibilities, and ultimately reduce stress. This need (and desire) for co-parent interventions where the father was fully included in the discussion came through strongly in the current research, and once again this was most concentrated at the early stages of the fatherhood process.

**Encouraging father inclusive practice:** Stakeholders suggested there is a need for incorporating father inclusive practices into the course structure for GP training, nurse training, and midwifery – this not only ensures that fathers are considered, but sends the message that their role is important. The current research found that new fathers, and particularly expectant fathers, found themselves to be remote from the conversation with health professionals; they wanted a discussion that was more inclusive and that acknowledged their lower levels of knowledge and their different needs for information and support in the lead-up to fatherhood.

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\(^35\) Hall & Partners|Open Mind (2014), Men’s Social Connectedness, research undertaken for beyondblue

\(^36\) ibid

\(^37\) Habib, 2012

\(^38\) Burgess, 2006

\(^39\) Best Start Resource Centre, (2012) Engaging fathers in programs for families
There are also a number of broad guidelines gleaned from the audit and stakeholders to consider when developing programs and initiatives; these were confirmed by the qualitative and quantitative research. These barriers and facilitators highlight both the challenges organisations can face when attempting to engage fathers, but also the steps to facilitate involvement in father/parenting initiatives. These barriers and facilitators are outlined in the table below.

<table>
<thead>
<tr>
<th>Barriers to engagement</th>
<th>Facilitators to engagement</th>
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</thead>
<tbody>
<tr>
<td>1. Finding time to attend programs</td>
<td>Ensuring staff are ‘father-friendly’</td>
</tr>
<tr>
<td>2. Not convinced of the value of the programs</td>
<td>Considering Dads-only programs</td>
</tr>
<tr>
<td>3. The environment- it may be too crowded, or feminine or intense</td>
<td>Ensuring a father-friendly environment</td>
</tr>
<tr>
<td>4. Having the programs at appropriate times (e.g. weekends/weekdays)</td>
<td>Encouraging proactive one-on-one contact and follow up</td>
</tr>
<tr>
<td>5. Biases against fathers in programs (feel they are seen as optional extras)</td>
<td>Being goal-orientated/focus on teaching</td>
</tr>
<tr>
<td>6. Cultural influences (e.g. CALD or indigenous status)</td>
<td>Providing timely information (particularly during pregnancy and the first year of the child’s life, as well as around key contact events, such as scans or traumatic births)</td>
</tr>
<tr>
<td>7. Location (e.g. in rural areas with less access to services and support)</td>
<td>Encouraging ownership of the group</td>
</tr>
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</table>

Engagement and Communication

The audit covered engagement and communication, providing insight on the opportune times to reach new fathers, and the language most helpful in encouraging engagement.

In general, men are less likely than women to seek professional help, including for mental health concerns. Traditional masculine norms, such as emotional control and self-reliance, can be barriers to seeking help, along with the stigma attached to mental health difficulties40.

Rather than waiting for men to seek help at crisis point, there are opportunities to proactively reach new fathers;

40 Price-Robertson, 2015
• Berlyn, Wise & Soriano (2008) found that men were more open to receiving information about parenting after birth\textsuperscript{41}.

• Stakeholders argue that most fathers attend the first ultrasound, and receiving information from sonographers may be a good time to provide information and ensure they feel included.

• Mothers could be better used as an avenue to reach fathers, as they are in contact with the public health system, and are in a position to pass on information.

Research has found a number of principles around communicating to women about perinatal depression and anxiety\textsuperscript{42}, and it is likely many may also apply to men;

• Communication about being overwhelmed and unable to cope is stigmatised, and unlikely to encourage mothers to reach out. Likewise associations with mental illness can act as a deterrent.

• Alongside stigma is guilt with admitting they are unable to cope – any representation of the ‘ideal of motherhood’ is likely to further guilt and shame and add to any reluctance to seek help.

• Mothers with perinatal depression and anxiety see themselves as being outside of the depression and anxiety space, rather identifying as prenatal/new mothers and as such they are unlikely to respond to general depression and anxiety communications.

For men, stakeholders recommend using practical, purpose led, information that is to the point, as well as using ‘strengths based language’ which emphasises fathers’ existing skills, and acknowledges their status as important people in the lives of their children\textsuperscript{43}.


\textsuperscript{43} Berlyn et al, 2008
7.3. **A Framework for Communications**

The following are key elements for a future communications framework targeting fathers:

1. Use the term ‘Dad stress’, rather than PND. While it is important to build awareness of the prevalence of PND among fathers and mothers so that it is normalised, men do not associate PND with their own experiences and see depression and anxiety generally as a sign of weakness.

