



# B2: Fathers' Mental Health

Andrew Howlett MD FRCPC

# Engage, Screen and Support Expectant and New Fathers



# Introduction

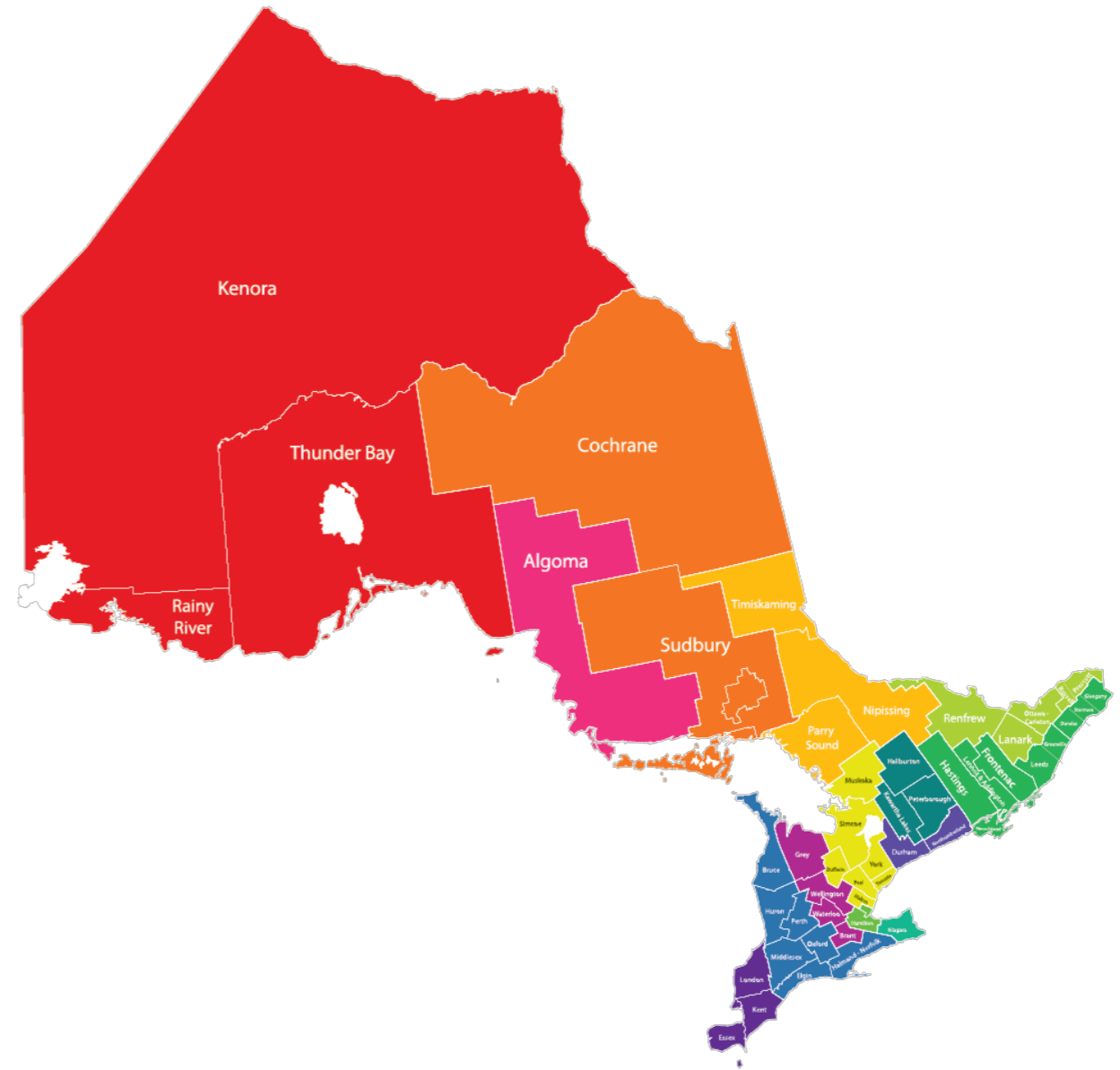
- Psychiatrist (Sinai Health System, St. Joseph's Health Centre, Women's College Hospital)
- Assistant Professor (Divisions of Child and Youth Mental Health & Equity, Gender and Population; University of Toronto)
- Co-Founder (Fathers' Mental Health Network)

# Disclosures

- [www.fathersmentalhealth.com](http://www.fathersmentalhealth.com)
- University of Toronto, Department of Psychiatry Excellence Award (IPT-PGC)
- Movember Grant (healthydads.ca)

# Attendants

- Public Health Nurses
- Early Child Educators and Teachers
- Staff – Services for Children, Parents, Families
- Prenatal Educators
- Midwives and Doulas
- Social Workers, Councilors
- Health Promoters
- Researchers and Policy Makers
- Physicians



# Objectives

- Identify opportunities and ways to engage fathers
- Be familiar with paternal perinatal depression (PPD) and the impact PPD has on the family
- Learn of ways to screen, and manage PPD

Dad jokes are funny,  
but being a dad is no joke!

**I bought shoes  
from a drug  
dealer once**

[niceonedad.com](http://niceonedad.com)



**I bought shoes  
from a drug  
dealer once**

**I don't know what  
he laced them  
with, but I was  
tripping all day**

# Engaging Fathers

- Opportunities to have their attention
  - Ways to get their attention
    - Motivators to for dads to take the lead and search and ask for information and assistance

# Opportunities to Engage

- Any clinical encounter during and after pregnancy
- Antenatal education
- Health promotion campaigns
- Advertising and social media

# Ways to Engage

- Online education
- SMS4dads.ca
- Antenatal Education
- In community
- At home
- Clinical settings



## TRYING & EXPECTING



*Prep Talk*

## 5 Parenting Conversations to Have Before Your Kid is Born

# www.dadcentral.ca



HOME

PROVINCIAL NETWORKS

I'M A DAD

I WORK WITH DADS

CONTACT US

## SUPPORTING DADS

*Across Canada*

I'M A DAD

I WORK WITH DADS

DAD DIRECTORY



**best start  
meilleur départ**

by/par health **nexus** santé

## Are you a new or future parent looking for information?

*Are you...*

Thinking about  
having a baby?

*Are you...*

Expecting a baby?

