



Depression among Urban Fathers with Young Children: A Research Report with Tips for Responsible Fatherhood Programs and Stakeholders

Overview

Depression is one of the most common mental health issues in the United States. According to the National Institute of Mental Health, more than six million men in the United States have depression in a given yearⁱ and studies indicate that at least 10 percent of fathers are depressed both before and after their children are born.ⁱⁱ This brief provides an overview of previous research about men and depression, identifies factors associated with fathers' risk of depression during the first year of their child's life, and offers tips on how fatherhood programs can help fathers identify and address symptoms of depression.

Drawing on original analyses from the Fragile Families and Child Wellbeing study, key findings indicate that fathers are more likely to be depressed when they:

- Do not have full-time employment.
- Live apart from their children.
- Have children with two or more women.
- Have been incarcerated.

By helping fathers deal with these and other issues, fatherhood programs can also help support fathers who suffer from depression and improve the well-being of children and families.



Previous Research

Fathers face countless ups and downs while parenting, but the first year of a child's life may be the most challenging. Fathers with children under the age of one are more likely to be depressed than their peers with older children.ⁱⁱⁱ Common stressors, such as a strained relationship with their child's mother or new demands on their time and resources, can further increase the risk of depression.^{iv} Fathers who experience depression are less able to contribute to the workforce^v and more likely to have poorer physical health^{vi} or use negative parenting strategies, such as inconsistent or harsh discipline.^{vii}

Depression not only affects fathers' lives, but it also influences the social and emotional development of their young children.^{viii} Children with fathers who suffer from depression are more likely to have behavioral and emotional problems.^{ix} Identifying and addressing depression among fathers is critical to improving the well-being of children and families. However, the stigma surrounding depression and treatment services often keeps fathers from getting the care they need^x and those with the greatest need are the least likely to seek out help and treatment services.^{xi}

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Factors Associated with Risk of Depression for Urban Fathers

Drawing on analyses from the Fragile Families and Child Wellbeing study, which follows a cohort of nearly 5,000 children born in large urban cities between 1998 and 2000, we found that approximately 7 percent of urban fathers were depressed one year after the birth of their child (see Appendix A for more information on the data and our research methods).

As shown in Figures 1 and 2, the following characteristics were associated with depression among the fathers in the study:

- **Not living with their child.**
 - 18 percent of non-resident fathers were depressed, compared to 5 percent of resident fathers. **(Figure 1)**
- **A history of incarceration.**
 - 16 percent of fathers with a history of incarceration were depressed, compared to 5 percent of fathers with no history of incarceration. **(Figure 2)**
- **Not having full-time employment.**
 - 21 percent of fathers without full-time employment were depressed, compared to only 4 percent of fathers with full-time employment. **(Figure 2)**
- **Having children with more than one woman.**
 - 11 percent of fathers who have children with more than one woman (also called multiple partner fertility) were depressed, compared to 6 percent of fathers who have children with just one woman. **(Figure 2)**

Additionally, as shown in Figures 3 and 4, we found two factors associated with **lower risk of depression** for fathers who were living with their children:



- **Positive relationships between fathers and the mothers of their children.**
 - Less than 2 percent of resident fathers who reported an “excellent” or “very good” relationship with their child’s mother were depressed, compared to 44 percent who reported a “fair” or “poor” relationship and 16 percent who reported only a “good” relationship. **(Figure 3)**
- **Social support.**
 - Resident fathers who were not depressed reported higher levels of support from friends and family than resident fathers who were depressed. **(Figure 4)**

Figure 1: Fathers Who Do Not Live With Their Child(ren) are More Likely to be Depressed Than Fathers Who Do

