A qualitative meta-synthesis of challenges in screening and intervention for paternal depression

Kumiko KIDO*, Yuko UEMURA*, and Keiko MATSUMURA*

Abstract

Purpose

The purpose of this study was to identify the following two research questions for paternal depression through a meta-analysis of relevant qualitative studies: 1. How has paternal depression been screened for by professionals? 2. What are the coping strategies/support available for paternal depression and the challenges in providing strategies/support for paternal depression?

Methods

Relevant articles were identified using the following databases: CINAHL, MEDLINE, and Google Scholar. The search keywords used were ‘support’ AND ‘postpartum depression of father’ OR ‘paternal depression’ OR ‘mental health of fathers’ AND ‘qualitative study’ in the database. There were 32 qualitative articles retrieved from the database and through hand searching, of which 5 articles were included in the analysis. Meta-ethnography were utilised in this study. All analysed papers were scored and guaranteed by the Critical Appraisal Skills Program (CASP; 0-10 points) as valuable qualitative studies. The analysis was performed using NVivo 12 for Windows.

Results

In the present meta-synthesis, the Patient Health Questionnaire -9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), the Patient Health Questionnaire -15 (PHQ-15), and the List of Threatening Events were used to identify depression in fathers. Additionally, one study used the six criteria of the definition of postnatal depression to identify paternal depressive symptoms. As a result of the meta-synthesis, the following eight metaphors were extracted from all analyses articles: ‘Triggers of paternal depression’; ‘Awareness of paternal depression’; ‘The Impact of paternal depression’; ‘Coping’; ‘Lack/unhelpful of information resources’; ‘Barriers to seeking help’; ‘Reasons for needing supports’; and ‘Helps for paternal depression’. Paternal depression due to a sequence of triggering events and the perceived symptoms varied. Once fathers realized they had depression, they attempted to cope with it. However, there were inadequate therapies and information to cope with depression. Moreover, embarrassment of seeking help due to being male was also a barrier to coping with depression. In contrast, the responsibility to protect their families motivated them to acknowledge their depression and seek social support and professional help.

Conclusion

Anxiety and general depression scales were used to screen for paternal depression, and no measures for paternal depression were not used. Men who were aware of paternal depression tried to cope with it; however, it is possible that support for paternal depression was not sufficiently available and that masculinity may also be a barrier to seeking help for depression. On the other hand, the responsibility of protecting their families motivated fathers to be proactive in seeking help to overcome depression.

Key words: mental health, fathers, meta-ethnography, masculinity, barriers

Background

Maternal depression can influence perinatal morbidity and mortality (Cantwell, 2021); thus, screening and intervention for maternal depression at the appropriate time is an important topic in Japanese society (Takeda,
However, it is becoming evident that fathers can also exhibit depressive symptoms following their partner’s pregnancy and childbirth. Cameron et al. (2016) conducted a meta-analysis of 41,480 participants in 74 articles from January 1980 to November 2015, which reported the prevalence of depression in fathers at 8.4% (95% confidence interval [CI]: 7.2–9.6%). In a survey in the Tohoku region of Japan, 11.2% and 12% of fathers after one and six months postpartum respectively showed symptoms of postpartum depression (Nishigori et al., 2019). Another report in the Kansai region showed that according to the Japanese version of the Edinburgh Postnatal Depression Scale (J-EPDS), 14% and 13.6% of fathers at one month and four months after childbirth respectively have postnatal depression (Nishimura et al., 2010; Nishimura et al., 2015). The Edinburgh Postnatal Depression Scale (EPDS) was used to screen for the prevalence of paternal depression in Japan. As it was developed to screen for postpartum depression in mothers, it had not been examined for sensitivity and specificity regarding fathers (Cox et al., 1987). However, the EPDS can also be used to assess postpartum depression in fathers (Edmondson et al., 2010). The EPDS contains items missing for somatization and externalization. Although many men develop depression with actual somatization or externalizing symptoms, the EPDS has the potential for reduced sensitivity in detecting depression in fathers, and new measures have been proposed by Psouni et al. (2017). It is debatable whether the EPDS includes specific criteria for paternal depression and is appropriate as a measure of paternal depression.