2. Take the opportunity to provide father-specific information in situ when fathers are interacting with the health care system and are the most open to receiving relevant and tailored information – ultrasound appointments, ante-natal classes, in hospital during and after the birth and at material and child check-ups should be capitalised upon.

3. Use humorous words, concepts and images to punctuate communications. Light heartedness has appeal and balances the feelings of pressure and seriousness.

4. Provide tactical and practical strategies for coping with stress, depression and anxiety. Fathers have a preference for information that is simple and solutions-based.

5. Dads see themselves as needing support and information, not help. If they needed help this would infer they are not coping and failing in their role.

6. There needs to be widespread acknowledgement of the challenges of fatherhood. Promote messages such as ‘being a dad can be tough’, ‘it takes strength to get support’, and ‘mates should support each other’.

7. Online and digital resources provide dads the opportunity to privately access information and support 24/7. Promote father-specific resources that offer practical solutions to surviving without sleep, dealing with a baby’s crying, how to change a nappy and bath a baby, supporting your partner, recognising the symptoms of PND and managing the stresses of fatherhood.

8. Internalised pressure and barriers to help seeking are more pronounced among low socio-economic and less educated fathers, communications need to be positive, non-technical, casual and avoids any suggestion of weakness and failure.
7.4. **Recommended interventions**

The clear message that has come through both the knowledge audit and the three stages of primary research is that there is limited acknowledgement that fatherhood can be challenging. This is in the face of what have been sweeping changes in the role and expectations that now surround fatherhood. The norm has continued to be a focus on supporting women through pregnancy and after the birth in their transition to the role of mother. Men have not been consistently or widely regarded as a co-parent, with their own distinct needs for information and support. Any development of an intervention strategy must start by acknowledging that we are starting from a low base.

In designing our recommended approach, we have been guided by two key perspectives on fatherhood and the need for support and intervention:

1. The stage of fatherhood as demonstrated by the 3 segments identified by this research – *In the dark*, *Trainer wheels*, and *The other side*; and
2. The specific point in the fatherhood transition at which interventions might be appropriate.

This has led us to recommend a strategic framework that has two distinct roles for beyondblue corresponding with the magnitude of change that we are recommending:

- **Firstly**, there are changes that beyondblue can play an influencing role only, working with other stakeholders in the area of paternal ante/postnatal depression and anxiety to move towards medium and long-term shifts in the paradigm around how fathers connect with the healthcare system.

- **Secondly**, there are actions that fall within beyondblue's natural area of operation, and which represent refinement and enhancement of current activities. These will clearly be able to work within the current healthcare context, but will also be relevant as the way fathers interact with and are treated by the healthcare system changes over time.

Our recommendations are structured around these different levels of intervention and the two parameters mentioned above (the stage of fatherhood, and the specific point of the fatherhood transition). This leads to recommendations around what sort of intervention is required to address the specific needs of a particular segment at a particular point in the fatherhood journey. Adopting this approach enables the opportunities to connect with fathers to be clearly identified, as well as the nature of the intervention that most suits that combination of fatherhood segment and where they are in the journey.
Strategic framework: Segment 1 - In the dark

<table>
<thead>
<tr>
<th>When should it happen?</th>
<th>What is the specific need?</th>
<th>How is this to be addressed?</th>
<th>Who should deliver it?</th>
</tr>
</thead>
</table>
| 1st trimester          | Expectant fathers feel a combination of joy and anxiety; their need is for reassurance and information on how to support their partner | Targeted information available as part of a broader online resource for fathers. Specific information needs include:  
  - the impact pregnancy has on their partner’s body – what to expect, and how to support them  
  - preparing to manage the financial pressures of parenting – reduced income, increased and unknown expenses  
  - managing anxiety and stress – understanding what lies ahead, and accessing a toolbox of simple and effective coping strategies | The Dad’s Handbook provides a good framework for this, but it cannot be delivered under the beyondblue branding. Consider establishing a distinct Healthy Dads sub-brand to provide the umbrella for this and other activities. |
<table>
<thead>
<tr>
<th>When should it happen?</th>
<th>What is the specific need?</th>
<th>How is this to be addressed?</th>
<th>Who should deliver it?</th>
</tr>
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<tbody>
<tr>
<td>20 week scan</td>
<td>Typically their partner is feeling better, intimacy is returning, the pregnancy is showing physically, which leads to pride and excitement. The pregnancy is now more real to the fathers, and they need support in preparing for their impending role.</td>
<td>A leaflet, available in situ at the ultrasound facility, that visually appeals to and talks to fathers, and directs them to an online resource or app where they can access the detail they need when they need it.</td>
<td>Should be available to medical professionals and ultrasound facilities to be delivered directly to expectant fathers. This would sit most comfortably under the suggested Healthy Dads sub-brand.</td>
</tr>
<tr>
<td>Antenatal classes</td>
<td>Fathers are actively preparing for birth and parenthood, with their partner, but in the vicinity of other fathers. Their need is to be given a clear picture of what the early stages of fatherhood look like, and the changes that will happen in their relationship and their life.</td>
<td>Within the combined group of parents, the focus must shift from mother and baby-centric to a co-parenting approach. However, there is also a definite need for a fathers-only session that gives fathers the tools and the confidence to step up to be a co-parent. The emphasis should be on the emotional and relationship aspects rather than the mechanics of birth and looking after a baby (e.g. changing nappies).</td>
<td>Should be delivered at hospitals, with the fathers-only component delivered by a man. The program and information would be supported and promoted by the Healthy Dads sub-brand.</td>
</tr>
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</table>
### Strategic framework: Segment 2 – Trainer wheels