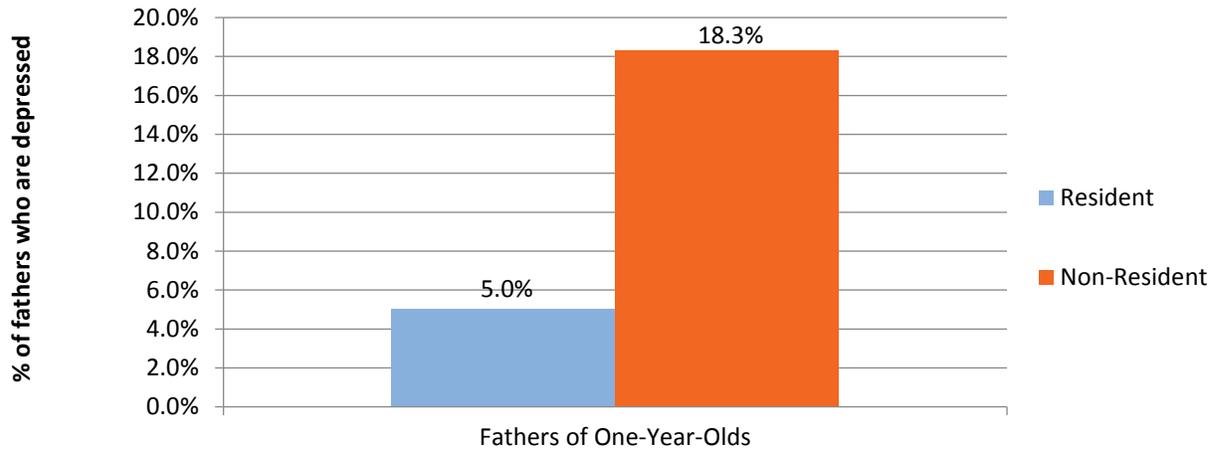


Figure 2: Employment, History of Incarceration, and Having Children with Multiple Partners are Linked to Fathers' Depression

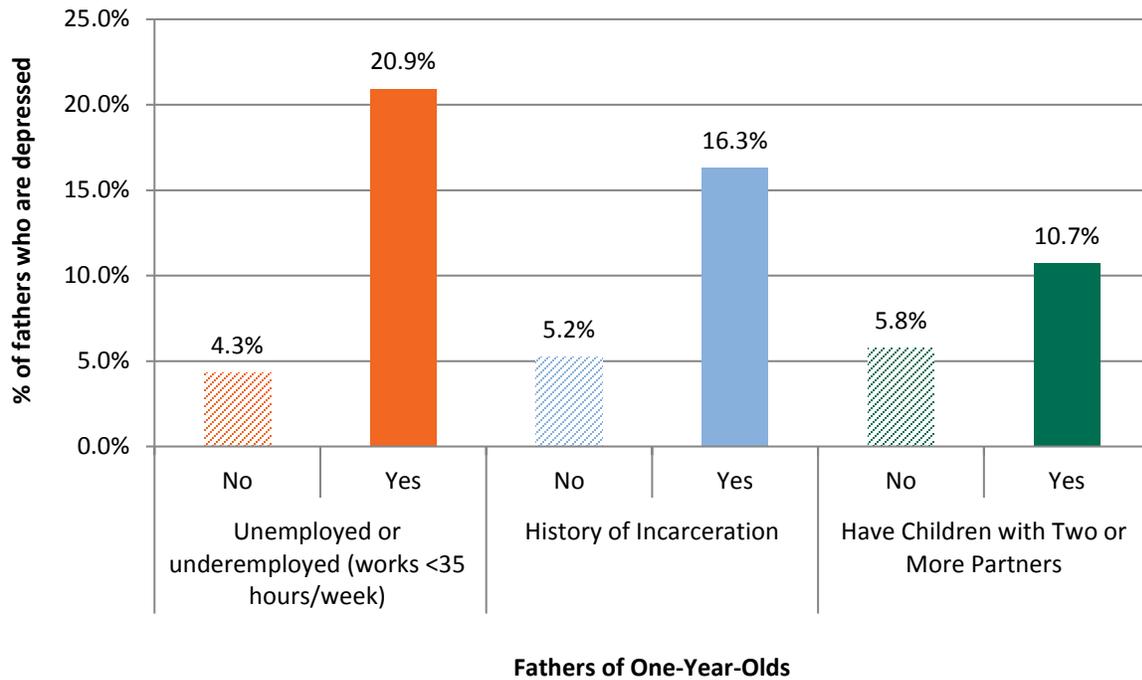


Figure 3: Fathers Who Live With Their One-Year-Olds Are Less Likely To Be Depressed If They Have a Positive Relationship With The Biological Mother