Unfortunately, the existence of paternal depression is not taken as seriously as maternal depression in the perinatal care field. This may be because the mother is viewed as the primary caregiver, while the father is viewed as an indirectly involved and influential parent. Nevertheless, it has been indicated that the fathers’ depression could negatively impact children (Suto et al., 2016). In fact, Takehara et al. (2017) found that paternal depression at two months postpartum can lead to child maltreatment (adjusted odds ratio, 7.77; 95% CI, 1.83–33.02). Additionally, given the prevalence of postnatal depression, these studies have mostly analysed quantitative data. There are no studies conducted in Japan that qualitatively examine paternal depression, its background, and the necessary support. Therefore, key research questions for this study are:

1. How has paternal depression been screened for by professionals?
2. What are the coping strategies/support available for paternal depression and the challenges in providing strategies/support for paternal depression?

The purpose of this study was to identify the two research questions for paternal depression through a meta-analysis of relevant qualitative studies.

Methods

Relevant articles were identified using the following databases: CINAHL, MEDLINE, and Google Scholar. The search keywords used were ‘support’ AND ‘postpartum depression of father’ OR ‘paternal depression’ OR ‘mental health of fathers’ AND ‘qualitative study’ in the database. The period of the year of publication was not specified during the literature search. The search for articles was conducted on 9th November, 2020.

There were 32 qualitative articles retrieved from the database and through hand searching, of which 5 articles were included in the analysis (Fig. 1). There were no qualitative research articles published in Japan, which indicates that this topic has been under-researched. The process of selecting articles for analysis comprised one researcher (KK) selecting articles and two researchers (KK, YU) independently appraising the quality of the included studies, utilising the Critical Appraisal Skills Programme (CASP) checklist for qualitative research (2018). Differences in the assessment scores between the two researchers were resolved by consensus.

Seven phases of meta-ethnography (Noblit et al, 1988) were utilised in this study. These seven phases are as follows: asking, then clarifying the research question; deciding what is relevant to the initial interest; reading the studies identifying a passage in the text or other data items; determining how the studies are related; translating the studies into one another; synthesising the translation; and expressing the synthesis.

Siau et al (2005) categorised the seven-step process into three major stages: selecting studies, synthesising
translations, and presenting the synthesis. This approach was adopted in the current study. Initially, articles closely related to the topics of ‘fathers with depressive feelings and their support’ were selected. All studies were then combined to determine their relationships with each other. Next, the similarities and differences between the different explanations were integrated to create a new framework. In addition to maintaining the core concepts for interpretation, the original narrative data for the concepts were read and interpreted, leading to more overarching themes and metaphors. In the final stage, we presented new metaphors in both graphical and verbal forms for easier interpretation.

All analysed papers were scored and guaranteed by the CASP (2018). Examples of the scoring items are: 1. Was there a clear statement regarding the aims of the research?; 2. Is a qualitative methodology appropriate?; and 3. Was the research design appropriate to address the aims of the research? The CASP consists of 10 questions. The first two questions are screening questions and are

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Figure 1  The process of selecting search articles for the meta-analysis
Results

Screening for paternal depression

Although there were only five qualitative articles that were analysed, the quality of the researches reported in these articles was high, with CAPS ratings of 7–8 points. The table below displays a summary of the research articles used for meta-analysis (Table 1). The range of the fathers’ ages in the analysed studies was 25–51 years. Screening for paternal depression did not employ a standardised measure, such as the EPDS (Cox et al, 1987) utilised on mothers in the qualitative studies analysed in this meta-synthesis. In the present meta-synthesis, the Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), the Patient Health Questionnaire-15 (PHQ-15), and the List of Threatening Events were used as measures to identify depression in fathers (Darwin et al, 2017). In addition, a study used the six criteria of the definition of postnatal depression (Segre et al, 2015) to identify paternal depressive symptoms.