*Do you...*

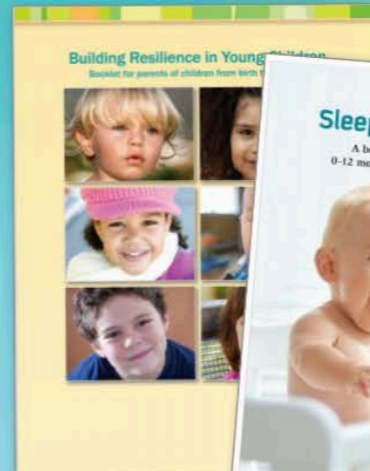
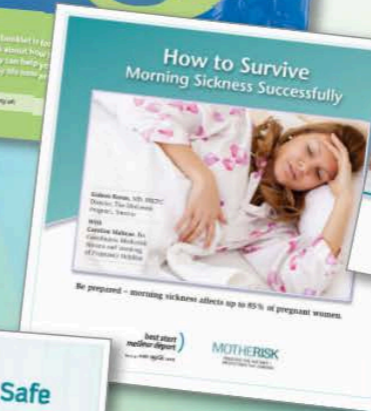
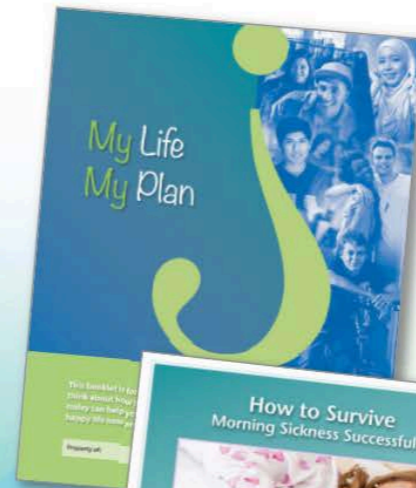
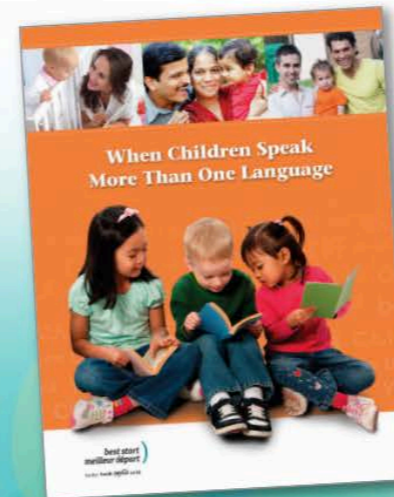
Have a baby?

*Do you...*

Have children  
age 6 or under?

If so, the Best Start Resource Centre has free online information and resources you may be interested in.

The Best Start Resource Centre supports the health of women and families before, during and after pregnancy, and well into the early childhood years.





DAD LIFE

# 'Oh Baby, Baby!' This Broadway Baby & His Hubby Are Expecting!







## Message sparks for dads

- A father may receive a message saying...

*Babies often cry more at 4 to 6 weeks after birth than at any other time. Can you think of extra ways to support your partner at this time?*

[Txt STOP to OptOut]

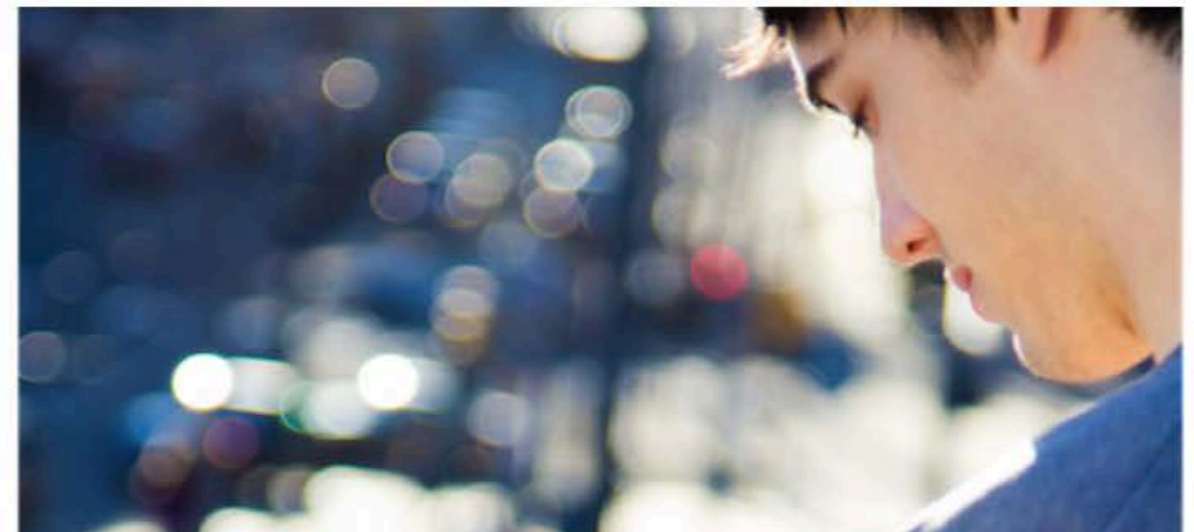


- Some messages will contain links to other sources of information

*Did you know that dads can be affected by post-natal depression? For some info check out*

[www.beyondblue.com](http://www.beyondblue.com)

[Txt STOP to OptOut]



# www.healthydads.ca

- N = 174 expectant men across Canada
- 89% accessed the Internet (6.2hrs/month)
- Information needs:
  - Parenting/infant care (53-82%)
  - Supporting and improving relationship (69.5-71.3%)
  - Work/family balance (69%)
  - Improving sleep (57%)
  - Managing stress (56.3%)



Preparing you emotionally to be a dad by equipping you with information and tools to help you feel as ready as you can be.





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[Fathers and Mental Health](#)

[Information for New Fathers](#)

[Referrals](#)

[Media](#)

[Network](#)

Our goal is to ensure the best mental health of fathers in pursuit of healthy families.

This is an exciting time to be a father! Fathers are taking a more active, engaged role in family life. As we begin to learn more about the importance of father involvement and the positive impact it can have on child and family development, we recognize that fatherhood can also be a stressful transition for men. Our mission is to be a resource for clinicians, researchers, educators and fathers to generate knowledge, ideas and solutions that support men in their role as fathers. We invite you to become a member to show your support for fathers' mental health.

Nice one Dad



# Antenatal Education

1. Prepare for relationship and role changes
2. Increase awareness of parental distress and depression
3. Improve their ability to better support their partner
4. Improve father's ability to identify and interpret infant communication
5. Promote the development of a strong parenting alliance

# Parenting Groups & Services

Toronto Public Health offers free parenting programs to families who live in the City of Toronto. [Register online](#).

Being a parent is one of the most rewarding jobs you'll ever do. But it can also be tough at times. All parents need support.

Going to a parenting program is a great way to get information and support. Hearing from other parents/caregivers lets you know you are not alone as some of your concerns and experiences are shared by other parents/caregivers.

We offer the following free parenting programs to families who live in the City of Toronto. Programs take place at various locations across the City of Toronto.

All of our programs are provided by Public Health Nurses and community partners. Some programs are offered in different languages.

## **Living and Learning with Baby**

A 6-week session for parents/caregivers with infants aged 6 weeks to 6 months.

## **Make the Connection 0-1**

A 9-week program (2 hours/week) for parents/caregivers with children between the ages of birth and 12 months.

## **Make the Connection 1-2**

A 9-week program for parents/caregivers with children 1-2 years.

## **Nobody's Perfect**

An 8-10 week group for parents/caregivers with children 0-6 years.

# In Community

- Local father group initiatives
- Parenting groups and infant activities
- Support from work

# At Home

- Supporting partner
- Participating in all aspects of child care (parental efficacy)
- Opportunities to create father-child memories

# Clinical Visits

- Maternal care appointments
- Public Nurse visits
- Pediatric appointments
- Family Doctor visit (men's health exam)





# Dads in Gear

A PROGRAM for MEN who want to be INVOLVED, HEALTHY, and SMOKE FREE DADS.

Sample some of the DIG program activities on this website. Try a quiz...test some tips...watch a video

WANT TO BRING DADS IN GEAR INDIGENOUS TO YOUR COMMUNITY?