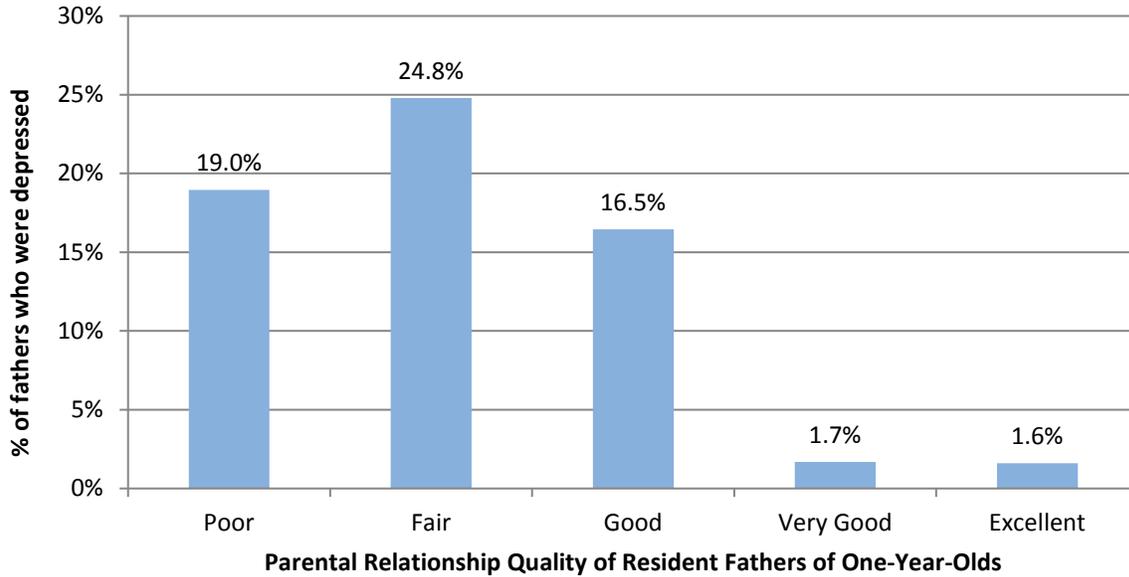
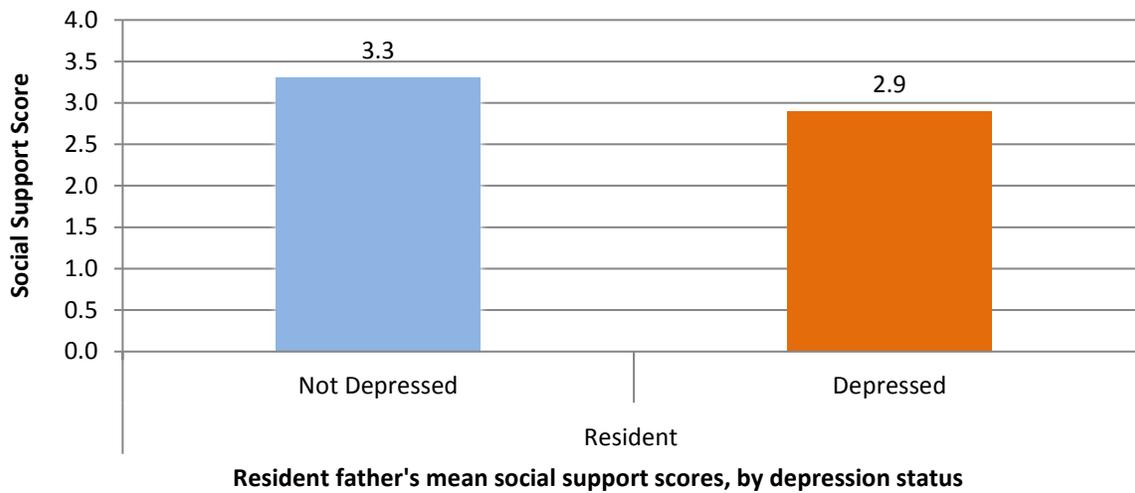


Figure 4: Fathers Who Live With Their One-Year-Olds Are Less Likely To Be Depressed If They Have Social Support



Tips for Fatherhood Programs

Our analysis underlines that the challenges faced by many fathers who come to fatherhood programs (employment, child support, lack of time with their children, community reentry after incarceration) are often intertwined with factors associated with depression. This analysis also suggests that factors such as positive relationships with mothers and higher levels of social support from friends and family may offer some protection against depression.

Therefore, providing fatherhood program services to help fathers deal with these challenges and strengthen their relationships may also help to reduce the potentially negative consequences of depression. For example:

- Carefully listening to fathers' concerns during recruitment and intake can help assess underlying causes of frustration, anxiety, or depression.
- Working with fathers to develop individual goals based on thorough assessments will ensure that service plans are accurate road maps to address essential needs.
- Helping non-resident fathers navigate legal and visitation challenges, and sharing parenting tips, can support fathers living apart from their children.
- Preparing fathers for community reentry after incarceration, working with employers to enhance employment opportunities, and forming community partnerships to provide other supportive services can be critical factors in reintegrating fathers into the lives of their children.
- Helping fathers find full-time employment can reduce the risk of depression. Providing effective pre-employment services (such as job readiness, education, or skills training) and employment services (such as job placement, transitional employment, or career advancement) are likely to be key aspects of program success.
- Understanding the impact of logistical challenges faced by fathers who have children with more than one partner, such as how to divide finite time and monetary resources across households, is an important first step in finding ways to alleviate the associated stress experienced by some fathers.
- Helping co-parents talk about roles and expectations, and generally encouraging positive relationships between fathers and mothers, can reduce stress and improve the well-being of all family members.^{xii}
- Recognizing the importance of involving other family members, such as grandparents, stepparents, and other father figures, can help fathers manage co-parenting relationships and reduce the likelihood of depression.
- Facilitating peer support groups and mentoring support can provide important sources of social support and increase fathers self-esteem and sense of well-being.^{xiii}