Coping strategies/support and challenges in providing these for paternal depression

As a result of the meta-synthesis of the targeted articles (Table 2), the following eight metaphors were extracted from all analysed articles: ‘Triggers of paternal depression’; ‘Awareness of paternal depression’; ‘The Impact of paternal depression’; ‘Coping’; ‘Lack of/unhelpful of information resources’; ‘Barriers to seeking help’; ‘Reasons for needing support’; and ‘Help for paternal depression’.

The following is an explanation of the eight metaphors.

‘Triggers of paternal depression’

This metaphor included three categories: ‘affected by a partner’s depression’; ‘fear of losing the lifestyle previously enjoyed’; and ‘having a specific example’. Narrative data correspond to triggers that cause paternal depression. For example, a female partner’s depression may affect depression in men (‘Her crying was just driving me nuts’, Letourneau et al, 2011). As for the metaphor, ‘fear of losing the lifestyle previously enjoyed’, a sense of discomfort about the change of the previous living environment may also contribute to paternal depression.

‘Awareness of paternal depression’

A variety of symptoms of self-perceived paternal depression was described, naming the metaphor ‘awareness of paternal depression and various symptoms’. The following symptoms were reported: feelings of loneliness and sadness; loss of appetite; and a sense of difficulty relaxing.

‘The impact of paternal depression’

This metaphor included four categories: ‘the impact of paternal depression on surroundings and changes in the relationship with partners’; ‘the lessons gained through paternal depression’; ‘a new role as a father after depression’; and ‘reconnecting with paternal depression’. The impact of paternal depression affects all the family members; however, paternal depression does not necessarily seem to be a negative thing, since it could provide an opportunity to learn from their experience. They also had a new perception of their role as fathers, masculinity, and work.

‘Coping’

Two categories of coping with paternal depressive mood were extracted: ‘change of mood’ and ‘confidence conquers’. There was a statement that they could conquer depression by themselves without asking for help, as follows: ‘No, I did not seek help because I thought I could fix it’ (Barnes, 2019).

‘Lack of/unhelpful of information resources’

This metaphor included three categories: ‘lack of information on paternal depression’, ‘unhelpful features of
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### Table 1  Summary of the research articles used for meta-analysis

