

Paternal perinatal mental health: Barriers to help-seeking

 openaccessgovernment.org/article/paternal-perinatal-mental-health-barriers-to-help-seeking/199690

Emily Warrender

October 10, 2025

Deborah Da Costa, PhD, Associate Professor at the Department of Medicine, McGill University, Scientist at McGill University Health Centre, details the benefits and barriers to paternity leave uptake by fathers following the birth of a child

The transition to parenthood can be a vulnerable time for men's mental health. Yet there remains a lack of awareness regarding paternal [perinatal mental health issues](#) during this life stage. Mounting evidence indicates that a significant number of expectant and new fathers experience psychological distress, including depression and/or anxiety, during the perinatal period. ^(1,2) The prevalence of depression among fathers during the perinatal period is approximately 8% ⁽¹⁾ and 10% for anxiety. ⁽²⁾ Untreated mental health conditions in fathers during the perinatal period can worsen paternal mental health status. ⁽³⁾ In addition, paternal perinatal depression can negatively impact maternal mental health ⁽⁴⁾ and adversely affect the child's behavioural, emotional, cognitive, and physical development. ⁽⁵⁾ This underscores the importance of prevention and early intervention to promote the mental health of men during the transition to parenthood. The usefulness of such efforts, however, is contingent upon men's willingness to access services to address their mental health.

Men's help-seeking for mental health

Compared to women, men are less likely to seek help and access health services when experiencing psychological distress, ⁽⁶⁾ which has enormous costs at the individual, relational, and socioeconomic levels. A growing number of studies have examined factors associated with men's help-seeking for mental health. Stigma around mental health difficulties, and stronger conformity to traditional masculine gender norms (e.g., being strong, in charge, stoic, avoiding emotions) have consistently been associated with a lower likelihood of men seeking professional help for mental health problems. ^(7,8) A greater adherence to traditional masculine norms has been shown to both increase the likelihood of men experiencing psychological distress and decrease their willingness to seek mental health support. ⁽⁸⁾

Much of the research advancing knowledge on men's mental health help-seeking behaviours has been conducted in the general population, without looking at subgroups such as [expectant or new fathers](#). The need to examine help-seeking based on context, life stage, and familial roles has been highlighted in order to help narrow disparities in mental health service utilization. ⁽⁹⁾ The transition to parenthood can be a vulnerable time for men's mental health, yet little is known about men's mental help-seeking behaviours during this period.

Barriers to mental health help-seeking among fathers

Barriers to mental help-seeking during the perinatal period have focused almost exclusively on women, identifying barriers at the individual (e.g., beliefs about mental illness, fear of judgement), organizational (e.g., lack of availability or difficulty accessing services), and cultural/societal levels (e.g., stigma, maternal norms). ⁽¹⁰⁾ A recent review of barriers to help-seeking for men during their partner's pregnancy and early parenthood ⁽¹¹⁾ identified the following individual level barriers: demographic (e.g., lower levels of education, socioeconomic disadvantage), unplanned pregnancy, masculinities and roles (e.g., beliefs associated with rigid restricted views of masculinity and parenting roles, stigma around mental health help-seeking), balancing demands of work and other duties, prioritising the needs of others over their own wellbeing, and distrust of healthcare providers. Health service level barriers identified in this review were related to the health service environment (e.g., services focus on mothers, leaving fathers to feel unwelcome and excluded), lack of father-specific resources, no routine mental health screening, a lack of access to support programs for fathers, and health professionals' lack of awareness, confidence, and training in working with fathers. ⁽¹¹⁾ Cultural barriers to fathers' health service access identified were expectations and beliefs specific to fathers from culturally and linguistically diverse backgrounds, and a lack of cultural sensitivity among healthcare providers. ⁽¹¹⁾

Conclusion and future directions

Untreated parental mental health difficulties during the transition to parenthood can have adverse consequences at the personal, familial, and societal levels. Expectant and new fathers encounter a number of practical, access, and attitudinal barriers to seeking mental help.