<table>
<thead>
<tr>
<th>When should it happen?</th>
<th>What is the specific need?</th>
<th>How is this to be addressed?</th>
<th>Who should deliver it?</th>
</tr>
</thead>
</table>
| Birth                  | First-time new fathers need to know how to care for a new baby. They also need the tools to support their partner and themselves, both physically and emotionally, as individuals and as a couple. | - Father-inclusive practice at hospitals to ensure fathers are given the same degree of information about how to care for their baby – specifically feeding, settling, bathing, dressing/nappy changing.  
- Building awareness of support services specifically available for fathers | The hospital medical staff, supported by a program developed by Healthy Dads |
| Traumatic birth        | Fathers experiencing a traumatic birth feel excluded from information as to why it happened, and some feel personal responsibility. | - A full debrief, ideally with the partner, explaining what happened, the potential causes, and the reasons for the medical interventions or treatment. This also needs to cover any potential implications for the baby and the mother. | Delivered by appropriate medical professionals who were present at the birth and involved in post-care.  
Broader online resources supported by Healthy Dads should include easily found information for fathers experiencing such an event. |
<table>
<thead>
<tr>
<th>When should it happen?</th>
<th>What is the specific need?</th>
<th>How is this to be addressed?</th>
<th>Who should deliver it?</th>
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</table>
| Maternal and child health visit | Fathers are still learning how to physically care for a baby and support their partner. However, they are starting to feel on the outer, and are experiencing the stresses of juggling and disruption. | • Fathers need to be included, as co-parent, in receiving information and instruction on how to look after the baby.  
• The nurse needs to also check on how the father is feeling and coping, and be able to direct them to father-specific resources and support. | This will be delivered by local councils through their maternal and child health services. However, the online resources and app available through Healthy Dads will be of vital importance. |
| Direct contact with the father via text or phone | Fathers need acknowledgement that they might be feeling overwhelmed, and pointers to support, if they need it. Typically this will be most effective around 4 to 6 weeks after the birth. | • A text message or a phone call that raises awareness of father stress, and provides a direct link to the Healthy Dads online resource or app. This can put them on a pathway to accessing support (e.g. through beyondblue) if they need this. | Ideally this would initially be done via a phone call, from a male, and preferably the person who delivered the father-specific session at the antenatal class.  
This would be followed up by text messages from the same contact, but supported by language provided by Healthy Dads. |
<table>
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<tr>
<th>When should it happen?</th>
<th>What is the specific need?</th>
<th>How is this to be addressed?</th>
<th>Who should deliver it?</th>
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</table>
| First-time fathers groups | Fathers need to be given information, but do this while developing social connections with other first-time fathers. This addresses their need to build coping tools, and see their experiences as normal and shared. | • This mirrors the mothers groups facilitated by local councils, but needs to be separate from those groups. It needs to take place at times convenient to the fathers – that is, outside of normal working hours (at night, on the weekend).  
• The focus initially needs to be on information about how to care for their baby and support their partner. It also needs to have a clear focus on how to look after themselves and their relationship. | Delivered by local councils, through their maternal child and health services, supported by programs developed by Healthy Dads. |
| Digital resources | Men need father-specific information across a wide range of topics; this needs to be easily accessible, organised around key points in the fatherhood journey, and the age of their child. Fathers typically access information and advice reactively, creating a critical need for immediate access to a resource. | • A website and an app that provides information about how to look after a baby, but also addresses key information needs around the fatherhood experience, coping with stress (both for them and their partner), and maintaining a healthy relationship.  
• Needs to be mobile-friendly and available in app form. | The Dad’s Handbook provides a solid base for this information resource; it should be delivered under the Healthy Dads sub-brand. |
Strategic framework: Segment 3 – The other side