| No.  | Title, Authors, Year, Country | Aim | Participants | Depressive Symptoms | Findings |
|------|-------------------------------|-----|--------------|-------------------|----------|
| No. 1 | Identifying the support needs of fathers affected by postpartum depression: a pilot study. Letourneau N et al. *Journal of Psychiatric and Mental Health Nursing*, 18(1), 41-47, 2011, Canada. | To describe the experiences, support needs, resources, and barriers to support for fathers whose partners had experienced post-partum depression (PPD). | Eleven fathers live in New Brunswick and Alberta (Canada) were recruited via posters that were strategically placed in community Partners' agencies. The recruit men whose partners reported symptoms of PPD during their last pregnancy and were no more than 24 months postpartum. The mean age was 37 (29-44), ten fathers were married, one father was unmarried, and all were full-time workers. | Anxiety, lack of time and energy, irritability, feeling sad / down, change in appetite, thoughts of harm to self or baby | Four themes: 1. Acknowledging and recognising symptoms of postpartum depression; 2. Identifying changes in personal behaviour and response from self and others due to changes in behaviour; 3. Impact of behavioural changes on relationships and decision to seek professional help; 4. How other people influence postpartum depression and explaining it to other fathers. |
| No. 2 | Fathers' views and experiences of their own mental health during pregnancy and the first postnatal year: a qualitative interview study of men participating in the UK Born and Bred in Yorkshire (BaBY) cohort. Darwin Z et al., *BMC pregnancy and childbirth*, 17(1), 1-15, 2017. | To examine fathers’ views and direct experiences of paternal perinatal mental health. | Nineteen fathers participated in The Born and Bred in Yorkshire cohort study. Their partners were 5-10 months postpartum. The mean age was 33.1 (25-44), 16 fathers were married, three fathers were unmarried and full-time worker were 17. No serious health concerns were observed with the mother or baby before discharge. | The Patient Health Questionnaire -9 (PHQ-9); mean 4.8 (range 0-11), Generalized anxiety disorder-7 (GAD-7); mean 4.0 (0-12), The Patient Health Questionnaire -15 (PHQ-15); mean 4.0 (0-10), List of threatening events range 0-2 | Four themes: 1. Legitimacy of paternal stress and entitlement to health professionals’ support; 2. Protecting the partnership; 3. Navigating fatherhood; 4. Diversity of men’s support network. |
| No. 3 | What Postpartum Depression Looks Like for Men: A Phenomenological Study. Barnes CL, Doctoral dissertation, Walden University, 2019. | To explore fathers’ experiences of PPD, including their experience detecting the disorder and seeking help for paternal PPD. | Six fathers living in the US were asked to participate through a flyer placed in the church. The recruited men whose partners reported symptoms of PPD during their last pregnancy or within 1 year after the delivery of the child. The mean age was 32 (28-38), marital status was unknown, and five fathers were employed and one father was unemployed. | The definition of PPD (Segre and Davis, 2015): Six criteria are used, including ‘at least two weeks during which there was either loss of interest, depressed mood, loss of interest or pleasure in nearly all activities’. | Four themes: 1. Acknowledging and recognising symptoms of postpartum depression; 2. Identifying changes in personal behaviour and response from self and others due to changes in behaviour; 3. Impact of behavioural changes on relationships and decision to seek professional help; 4. How other people influence postpartum depression and explaining it to other fathers. |
| No. 4 | The Experience of Men Whose Partners have Postpartum Depression. Ierardi et al., *Journal of the American Psychiatric Nurses Association*, 25(6):434-444, 2019, US. | To determine the essence of the experience of living with a partner who has PPD. | Ten men who had experienced living with a partner who had PPD were participated in the study. The children’s number was one or two. His partners had given birth within the past seven to 18 months. The mean age was 35 (31-45), all married with an exception of one, and employment status unknown. | No assessment of PPD but four men described previous histories of anxiety as a mental health concern. | Five themes: 1. needing to support partners; 2. Maintaining stability; 3. experiencing mutual symptoms; 4. Feeling isolated; 5. Providing insight for others. |
| No. 5 | Stay-at-home fathers, depression, and help-seeking: A consensual qualitative research study. Caperton W et al., *Psychology of Men & Masculinities*, 21(2), 235, 2020 | To explore fathers’ experiences of depression during their tenure as stay-at-home fathers (SAHFs); their perceptions of, and experienced barriers to help-seeking for depression; and their perceptions of psychotherapy received for depression while a stay at home fathers. | Twelve fathers living in the US and working in a paid capacity 10 hr. per week or less and their partner/spouse as the primary wage-earner were recruited using snowball sampling. All participants experienced a continuously depressed mood for at least two weeks during their tenure as a SAHF. The mean age was 31.75 (30-51). The number of months passed since the delivery of their partners was not known, but they had been in the role of a SAHF from 6 months to 8 years. | All participants also identified as having experienced a continuously depressed mood for at least 2 weeks during their tenure as a SAHF. | Four themes: 1. Contexts and Roles of a SAHF; 2. Mental Health History and Experience of Depression; 3. Help-Seeking; 4. Therapy experiences while a SAHF. |

**Ethical approval and consent to participants are mentioned in all papers.**
therapy’, and ‘discouraging words that were unhelpful, e.g., ‘I went to the sessions with the midwife... it was mainly focusing on (partner) and the baby’ (Darwin et al, 2017). Men seemed to feel that the professional support was not directed toward fathers, nor was there any adequate support for them.