Dealing with Serious Problems of Depression or Mental Health

Although these tips can be helpful for fatherhood practitioners, it is important to recognize that most programs are not equipped to deal with more serious mental health problems. As discussed in a 2015 NRFC webinar,^{xiv} effective peer support groups can encourage self-reflection, sharing, and mutual support, but they may also raise issues for some fathers (such as the impact of father absence, post-traumatic stress, or unresolved trauma and grief) that require clinical treatment. Responsible fatherhood programs should consider providing training for all staff on issues such as guiding conversations in individual and group settings; looking for indicators of depression; recognizing their limitations as "helpful providers;" and knowing when to seek support from colleagues and when to refer fathers for professional services. Identifying community agencies and individual clinicians who can provide those services in a culturally appropriate way, train staff, and recognize the stigma that fathers may attach to talking about mental health is an important first step. Ensuring that these professionals understand the program context and can provide a welcoming environment for program participants will be key to developing an effective referral network that provides the critical support, diagnoses, and treatment that fathers are not likely to seek out on their own accord.^{xv}

The resources in the following section may be helpful in learning more about these issues.

Resources and Information for Fathers and Program Practitioners

National Responsible Fatherhood Clearinghouse

- [Links to Federal and Other Resources](#)
- [Let's Talk About Mental Health](#) – a 2015 webinar that focused on ways in which fatherhood programs can talk about mental health issues. The materials available for download include a list of additional resources.
- [Connect with a Fatherhood Program](#) - a list of state and federally funded responsible fatherhood programs in each state.

U.S. Department of Health and Human Services, Administration for Children and Families

- [Family Well-Being: A Focus on Parental Depression](#)
- [Healthy Marriage and Responsible Fatherhood](#)
- [Pathways to Responsible Fatherhood Initiative](#)

National Institute of Mental Health

- [Definition of Depression](#)
- [Men and Depression](#)

Fatherhood Institute

- [Research Summary: Fathers and Postnatal Depression](#) (online article, August 10, 2010)

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Appendix A

Data Source and Methodology

The Fragile Families and Child Wellbeing (FFCW) study follows a cohort of nearly 5,000 children born between 1998 and 2000 in 20 U.S. cities across 15 states. Unmarried parents are overrepresented in the sample. Fathers and mothers have been interviewed at regular intervals about their experiences as parents. Our analyses are based on the responses of 2,385 fathers—1,753 resident and 632 non-resident—who were interviewed one year after birth. More information about this data source can be found at: <http://www.fragilefamilies.princeton.edu>.

We focused our analyses on fathers with one-year-old children because fathers with children under the age of one are more likely to be depressed than those with older children. We conducted descriptive analyses across a range of measures. The results are presented in Figures 1-4. We conducted tests of difference (chi-square and Wald tests) to identify factors associated with depression for these fathers. All results presented in the figures are statistically significant at a $p < .05$ level.

Definitions

Depression. Our measure of depression is derived from the World Health Organization Composite International Diagnostic Interview Short Form (CIDI-SF).^{xvi} This measure identifies those likely to be diagnosed as having a major depressive episode. For our purposes, fathers are considered depressed if they:

- Reported an inability to enjoy things that were normally pleasurable, or feelings of depression, for most of the day over a two-week period.
- Had three or more depressive symptoms. (E.g., loss of interest in hobbies and activities, feelings of worthlessness, decreased energy, persistent sad mood, difficulty concentrating or making decisions, irritability, having trouble sitting still, appetite and/or weight changes.)

Father-mother relationship quality. Fathers reported on whether, in general, their relationship with their child's mother was excellent, very good, good, fair, or poor.

Perceived social support. Perceived social support is based on fathers' reports of whether they can depend on someone to: (a) loan them \$200, (b) co-sign a loan for \$1,000, (c) provide them with a place to stay, and (d) provide them with emergency childcare. Affirmative responses were summed, creating a scale that ranged from no support (0) to high support (4). The alpha scores for perceived instrumental support for resident and non-resident fathers are .73 and .80, respectively.

Fathers' sociodemographic characteristics. We used fathers' reports of their own socio-demographic characteristics, including incarceration history and hours worked per week. We used mothers' reports for two indicators: 1) Father's residential status relative to the focal child, and 2) Whether fathers had children with more than one woman when the child was one-year-old.

Endnotes

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