



# COPMI GEMS

Gateway to Evidence that Matters

Edition 18 - August 2014

## The role of fathers when a parent has a mental illness

### Quick facts

- Of all children in Australia, almost a quarter have a parent who has a diagnosable mental illness.<sup>1</sup> This is independent of any primary substance use disorders.
- Fathers, who experience mental illness, can maintain a positive relationship with their children.<sup>5</sup> This is true even if the parents live separately.
- Fathers play an important role in family development when mothers have a mental illness.<sup>6,8</sup> Current evidence describes their role not only as a parent, but also as a support person for the mother.
- The primary principles for engaging fathers are a respectful and appropriate service. This is best carried out by a service that continues to assess and evaluate its own practices in its ability to be father-friendly.<sup>11</sup>

### The role and impact of fathers with a mental illness

Over 23% of children in Australia have a parent with a non-substance mental illness, and almost one in five men aged 16-85 reported having a mental illness within the previous 12-month period.<sup>1,2</sup> Since fathers have a key role in children's development, supporting their ability to parent effectively is an important goal.<sup>3</sup>

A father's relationship with his partner and children is likely to be affected by his mental illness which may give rise to conflicts, disagreements, distancing and impaired parenting.<sup>4</sup> While a father's parenting may be challenged by mental illness, he can still maintain a positive relationship with his children even when they live separately.<sup>5</sup> Children may also provide a sense of purpose to these fathers and motivate them to manage their illness.<sup>6,7</sup>

### A father's role when the mother has a mental illness

Fathers (including ex-partners) also have a key role when mothers (their partners) have a mental illness. Mothers with depression, for example, rate partner support highly when reporting 'what helped'<sup>6</sup> and fathers may assist in women's recovery.<sup>8</sup> Although support from fathers living elsewhere may help, sporadic contact may worsen the mothers' mental health.<sup>9</sup> As well as providing support to the mother,

fathers can help reduce any negative effects of mothers' mental illness on their children through their parenting.<sup>10</sup>

### Practice principles to engage fathers

There are six main practice principles that services might undertake to engage fathers for the benefit of families:<sup>11</sup>

1. Policy and training: Ensure that fathers are seen as a core target of their practice.
2. Professional attitudes and staffing: Include father engagement in professional development and supervision in order to recognise fathers' potential to positively affect their child's development. Explore male staffing options.
3. A strengths-based perspective: Target fathers' existing skills and communication tools, and use solution-focused thinking to build on men's desire to have caring and nurturing relationships with their children.
4. Father friendly: Assess the environment, promotion material and practice protocols and language used to ensure males feel welcome. Consider revising practice hours to offer out of normal business hours services.
5. Raising awareness: Use methods across agencies and community contexts to maximise fathers' awareness of the services available.
6. Assessment and evaluation: Continue to assess and evaluate practices, demographic and user needs, so that training, education, and the service-appropriate

## Author(s)

Dr Richard Fletcher | Senior Lecturer, Father and Families Research Program, Faculty of Health and Medicine | University of Newcastle NSW |

Dr O'Neil Maharaj | Psychiatry Registrar, Accredited trainee | Hunter New England Health Service, NSW |

## Series editors

Andrea Reupert and Darryl Maybery (Monash University)  
On behalf of the Australian national COPMI initiative.

## Contact details

researchevaluation@copmi.net.au

environment can better identify and meet fathers' needs.

## Limitations

There is limited information about the characteristics of fathers' mental illness, including age of onset<sup>12</sup> and protective factors for families prior to children being born. The evidence available on the impact of fathers' mental illness on children's development is focused on child outcomes and there is a dearth of studies examining fathering in these families.<sup>13</sup> As well, we lack evidence regarding a

father's impact on children when the mother has a mental illness other than during the post-natal period.<sup>7</sup>

For information for father's experiencing their own (or a partner's) mental illness, see the COPMI website: [www.copmi.net.au/dads](http://www.copmi.net.au/dads)

## References

1. Maybery JD, Reupert AE, Patrick K, Goodyear M. Prevalence of parental mental illness in Australian families. *The Psychiatrist* 2009; 33:22–26.
2. Australian Bureau of Statistics. 4125.0 - Gender Indicators. Australia: 2014 February. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4125.0> (accessed 7 August 2014).
3. Sarkadi A, Kristiansson R, Oberklaid F, Bremberg S. Fathers' involvement and children's developmental outcomes: A systematic review of longitudinal studies. *Acta Paediatrica* 2008; 97(2):153-158.
4. Harold GT, Rice F, Hay DF, et al. Familial transmission of depression and antisocial behavior symptoms: Disentangling the contribution of inherited and environmental factors and testing the mediating role of parenting. *Psychol Med* 2010; 41:1175-1185.
5. Reupert A, Maybery D. Fathers' experience of parenting with a mental illness. *Families in Society* 2009; 90(1):61-68.
6. Fletcher R, Maharaj O, Fletcher Watson C, May C, Skeates N, Gruenert S. Fathers with a mental illness: implications for clinicians and health services. *The Medical Journal of Australia Open* 2012; 1(Suppl 1):34-36. doi:10.5694/mjao11.11140.
7. Bilszta J, Ericksen J, Buist A, Milgrom J. Women's experience of postnatal depression-beliefs and attitudes as barriers to care. *Australian Journal of Advanced Nursing, The* 2010; 27(3):44.
8. Brandon AR, Ceccotti N, Hynan L S, Shivakumar G, Johnson N, Jarrett RB. Proof of concept: Partner-assisted interpersonal psychotherapy for perinatal depression. *Archives of Women's Mental Health* 2012; 15(6):469-480.
9. Slade AN. The relationship between nonresident father involvement and maternal depression in fragile families. *Social Service Review* 2013; 87(1):3-39.
10. Gere M K, Hagen K A, Villabø M A, Arnberg K, Neumer SP, Torgersen S. Fathers' mental health as a protective factor in the relationship between maternal and child depressive symptoms. *Depression and Anxiety* 2013; 30(1):31-38.
11. Berlyn C, Wise S, Soriano G. Occasional Paper No. 22. Engaging fathers in child and family services: Participation, perceptions and good practice. *Stronger Families and Communities Strategy 2004–2009*. Australia: Australian Government, Department of Families, Housing, Community Services and Indigenous Affairs; 2008.
12. Kao YC, Lie YP. Effects of age of onset on clinical characteristics in schizophrenia spectrum disorders. *BMC Psychiatry* 2010; 10:63.
13. Maybery D, Ling L, Szakacs E, Reupert A. Children of a parent with a mental illness: Perspectives on need. *Australian e-Journal for the Advancement of Mental Health* 2005; 4(2):1–11.