[Connect with us →](#)

[Being a Dad →](#)

[Being a Healthy Dad →](#)

[Being a Smoke-free Dad →](#)

dsingear.ok.ubc.ca



# Motivators to learn and ask for assistance

- Attitude shift “becoming a parent requires learning”
- Parental anxiety
- Wanting the best for child
- The first 2000 days of a child’s life are most important
- Changes in the relationship
- Emotional difficulties

# Screening

- Emotional well-being
- Relationship satisfaction
- Co-parent functioning
- **Mental health**
- Domestic violence

# Screening for Depression

- National Perinatal Association (USA):
  - Encourages screening fathers for depression at least twice during the first postpartum year
- “Whenever an opportunity presents itself”
  - Pre-conception
  - Prenatal Care (Midwife, Doula, RN, SW, MD, O/G)
  - Perinatal Mental Health (RN, SW, MD, Psych)
  - Paediatric care of infant (RN, MD)
  - Early parenting services

# Ask mothers

- How is your partner supporting you?
- How is your partner adjusting to fatherhood?
- How is your partner managing the stress of parenting?
- Does your partner have a history or a current mental health problem?

# Mothers: complete screen

- **PHQ-2:**
  - “Since your baby was born, has your partner felt down, depressed or hopeless?”
  - “Since your baby was born, has your partner had little pleasure in doing things?”
  - “Do you think your partner would be interested in speaking with someone further about this?”
- **EPDS-P:** If score > 5; man should be assessed

# Screen Fathers:

- Patient Health Questionnaire (PHQ)-2
- PHQ-9
- Edinburgh Postnatal Depression Scale (EPDS)
- Beck Depression Inventory (BDI)
- Gotland Scale for Assessing Male Depression

## Edinburgh Perinatal/Postnatal Depression Scale (EPDS)

For use between **28–32 weeks** in all pregnancies and **6–8 weeks** postpartum

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Gestation in Weeks: \_\_\_\_\_

As you are having a baby, we would like to know how you are feeling. Please mark “X” in the box next to the answer which comes closest to how you have felt in the **past 7 days**—not just how you feel today.

### *In the past 7 days:*

- |   |  |
|---|--|
| 1. I have been able to laugh and see the funny side of things<br>0 <input type="checkbox"/> As much as I always could<br>1 <input type="checkbox"/> Not quite so much now<br>2 <input type="checkbox"/> Definitely not so much now<br>3 <input type="checkbox"/> Not at all | 6. Things have been getting on top of me<br>3 <input type="checkbox"/> Yes, most of the time I haven't been able to cope<br>2 <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual<br>1 <input type="checkbox"/> No, most of the time I have coped quite well<br>0 <input type="checkbox"/> No, I have been coping as well as ever |
| 2. I have looked forward with enjoyment to things<br>0 <input type="checkbox"/> As much as I ever did<br>1 <input type="checkbox"/> Rather less than I used to<br>2 <input type="checkbox"/> Definitely less than I used to<br>3 <input type="checkbox"/> Hardly at all     | 7. I have been so unhappy that I have had difficulty sleeping<br>3 <input type="checkbox"/> Yes, most of the time<br>2 <input type="checkbox"/> Yes, sometimes<br>1 <input type="checkbox"/> Not very often<br>0 <input type="checkbox"/> No, not at all   |
| 3. I have blamed myself unnecessarily when things went wrong<br>3 <input type="checkbox"/> Yes, most of the time<br>2 <input type="checkbox"/> Yes, some of the time<br>1 <input type="checkbox"/> Not very often<br>0 <input type="checkbox"/> No, never                   | 8. I have felt sad or miserable<br>3 <input type="checkbox"/> Yes, most of the time<br>2 <input type="checkbox"/> Yes, quite often<br>1 <input type="checkbox"/> Not very often<br>0 <input type="checkbox"/> No, not at all   |
| 4. I have been anxious or worried for no good reason<br>0 <input type="checkbox"/> No, not at all<br>1 <input type="checkbox"/> Hardly ever<br>2 <input type="checkbox"/> Yes, sometimes<br>3 <input type="checkbox"/> Yes, very often                                      | 9. I have been so unhappy that I have been crying<br>3 <input type="checkbox"/> Yes, most of the time<br>2 <input type="checkbox"/> Yes, quite often<br>1 <input type="checkbox"/> Only occasionally<br>0 <input type="checkbox"/> No, never   |
| 5. I have felt scared or panicky for no very good reason<br>3 <input type="checkbox"/> Yes, quite a lot<br>2 <input type="checkbox"/> Yes, sometimes<br>1 <input type="checkbox"/> No, not much<br>0 <input type="checkbox"/> No, not at all                                | 10. The thought of harming myself has occurred to me<br>3 <input type="checkbox"/> Yes, quite often<br>2 <input type="checkbox"/> Sometimes<br>1 <input type="checkbox"/> Hardly ever<br>0 <input type="checkbox"/> Never  |

Total Score



# Gotland Male Depression Scale

During the past month, have you or others noticed that your behaviour has changed, and if so, in which way?	Not at all (0 pts)	To some extent (1 pt)	Very true (2 pts)	Extremely so (3 pts)
1. Lower stress threshold/more stressed out than usual				
2. More aggressive, outward-reacting, difficulties keeping self-control				
3. Feeling of being burned out and empty				
4. Constant, inexplicable tiredness				
5. More irritable, restless and frustrated				
6. Difficulty making ordinary everyday decisions				
7. Sleep problems: sleeping too much/too little/restlessly, difficulty falling asleep/waking up early				
8. In the morning especially, having a feeling of disquiet/anxiety/uneasiness				
9. Overconsumption of alcohol & pills in order to achieve a calming & relaxing effect. Being hyperactive or blowing off steam by working hard and restlessly, jogging or other exercises, under- or overeating				
10. Do you feel your behaviour has altered in such a way that neither you yourself nor others can recognize you, and that you are difficult to deal with?				
11. Have you felt or have others perceived you as being gloomy, negative or characterized by a state of hopelessness in which everything looks bleak?				
12. Have you or others noticed that you have a greater tendency for self-pity, to be complaining or to seem "pathetic"?				
13. In your biological family, is there any tendency towards abuse, depression/dejection, suicide attempts or proneness to behaviour involving danger?				

Total Score: \_\_\_\_\_

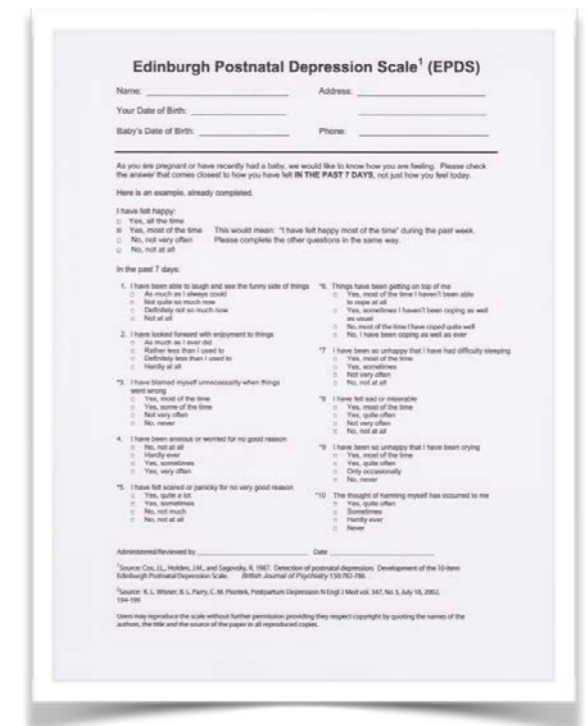
Scoring:

1-13 pts – no signs of depression; 13-26 – depression possible, specific therapy possibly indicated – see physician; 26-39 – clear signs of depression, specific therapy clearly indicated – see physician

(from: Zierau et al. Nord J Psychiatry, 2002; 56(4): 265-71)

# EPDS/EPDS-P

- Variability in cut-off scores
- EPDS > 6 = “at-risk for depression”
- EPDS > 12 = “depression”
- EPDS-P > 5 = “at-risk for depression”
- Q10. score 1-3



The image shows a sample of the Edinburgh Postnatal Depression Scale (EPDS) form. It includes fields for Name, Address, Your Date of Birth, Baby's Date of Birth, and Phone. Below these fields, there is a section for an example of a completed item, followed by the main scale items. The scale consists of 10 items, each with four response options: 'Yes, all the time', 'Yes, most of the time', 'No, not very often', and 'No, not at all'. The items cover various aspects of mood, energy, and interest in the past 7 days. At the bottom, there is a section for 'Administered/Reviewed by' and 'Date', along with a small copyright notice.

# Other mental health conditions:

- Other mood disorder (e.g Bipolar Disorder)
- Anxiety Disorder
- Substance Use Disorder
- ADHD
- Sleep Disorder
- Personality Disorder

# What is Paternal Perinatal Depression (PPD)?

# PPD

- Men (expectant fathers, fathers of infants)
- Major Depressive Episode (single or recurrent)
- Specifier: Peripartum onset (or perinatal onset: pregnancy to 1-year after birth)

# Symptomatology

- **Emotionally:** sad, anxious, frustrated, irritable, angry, trapped, powerlessness, helplessness, loneliness
- **Cognitively:** overwhelmed, confused, poor concentration
- **Physically:** fatigue, appetite, sleep, physical complaints
- **Behaviourally:** decreased father involvement, isolation and avoidance, maladaptive coping

Freitas C et al. Paternal depression during pregnancy and postpartum: An international Delphi study. JAD 202; 128-136 (2016)

# Maladaptive Coping

- Avoidance / Disengagement
- Social Withdrawal
- Excessive work
- Work related problems
- Misuse of alcohol / substances
- Gambling

# Development of PPD

- Spontaneous
- Maternal health
- Pregnancy / Birth stressors
- Relationship (Marital/Co-Parent) stressors
- Work / Family Conflict
- Biological stress (sleep disturbance)
- Loss of coping strategies and social supports
- Role transition

Roberts M. There from the start: Men and pregnancy. AFP Aug; 45(8):548-51. (2016)



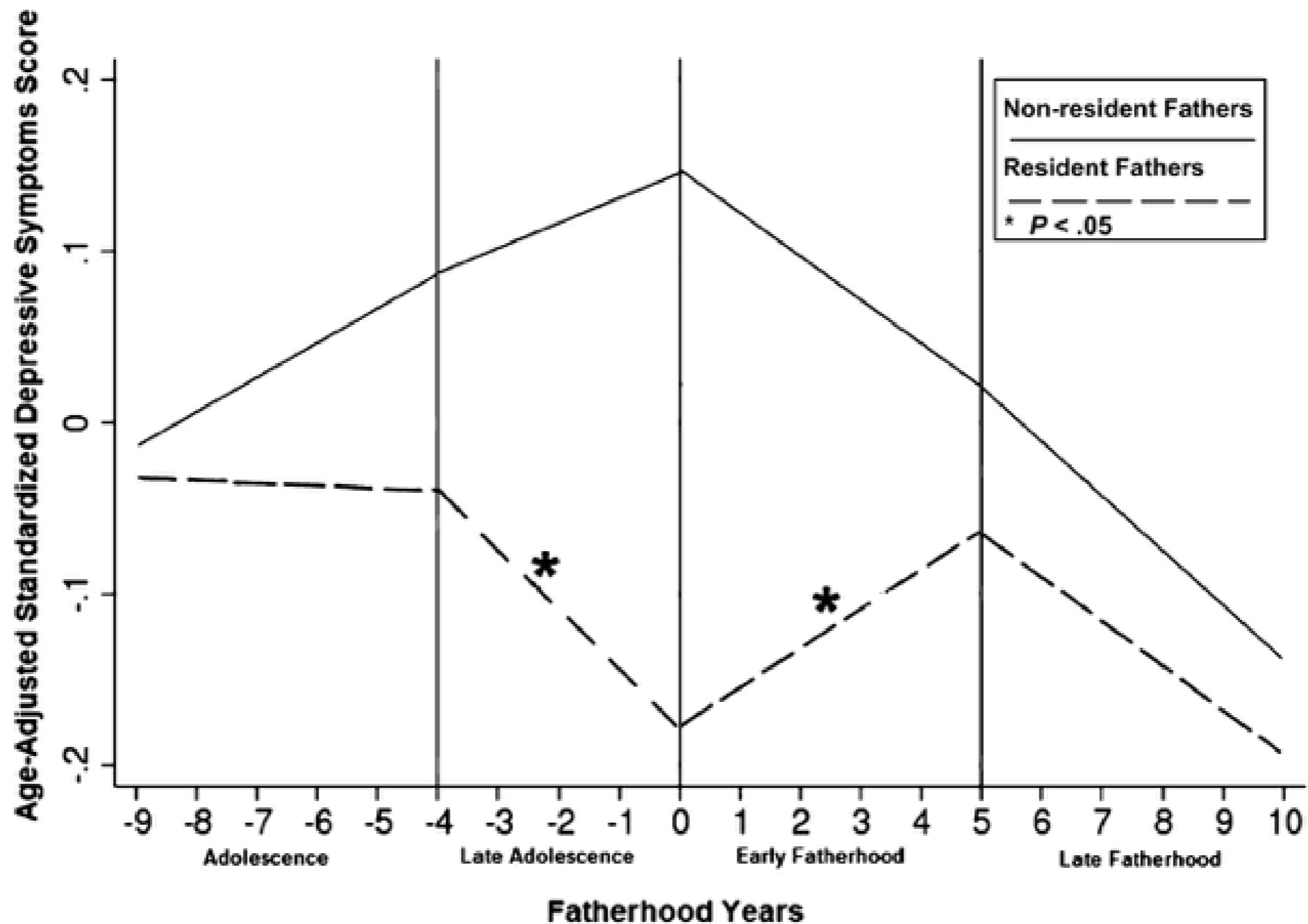
# Prevalence of PPD

8.4%

- twice the rate of depression in the adult male population
- PPD rate stable across 20-month period
- highest period: 3-6 month postpartum

E Cameron et al. Prevalence of paternal depression in pregnancy and the postpartum: An updated meta-analysis. JAD 206; 189-203 (2016).