‘Barriers to seeking help’

This metaphor included three categories: ‘lack of energy to seek help because of numerous responsibilities’; ‘Embarrassed to talk to men about paternal depression’. For example, it is reported that men are embarrassed to talk about parenting and anxiety with each other, which is illustrated by the following statement: ‘... some dads might find it a bit embarrassing to sort of say...’ (Darwin et al, 2017). Men’s sense of masculinity may make it harder to seek support.

‘Reasons for needing support’

Regarding the reasons why fathers seek support for depression, the metaphor of ‘Help-seeking seen as a way to protect families from participants’ mental health’ was extracted. For example, it is reported that if a man does not have children, he would ‘take the honoured male way out by sucking it up and dealing with it (depression)’ (Caperton et al, 2020). Having children motivated fathers to seek help in order to do the best for their wives and children.

‘Help for paternal depression’

This metaphor included six categories: ‘Encouraging words’ showing ‘empathy from others’; ‘the presence of children’; ‘good relaxation’; ‘objective, non-judgmental space’; ‘a willingness to provide ongoing support’ through ‘social media’; and ‘the professional support/therapy’. All of these things can help with paternal depression.

| Identified metaphors                  | Identified categories                                                                 | 1 | 2 | 3 | 4 | 5 |
|--------------------------------------|---------------------------------------------------------------------------------------|---|---|---|---|---|
| Triggers of paternal depression      | Affected by partner’s depression                                                      |   |   |   |   |   |
|                                     | Fear of losing the lifestyle previously enjoyed                                        |   |   |   |   |   |
|                                     | Having a specific example                                                              |   |   |   |   |   |
| Awareness of paternal depression     | Awareness of paternal depression and various symptoms                                  |   |   |   |   |   |
| The Impact of Paternal depression    | The impact of paternal depression on surroundings and changes in the relationship with partners |   |   |   |   |   |
|                                     | The lessons gained through paternal depression                                         |   |   |   |   |   |
|                                     | A new role as a father after depression                                                |   |   |   |   |   |
|                                     | Reconnecting with paternal depression                                                  |   |   |   |   |   |
| Coping                              | Change of mood                                                                         |   |   |   |   |   |
|                                     | Confidence conquers                                                                    |   |   |   |   |   |
| Lack of/unhelpful of information resources | Lack of information on paternal depression                                             |   |   |   |   |   |
|                                     | Unhelpful features of therapy                                                          |   |   |   |   |   |
|                                     | Discouraging words that were unhelpful                                                 |   |   |   |   |   |
| Barriers to seeking help            | Lack of energy to seek help because of numerous responsibilities                       |   |   |   |   |   |
|                                     | ‘Embarrassed to talk to men about paternal depression.’                                 |   |   |   |   |   |
| Reasons for needing support         | Help-seeking seen as a way to protect families from participants’ mental health         |   |   |   |   |   |
| Help for paternal depression        | Encouraging words                                                                       |   |   |   |   |   |
|                                     | Empathy from others                                                                    |   |   |   |   |   |
|                                     | The presence of children                                                                |   |   |   |   |   |
|                                     | Good relaxation                                                                         |   |   |   |   |   |
|                                     | Objective, non-judgmental space                                                         |   |   |   |   |   |
|                                     | A willingness to provide ongoing support                                                |   |   |   |   |   |
|                                     | Social media                                                                            |   |   |   |   |   |
|                                     | The professional support/therapy                                                        |   |   |   |   |   |
The eight metaphors extracted are explained in regard to postpartum depression among fathers. There are ‘triggers’ that can lead to the occurrence of paternal depression, and that it seems to be particularly influenced by partner depression. Paternal depression has a wide variety of symptoms, and is accompanied by feelings of social isolation, confusion, and anxiety. The father’s depression can also have a negative impact on his child and partner. Fathers may be motivated by their responsibility to protect their families, which may lead them to seek help to cope with depression, despite challenges such as a lack of information and inadequate support that hinder help-seeking. In addition, men's masculinity can also act as a barrier to seek help for depression. However, fathers who had access to professional therapy found it to be a relaxing and helpful resource.

