

Davenport, C. (2025, May). Exploring UK fathers' help-seeking for Paternal Postnatal Depression.

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Background:

Men's help-seeking is known to be restricted by stigma, but less is known about their seeking for paternal postnatal depression (PND) specifically. Fathers are not routinely screened for PND.

Aims:

This study explored fathers' help-seeking processes for paternal PND, including their motivators and perceived barriers.

Method:

Eight fathers from the United Kingdom who self-identified as suffering from PND took part in semi structured interviews. Interview data were analysed using Interpretative Phenomenological Analysis (IPA).

Results:

PND was not recognised as affecting fathers. Fathers felt their needs were minimal in comparison to mothers and did not want to ask for support from professionals. Help-seeking was usually with their GP (family doctor). Some were offered anti-depressant medication, disappointing them and believing this approach unsuited to their emotional experiences to fatherhood. Instead, they wanted therapy and parenting support, and to be aware of consequences of disclosure. Whilst health visitors (maternal, child and family nurses) visited the home, fathers perceived they were attending to the mother, and feared disclosing their own mental health difficulties, fearing this would result in removal of the child and breakup of the family. Some Help-seeking was initiated by their partners. Overall, fathers wanted a safe space where they are asked away from their partners, with time to talk.

Conclusion:

Fathers may need sensitive and confidential professional support after the birth of their child. Professionals should routinely ask fathers about their well-being, whilst health visitors should reassure fathers that they are there to support them as well as the mother, allaying suspicions among men disclosing mental health difficulties could destabilise the family unit

Implications:

Current policies and working patterns in the UK disadvantage fathers and leave their needs invisible. Investment in a universal support system, and training of professionals in the needs of fathers with mental health difficulties is needed.