**Change in depressive symptom scores across fatherhood-years from adolescence, later adolescence, early fatherhood, and late fatherhood among nonresident and resident US fathers.**

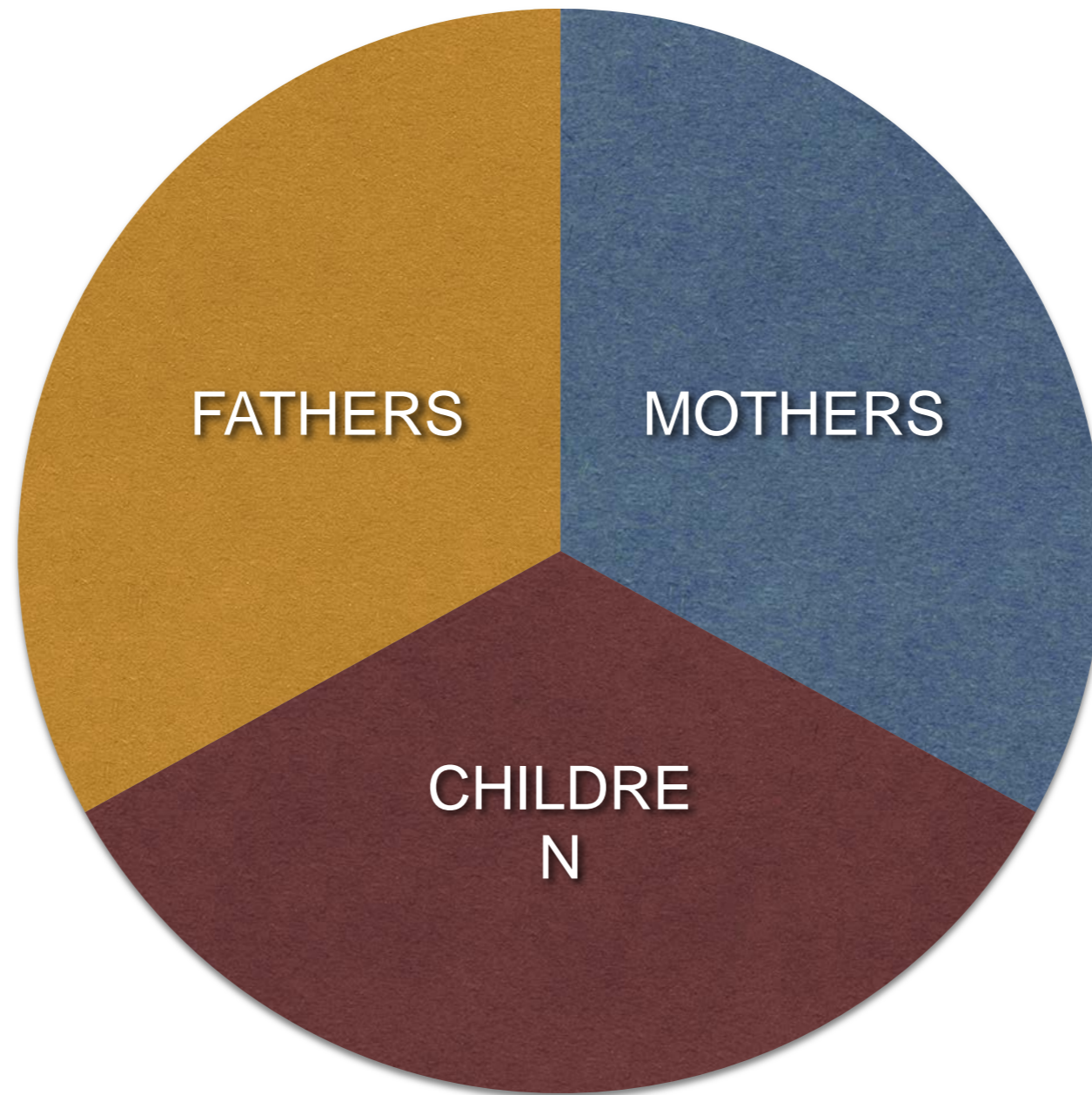


Craig F. Garfield et al. *Pediatrics* 2014;133:836-843

# Risk Factors

- Mother/partner experiencing depression
- Relationship dissatisfaction
- Hx of Mood Disorder
- Poor social support
- Unexpected/negative experiences related to child birth and health
- Previous pregnancy loss

# What is the impact of PPD?



# Impact of PPD on men

- Lack of confidence
- Lack of enjoyment
- Relationship difficulties
- Self-neglect
- Work/financial problems
- Unhealthy behaviours (increased smoking, alcohol use)

# Impact of PPD on fathering

- Speech focused on paternal experience
- Speech comprised of more negative and critical utterances
- Withdrawn paternal behaviour
- Fewer positive parenting behaviours
- Increased likelihood of spanking
- Less likely to read to child consistently

Sweeney S et al. The effects of paternal depression on child and adolescent outcomes: A systematic review. JAD 205; 44-59. 2016

# Impact on mothers

- Prolonged maternal depression
- More severe depression postnatally
- Lower relationship satisfaction
- Lower level of affection

Paulson JF et al. The course and interrelationship of maternal and paternal perinatal depression. *AWMH* Aug;19(4):655-63 (2016)

Don BP et al. Paternal postpartum depression: the role of maternal postpartum depression, spousal support, and relationship satisfaction. *Couple Fam. Psycho.* 1 (4), 323-334. 2012