Discussion

To conduct a meta-synthesis, two research questions were posed for this study. First, the screening for paternal depression identified in the analysed papers is discussed. Second, the coping strategies/supports available for paternal depression and the challenges in providing these is discussed.

‘How has paternal depression been screened by professionals?’

Screening for paternal depression did not employ a standardised measure, such as EPDS (Cox et al, 1987) utilised for mothers in the qualitative studies analysed in this meta-synthesis. In the present meta-synthesis, the PHQ-9, GAD-7, PHQ-15, and List of Threatening Events were used to identify depression in fathers (Darwin et al., 2017). Of the five analysed articles, only Darwin et al. (2017) used existing measures to assess for depressive symptoms. In addition, a study used the six criteria of the definition of postnatal depression (Segre et al, 2015) to identify paternal depressive symptoms. However, there have been studies on postnatal depression in fathers using the EPDS (Anding et al., 2016; Loscalzo et al., 2015). Massoudi et al. (2013) examined the extent to which the EPDS can identify depression and anxiety in fathers, and the factor analysis of fathers' EPDS scores revealed a different factor structure to that of mothers: the fathers' EPDS scores were indicative of greater worry, anxiety, and unhappiness than depression, also the EPDS has not been evaluated for the level of depression in men depending on the cut-off setting. Although alcohol and drug misuse, risk-taking, and poor impulse control have been reported to have a higher incidence and intensity in men with depression than in women with depression (Hyde et al, 2020), the EPDS does not comprise items on these variables.

Additionally, regarding PHQ-9, GAD-7, and PHQ15, Spitzer et al (1999) developed Primary Care Evaluation of Mental Disorders (PRIME-MD), a system for the immediate diagnosis and evaluation of mental disorders. The PHQ was developed as a time-saving version of the PRIME-MD (Kroenke et al, 2001). The PHQ-15 is a fill-in-the-blank questionnaire with 13 questions from the somatic symptoms module and 2 questions from the depressive disorders module of the PRIME-MD (Kroenke et al, 2002). The GAD was developed as a questionnaire through which anxiety disorders were identified (Spitzer et al, 2006). These scales are widely used as reliable instruments for assessing anxiety and depression. However, the questions in these scales do not include the specific aspects of depression in men. Therefore, Psouni et al (2017) attempted to develop a new measure of postpartum depression in fathers, the Edinburgh-Gotland Depression Scale 12 (EGDS), which combines the Gotland Male Depression Scale (Wålinder et al, 2001) and the EPDS, and includes items related to impulsive behaviour and decreased stress tolerance, which are typical of depressive symptoms in men. EGDS was only studied in Swedish fathers, and its validity needs to be examined for ethnicity and timing in the future studies.

‘What are the coping strategies/support available for paternal depression and the challenges in providing strategies/support for paternal depression?’

In this study, the metaphor of triggers for paternal depression was extracted. Among them, the category ‘affected by partner’s depression’ was extracted. In a quantitative study, Glasser et al (2019) indicated that paternal depression could be influenced by partner’s depression. As a father said: ‘When she is stressed, I am stressed.’ Stress...
in a family member would be equally stressful for other members, and deteriorations in the mental health of one partner could pose a significant negative risk for the mental health of the other partner as well.

The extraction of the metaphor of ‘fear of losing the lifestyle previously enjoyed’ indicates that the discomfort of a change in lifestyle can be a trigger for paternal depression. While physical changes during pregnancy and childbirth could also be associated with anxiety and depression among mothers, men experience no such physical changes after becoming fathers. As a possible hypothesis relating to paternal depression in fathers with autism spectrum disorder (ASD), depression may be triggered by the adjustment to the new environment required by the coming of a new baby. Ghaziuddin et al. (2002) pointed out that depression is more common in people with ASD, and it is possible that men with ASD suffer from depression as a result of changes in their lifestyle brought about by fatherhood; however, there is currently no evidence to support this hypothesis. Further studies are needed to investigate the prevalence of paternal depression in men with ASD.