The obstacles identified highlight the need for new initiatives at the person, provider, and system levels to facilitate timely access to appropriate father-friendly mental health services and follow-up for men during the transition to parenthood. Given that men during the perinatal period may be in more frequent contact with healthcare providers as they accompany their partner to antenatal care visits and prenatal classes, antenatal care services present a possible avenue for father-inclusive mental health education, screening, and referrals for those requiring additional services. Innovative approaches such as internet-delivered programs aimed at preventing and treating emotional difficulties during the transition to fatherhood may also be a highly accessible and sustainable mode of providing men with mental health support during the perinatal period. Tailored dad-specific support services to promote and address the mental health of men during this critical life stage are needed to optimize their uptake and efficacy.

References

1. Cameron, E.E., Sedov, I.D., and Tomfohr-Madsen, L.M. (2016). Prevalence of paternal depression in pregnancy and the postpartum: an updated meta-analysis. *Journal of Affective Disorders*, 206, pp.189-203.
<https://doi.org/10.1016/j.jad.2016.07.044>

2. Leiferman, J.A., Farewell, C.V., Jewell, J., Lacy, R., Walls, J., Harnke, B., and Paulson, J.F. (2021). Anxiety among fathers during the prenatal and postpartum period: a meta-analysis. *Journal of Psychosomatic Obstetrics & Gynecology*, 42(2), 152-161.
<https://doi.org/10.1080/0167482X.2021.1885025>
3. Livingston, J. D., Youssef, G. J., StGeorge, J., Wynter, K., Dowse, E., Francis, L. M., DiManno, L., Teague, S., Demmer, D., Collins, S., Wilford, E., Leach, L., Melvin, G. A., & Macdonald, J. A. (2021). Paternal coping and psychopathology during the perinatal period: A mixed studies systematic review and meta-analysis. *Clinical Psychology Review*, 86, 102028.
<https://doi.org/10.1016/j.cpr.2021.102028>
4. Paulson, J. F., Bazemore, S. D., Goodman, J. H., & Leiferman, J. A. (2016). The course and interrelationship of maternal and paternal perinatal depression. *Archives of Women's Mental Health*, 19(4), 655–663.
<https://doi.org/10.1007/s00737-016-0598-4>
5. Scarlett, H., Moirangthem, S., & van der Waerden, J. (2024). The impact of paternal mental illness on child development: an umbrella review of systematic reviews and meta-analyses. *European Child & Adolescent Psychiatry*, 33(11), 3693-3706.
<https://doi.org/10.1007/s00787-023-02261-1>
6. Harris, M. G., Baxter, A. J., Reavley, N., Diminic, S., Pirkis, J., & Whiteford, H. A. (2016). Gender-related patterns and determinants of recent help-seeking for past-year affective, anxiety, and substance use disorders: findings from a national epidemiological survey. *Epidemiol Psychiatr Sci*, 25(6), 548-561
<https://doi.org/10.1017/S2045796015000876>
7. Yousaf, O., Grunfeld, E. A., & Hunter, M. S. (2015). A systematic review of the factors associated with delays in medical and psychological help-seeking among men. *Health psychology review*, 9(2), 264-276.
<https://doi.org/10.1080/17437199.2013.840954>
8. Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. (2016). The role of masculinity in men's help-seeking for depression: a systematic review. *Clinical psychology review*, 49, 106-118.
<https://doi.org/10.1016/j.cpr.2016.09.002>
9. Addis, M. E., & Mahalik, J. R. (2003). Men, Masculinity, and the Contexts of Help-Seeking. *Am Psychol*, 58(1), pp. 5-14.
<https://doi.org/10.1037/0003-066X.58.1.5>
10. Webb, R., Uddin, N., Constantinou, G., et al. (2023). Meta-review of the barriers and facilitators to women accessing perinatal mental healthcare. *BMJ open*, 13(7), e066703.
<https://doi.org/10.1136/bmjopen-2022-066703>
11. Wynter, K., Mansour, K. A., Forbes, F., & Macdonald, J. A. (2024). Barriers and opportunities for health service access among fathers: A review of empirical evidence. *Health Promotion Journal of Australia*, 35(4), 891-910.
<https://doi.org/10.1002/hpja.846>

Primary Contributor

Deborah Da Costa
McGill University Health Centre

Creative Commons License

License: [CC BY-NC-ND 4.0](https://creativecommons.org/licenses/by-nc-nd/4.0/)

This work is licensed under [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International](https://creativecommons.org/licenses/by-nc-nd/4.0/).

What does this mean?

Share - Copy and redistribute the material in any medium or format.

The licensor cannot revoke these freedoms as long as you follow the license terms.