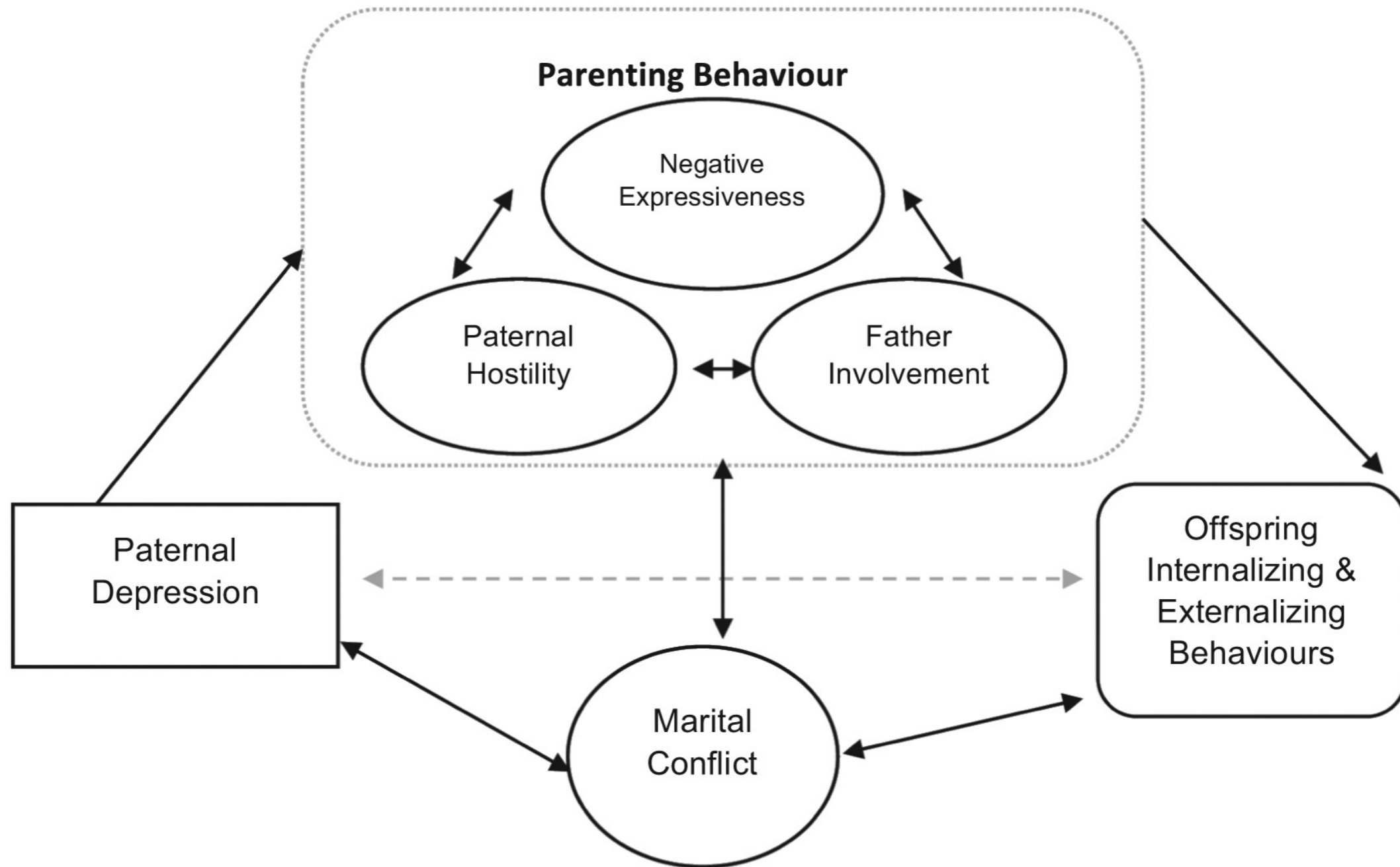
# Impact on children

- Internalizing behaviours (excessive crying, anxiety) from ages 2 to 14.
- Externalizing behaviours (oppositional, conduct) from ages 2-7.
- Psychiatric disorders (ADHD, ODD, CD) age 7
- Indirect through maternal depression

Sweeney S et al. The effects of paternal depression on child and adolescent outcomes: A systematic review. JAD 205; 44-59. 2016



# Mediators



Sweeney S et al. The effects of paternal depression on child and adolescent outcomes: A systematic review. JAD 205; 44-59. 2016

# How does PPD present in clinical practice?

# Presentation

1. It doesn't.
2. Complaints: stress, emotional, physical, relational
3. Maladaptive coping
4. Significant life event
5. Pressure from partner

# Urgency of PPD

- Unmanageable level of stress
- Marital conflict
- Maternal depression
- Caregiver burnout
- Parenting an infant

# What are the treatment goals for PPD?

# Goals of Treatment

- Remission of symptoms
- Restoration of functioning
- Improved comfort and confidence in parenting (parental efficacy)
- Improved marital relationship (communication, empathy, support, intimacy)
- Maintenance and prevention of relapse
- Improved health, stress and time management

# Finding treatment

- [www.fathersmentalhealth.com](http://www.fathersmentalhealth.com)
- [Mount Sinai Hospital](#)
- [St. Joseph's Health Centre](#)
- [OTN](#)
- [www.dadacentral.ca](http://www.dadacentral.ca)

# What are the principles of managing PPD?



# Clinical Management Plan

- Conduct a thorough assessment
  - Obtain collateral when appropriate
    - Formulate a diagnosis, disease severity and differential diagnosis
      - Establish a therapeutic alliance
        - Support education and self-management
          - Engage patient to determine treatment goals
            - Construct a comprehensive management plan
              - Deliver evidence-based treatments
                - Monitor outcomes

# Clinical Management Plan

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# Engaging Expectant Fathers

- What's best for you about this pregnancy/fatherhood?
- What's hardest for you about this pregnancy/fatherhood?
- What do you think your baby will be like?
- How do you think your life is changing and will change?
- What do you think will help you be the best dad you can be?

Roberts M. There from the start: Men and pregnancy. *AFP* Aug; 45(8):548-51. (2016)

# Exploring Dad's Strengths

- What do you think you are doing well as a father/father-to-be?
  - Why is it going well?
    - Why does it matter to you?
- What do you look forward to about fatherhood? Why?
- What does your partner say you do well?
- How would life for your baby and partner be different without you?

# What are the treatment options for PPD?

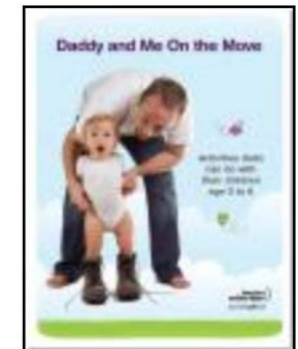
# Principles of Clinical Management

- Conduct a thorough assessment
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  - Establish a therapeutic alliance
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    - Deliver evidence-based treatments
    - Monitor outcomes

# Protective Factors

- Proactively utilizing positive community/social support
- Strong relationship with mother/partner
- Open communication, in particular about feelings and worries
- Positive parental reflective functioning
- Psychological nesting

# Parenting Skills



- “Creating an emotional roof for child”
- Unique contributions of fathers to child development
- Hands-on strategies for father involvement

Roberts M. There from the start: Men and pregnancy. AFP Aug; 45(8):548-51. (2016)





**Infant Mental  
Health Promotion**  
**IMHP**



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RESSOURCES EN FRANÇAIS

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## COMFORT, PLAY & TEACH

With Comfort, Play & Teach, the science of early childhood development is translated into activities and experiences that are practical, easy-to-understand and easy to do to help you support your child's development. You'll find these activities at every developmental stage.

Knowing your child's typical skills and her emerging skills can help you provide appropriate experiences to enhance her development. And Comfort, Play & Teach™ is just the place to start.

Each child develops at their own pace, with some skills emerging early, and others appearing later. So delight in who your child is, and discover how you can have fun as you go through each stage of this amazing growth together. Parents are their child's first teacher, and will benefit from discovering strategies for stimulating their child's curiosity and eagerness to learn. Parents will find that as their collaboration with educators and other care providers becomes stronger, so does their child's enjoyment of exploring new experiences and possibilities for learning.

Comfort, Play & Teach was developed to communicate what developmental science tells us about key strategies in parenting.



## FOR CAREGIVERS



[Developmental Milestones by Age and Area of Development](#)

[Activities to Promote Development](#)

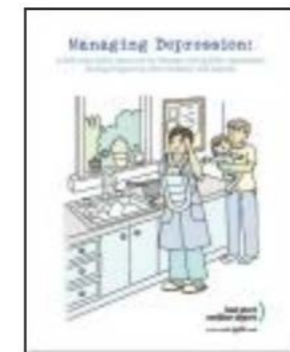
[Parenting Moments Tip Sheets](#)