Another metaphor elicited in this study was ‘awareness of paternal depression and various symptoms’. This metaphor describes a wide range of symptoms including anxiety, confusion, sadness, loss of appetite, and loneliness. However, alcohol and drug misuse, risk-taking, and poor impulse control, which are considered to be symptoms of depression specific to males (Hyde et al., 2020), were not reported in the analysed articles. Late maternal deaths have been reported to be associated with mental illnesses such as postnatal depression, which can occur between six weeks and one year after birth (Knight et al., 2015). Therefore, it is important to identify the global risk of postnatal depression in mothers. Loneliness, like hopelessness, is related to suicidal ideation (Strayvynski et al., 2001); moreover, men are three times more likely than women to commit suicide (Kochanek et al., 2004). Severe depression can lead to suicide in both fathers and mothers, but the demand for therapeutic support has still not been emphasised.

The identified metaphor ‘the impact of paternal depression’ included four categories. One of the categories, ‘the impact of paternal depression on surroundings and changes in the relationship with partner’, suggests that paternal depression can negatively affect the relationship of men with their wives (partner). However, the other three categories of ‘the lessons gained through paternal depression’, ‘a new role as a father after depression’, and ‘reconnecting with paternal depression’ indicated that the fathers had gained positively from their personal experiences with paternal depression. Specifically, depression helped them learn more about post-partum depression and re-discover the roles and responsibilities of being a father. These positive experiences, however, depend on the severity of depression; therefore, they need to be interpreted carefully.

Metaphors related to support for paternal depression were identified as ‘lack of/unhelpful information resources’ and ‘help for paternal depression’. ‘Lack of/unhelpful information resources’ included three categories. Insufficient information about paternal depression and discouraging words from other people were shown to be frequently encountered. This shows that paternal depression is still not acknowledged, information is lacking, and support is not provided adequately. Paternal depression has a negative impact on the development of the offspring. This negative effect is observed when the father’s depression occurs pre-partum, post-partum, or during the child’s adolescence (Sweeney et al., 2016). Appropriate support for paternal depression is crucial for the well-being of the child. The metaphor of ‘reasons for needing support’ indicates that fathers also consider seeking help for their depression as necessary for the protection of the family. The fathers themselves may be aware that their depression has a negative impact on the family, and this concern to protect their family may motivate them to seek help for overcoming depression.

Three metaphors were identified in relation to coping and support for paternal depression and its challenges. Two categories of coping were included: ‘change in mood’ and ‘confidence conquers’. The coping strategies adopted by fathers in the included studies seem to be a manifestation of masculine strength. However, masculine strength can also be a barrier to seek support for paternal depression. Traditionally, men have been unable to seek help for their problems (Good et al., 1995), and a study concluded that women with mental health problems seek
help, whereas men die without asking for help (Lefebvre et al., 1998). The theme 'barriers to seeking help' included the category 'embarrassed to talk to men about paternal depression'. There is a possibility that adopting traditional standards of masculinity might make it challenging to accept proper help, as men may not wish to be thought of as weak by other men (not being perceived as a weak guy). Therefore, it is necessary to offer help to men without embarrassment and without emphasising their masculinity. Professional therapy and social media connections can help in preventing depression among fathers, as evidenced by the categories of 'social media' and 'professional support/therapy' emerging under the metaphor of 'help for paternal depression'. A study of adolescent mothers reported that the use of social media and the Internet is a potentially acceptable tool for health intervention (Logsdon et al., 2014), and the use of social media may also be worthwhile for fathers to maintain their mental health. However, social media use has been documented to increase depression (Woods et al., 2016), and the appropriate ways of using social media need to be demonstrated in further studies.

The category 'The professional support/therapy' included under the metaphor of 'help for paternal depression' demonstrates the need for professional support for paternal depression, as it is a place where 'good relaxation' is guaranteed. The category 'objective, non-judgmental space' also reveals the significance of professional therapy as a safe place for depressed fathers. There is no evidence that appropriate professional support for paternal depression reduces depressive symptoms, although given the negative impact of paternal depression on children and the possibility of its leading to suicide, it is essential that paternal depression is assessed and those found to experience it are appropriately connected to professional support.