<table>
<thead>
<tr>
<th>When should it happen?</th>
<th>What is the specific need?</th>
<th>How is this to be addressed?</th>
<th>Who should deliver it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>After the first year of the child’s life</td>
<td>Fathers are trying to get balance back into their life; they have got past the intensity of the first year. They are also looking for opportunities to bond with their child away from the mother.</td>
<td>- Activity based groups that are based locally; they allow fathers to make social connections and share information and experiences.</td>
<td>Delivered by local councils around leisure or sporting activities. Program development and resource provision should be supported by Healthy Dads.</td>
</tr>
</tbody>
</table>
| At any point when information is needed | Reactive and general information that supports their role as a parent and provides guidance for their relationship | - Digital resources that provide specific information about raising their child/ren (behaviour, sleep, illness, finance etc.). Also a focus on re-establishing their relationship with their partner.  
- Needs to be mobile-friendly and available in app form | The Dad’s Handbook provides a solid base for this information resource; it should be delivered under the Healthy Dads sub-brand. |
Strategic framework: The workplace

The research has shown that a workplace that is supportive and flexible provides new fathers with major advantages in terms of maintaining their health. This cuts across all three segments and we recommend that beyondblue takes a clear advocacy role in this space, either as themselves or under the Healthy Dads sub-brand.

Promote the benefits to the organisation of maintaining healthy fathers and the return on the investment to the employer of being progressive in this space.

The key elements of this strategy should include:

- Building awareness of the stress new dads can experience, and the risk of developing depression and anxiety conditions.
- Providing possible tools that workplaces can offer their employees – such as, flexible working conditions, extended time after the baby is born, and reaching out to employees to let them know that their situation is understood.
- Building awareness amongst employers and peak industry organisations of the specific working conditions that new fathers need and are seeking. Specific focus should be on blue collar employers, where workplaces have been less supportive but where father health is at more risk.
## 8. APPENDIX

### 8.1.1. Model factors

The following factors and questions were included in the confirmatory factor analysis. Note that the last two factors (Resilience, Availability of information) were included in the Structural Equation Modelling, but no statistically significant relationships were found between them and the other factors. Consequently, they were not included in the final pathways model discussed in Section 5.5 above.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk of depression/anxiety</strong></td>
<td>Kessler 6 scale (score of 19-30)</td>
</tr>
<tr>
<td><strong>Intention to seek help</strong></td>
<td>And how likely do you think you be to actually go to this group/activity if it was offered in your area? (F6)</td>
</tr>
<tr>
<td><strong>Experience with depression/anxiety</strong></td>
<td>Have you ever been diagnosed with depression/anxiety? (J9) Has your partner been diagnosed with ante/postnatal depress, ante/postnatal anxiety condition, Both? (J12)</td>
</tr>
<tr>
<td><strong>Internalised pressure</strong></td>
<td>I don’t like other people telling me how to be a dad (E2) I wouldn’t want to bother my partner, they have enough to deal with (E2) I would be betraying my partner if I shared our problems outside the family (E2) I wouldn’t want to admit I wasn’t coping (E2) I would feel as though I was letting my family down (E2)</td>
</tr>
<tr>
<td><strong>Partner strain</strong></td>
<td>My partner and I fought a lot more after the baby was born (C4) Our relationship went through a really tough time after the baby was born (C4) I wish I had more support from my partner in my role as a dad (C4) Overall, how stressed or anxious do you think you and your partner have been as parents? (D3)</td>
</tr>
<tr>
<td><strong>Coping strategies</strong></td>
<td>Overall, how well do you think you and your partner coped with these stressful situations? (D5) Coping strategies tried – seeing friends, talking to family members, getting practical help from friends/family, talking to my partner (D6)</td>
</tr>
<tr>
<td><strong>Strong partner relationship</strong></td>
<td>My partner really respects me as a parent (C4) My relationship with my partner is stronger since we had a baby (C4) My partner and I have good communication (C4) My partner and I talk about and negotiate our roles as parents (C4)</td>
</tr>
<tr>
<td>Factor</td>
<td>Questions</td>
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</tbody>
</table>
| Workplace support   | My workplace supports me in my role as a dad (D7)  
My workplace provides the flexibility and conditions I need as a dad (D7)  |
| Resilience          | I bounce back quickly after hard times (E3)  
It does not take me long to recover from a stressful event (E3)  
I come through difficult times with little trouble (E3)  |
| Availability of information | There was a lot of information directed at me as the father (E1)  
I didn’t really need or want any information (E1)  
There was enough information for me to prepare for fatherhood  
[There seems to be enough information about fatherhood] (E1)  |