## QUICK CPT DOWNLOADS



# e-Mental Health

- Information
- Screening and Monitoring
- Self-management
- Social Support



# Clinical Management Plan

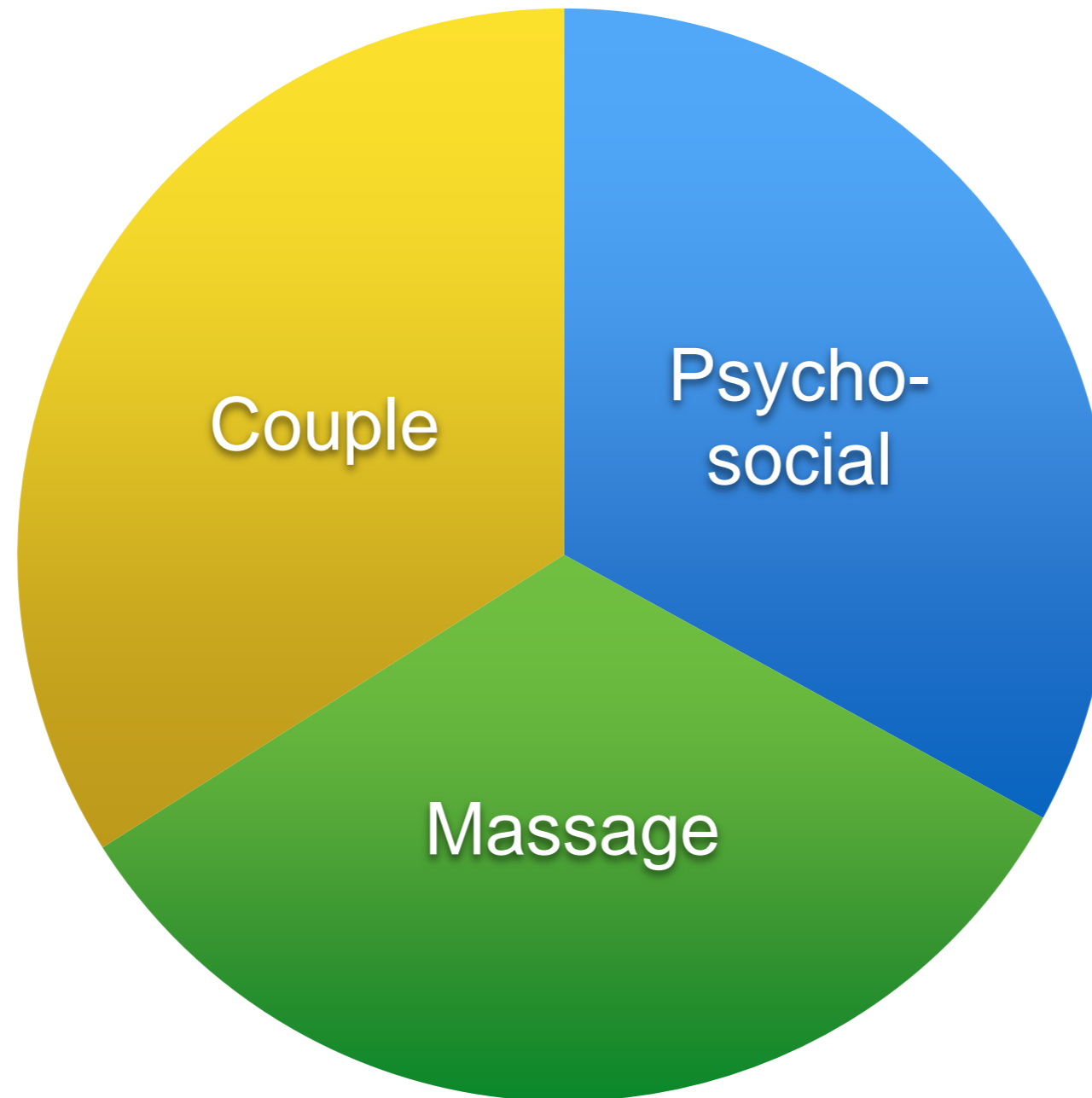
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- **Deliver evidence-based treatments**
  - Monitor outcomes

# Literature Review

- Meta-Analysis
- **Systematic Reviews**
- Randomized Controlled Trials

Romanov H et al. A Systematic Review of Interventions Targeting Paternal Mental Health in the Perinatal Period. *IMHJ*. 37(3), 289-301 (2016)

# SR: Interventions



Romanov H et al. A Systematic Review of Interventions Targeting Paternal Mental Health in the Perinatal Period. *IMHJ*. 37(3), 289-301 (2016)

# Treatment of PPD

- Apply general treatment guidelines for MDD
- Consider evidence based treatments for maternal perinatal depression

# Treatment Options

- Psychoeducation (PDD, parenting, relationship)
- Psychotherapy
- Psychopharmacology
- Neurostimulation
- Complimentary and Alternative Medicines

# Psychotherapy

- Cognitive Behavioural Therapy (CBT)
- Interpersonal Psychotherapy (IPT)
- Mindfulness Based Cognitive Therapy (MBCT)
- Marital Therapy



O'Brien A et al. New Fathers' Perinatal Depression and Anxiety - Treatment Options: An Integrative Review. AJMH. (2016)



# CBT

- 1st line for MDD (CANMAT 2016)
- 1st line for Maternal Perinatal Depression
- Not yet empirically tested for PPD
- Suggestions
  - Group setting
  - Strengths based / Stress Management
  - Sensitive to the influence of masculine gender role norms



# IPT

- 1st Line for MDD (2016 CANMAT Guidelines)
- 1st Line for Maternal Perinatal Depression
- Not empirically tested for PPD\*
- Suggestions:
  - Role Transition
  - Conflict Resolution
  - Loss/Grief
  - Social deficits
  - Individual, Group, Couple\*



# IPT-PGC

- Women's College Hospital – RLS Program
- Group IPT for 4-6 couples
- 12 weekly sessions
- At least one parent has PPD and child <1year

# Fathers Psychotherapy Group

- St. Joseph's Health Centre
- Expectant men and fathers
- Open, long-term outpatient group
- Diverse representation and experience

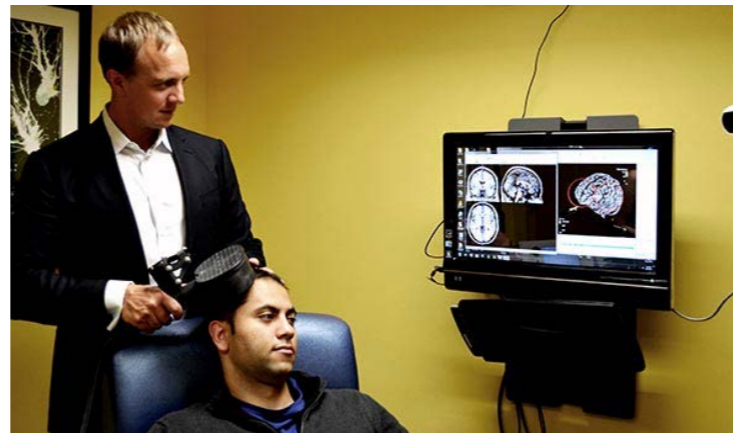
# Other Groups

- Postpartum Depression
- Late Loss Group
- Mount Sinai / North York General / Sunnybrook

# Psychopharmacology

- Second generation antidepressants (e.g SSRIs)
- Tailor selection based on symptoms/profile:
  - With cognitive dysfunction
    - Vortioxetine, Bupropion, other SNRI
  - With fewer sexual side effects
    - Bupropion, Mirtazapine

# Neurostimulation



- repetitive Transcranial Magnetic Stimulation (rTMS)
- Electroconvulsive Therapy (ECT)

Lam R et al. Canadian Network for Mood and Anxiety Treatments (CANMAT) 2016 Clinical Guidelines for the Management of Adults with Major Depressive Disorder: Section I. Disease Burden and Principles of Care. CJP; 61(9): 510-523. (2016)

# Complimentary and Alternative Medicine

- Exercise (1st Line for Mild/Mod)
- St. John's wort (1st Line for Mild/Mod)
- Omega 3 (Adjunct)
- SAM-e (Adjunct)

Lam R et al. Canadian Network for Mood and Anxiety Treatments (CANMAT) 2016 Clinical Guidelines for the Management of Adults with Major Depressive Disorder: Section I. Disease Burden and Principles of Care. CJP; 61(9): 510-523. (2016)