**Conclusion**

The purpose of this study was to answer two research questions regarding paternal depression through a meta-analysis of relevant qualitative studies.

Question 1: How has paternal depression been screened by professionals?

Question 2: What are the coping strategies/support available for paternal depression and the challenges in providing strategies/support for paternal depression?

The following eight metaphors were extracted from all analysed articles: 'trigger of paternal depression', 'awareness of paternal depression', 'the impact of paternal depression', 'coping', 'lack of/unhelpful information resources', 'barriers to seeking help', 'reasons for needing support', and 'help for paternal depression'.

Men who were aware of paternal depression tried to cope with it; however, it is possible that support for paternal depression was not sufficiently available and that masculinity may also be a barrier to seeking help for depression. On the other hand, the responsibility of protecting their families motivated fathers to be proactive in seeking help to overcome depression.

Paternal depression has been a neglected topic in the field of perinatal care. However, it deserves wider attention considering the ramifications it can have not just on the depressed individual, but his other family members, especially his child. Hence, this study brings vital information to the fore with regard to this important issue.

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**Ethical considerations**

The study was approved by the Ethical Committee of Kagawa Prefectural University of Health sciences No. (279).

**Author contribution**

Kumiko Kido as the main has the role in coordinating all of the study, study hypotheses and completing the study article. Yuko Uemura and Keiko Matsumura has the role in developing ideas, processing study data, presenting the results of study analysis, and preparing study papers.

**Conflict of interest**

There are no conflicts of interest to be disclosed regarding the contents of this paper.
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父親の産後うつに関するスクリーニングと
介入における課題の質的研究論文のメタ分析

木戸久美子*, 植村裕子*, 松村恵子*

* 香川県立保健医療大学保健医療学部看護学科

抄録

目的

本研究の目的は、父親の産後うつに関する質的研究のメタ分析を通して、2つの研究課題1) 父親の産後うつは、専門家によってどのようにスクリーニングされてきたか、2) 父親の産後うつに対する対処や支援とは、また対処や支援の受け入れを困難にしている障壁は何かについて明らかにすることである。

方法

父親の産後うつに関する論文をCINAHL, MEDLINE, Google Scholarを用いて検索した。検索キーワードは、「サポート」AND 「父親の産後うつ」OR 「父親のうつ」 OR 「父親のメンタルヘルス」 AND 質的研究であった。データベースとハンドサーチで検索された質的研究論文は32編で、そのうち5編の論文を分析対象とした。本研究では、メタエスノグラフィーを利用した。

結果

Patient Health Questionnaire -9, Generalized Anxiety Disorder-7, The Patient Health Questionnaire -15等が、スクリーニングに用いられてきた。分析した論文から8つのメタファー：「父親の産後うつのきっかけ」、「父親の産後うつの認識」、「父親の産後うつの影響」、「対処法」、「情報資源の不足・不備」、「支援を集める障壁」、「支援を必要とする理由」、「父親の産後うつの支援」が抽出された。父親の産後うつの病は、一連のきっかけとなる出来事に基づいて発症し、自覚症状も様々である。父親は、自分が産後うつの病であることに気づくと、それに対処しようとするが、支援情報は十分ではなかった。さらに、男性であることが、助けを求めることへの恥ずかしさにつながり、父親の産後うつの dotenvの対処の障壁となっている。一方で、家族を守るという責任感が、うつと向き合い、社会的支援や専門家の助けを求め、動機となっていた。

結論

父親の産後うつのスクリーニングには、一般化されている不安尺度と抑うつ尺度が用いられていて、産後うつの自覚している父親への支援が不十分であることや可能性が障壁となり、父親の産後うつの対処の妨げになっている。一方で、父親として自覚は、産後うつの克服しようとする行動の動機付けとなっていた。

キーワード：精神的健康、父親、メタエスノグラフィー、男性性、障壁