# Clinical Management Plan

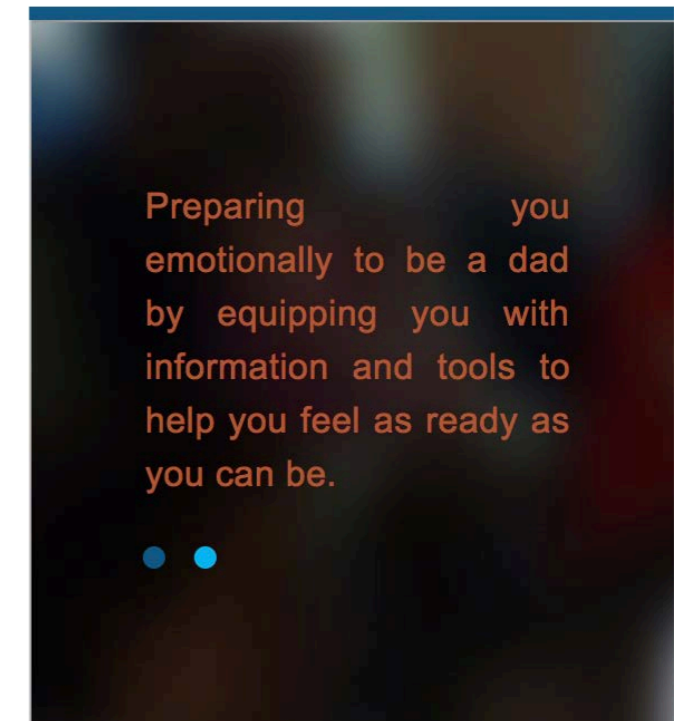
- **Engage men and increase access to services**

- Conduct a thorough assessment
  - Obtain collateral when appropriate
  - Formulate a diagnosis, disease severity and differential diagnosis
  - Establish a therapeutic alliance
  - Support education and self-management
  - Engage patient to determine treatment goals
  - Construct a comprehensive management plan
    - Deliver evidence-based treatments
    - Monitor outcomes

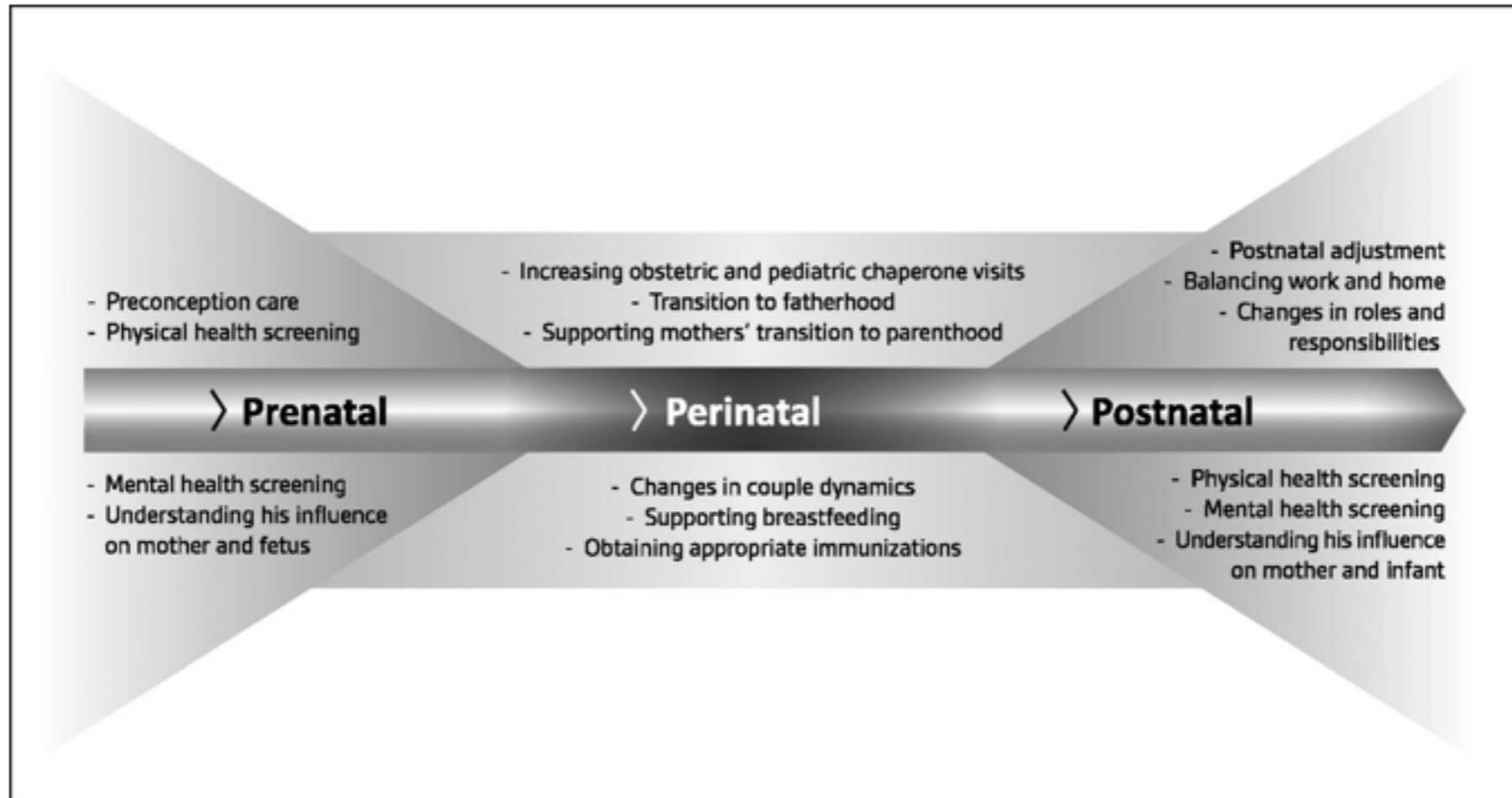
# www.healthydads.ca



- Barriers to seeking help:
  - no time to seek help (74.7%)
  - lack of resources (72.2%)
  - Financial costs (67.8%)
  - Feeling one should be able to do it alone (64.9%)



**Conceptualization fathers' involvement in health from preconception through to the postnatal period.**



Craig F. Garfield *Pediatrics* 2015;135:e528-e530

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**PEDIATRICS**

# Father-inclusive Practice

- Training staff around father-inclusive practice
- Employing male clinic staff
- Opening after-hours, attending workplaces
- Neutral colour schemes
- Posters and other reading material in the clinic

Roberts M. There from the start: Men and pregnancy. *AFP* Aug; 45(8):548-51. (2016)

# Next steps

- Pilot treatment interventions
- RCT treatment interventions
- Pilot engagement interventions
- Pilot PPD prevention interventions
- Continue to build culture and advocacy that enriches fatherhood and family functioning
- Continue to develop services and programs for fathers/families

# Resources

- [www.fathersmentalhealth.com](http://www.fathersmentalhealth.com)
- [www.dadcentral.ca](http://www.dadcentral.ca)
- [www.fatherly.com](http://www.fatherly.com)
- <http://www.fatherhood.org>
- <http://www.allprodad.com>
- <http://www.fathers.com>
- <http://en.beststart.org>

Thank-you.

Questions?