

**Submission by
The Family Action Centre, Faculty of Health,
The University of Newcastle
to The NSW Health Department**

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NSW Men's Health Action Plan 2009-2012

**Primary Health & Equity Unit, Level 9 Primary Health and Community
Partnerships Branch NSW Department of Health LMB 961**

About this submission

This submission has been prepared by Dr Richard Fletcher, Leader, Fathers and Families Research Program, Family Action Centre.

The Family Action Centre is an independent, not for profit, non-government organisation with over three decades of experience providing services and programs to strengthen both families and their communities. Located at the University of Newcastle, FAC activities include delivering support programs, advocating for family wellbeing, engaging in research and providing training and consultation.

The Fathers and Families Research Program has recently completed and published research on: The assessment and support of new fathers; Fathers role in Children's Centres; Using the web to support new fathers; New fathers and depression; Home visiting new fathers when the mother is depressed; Professional competencies for engaging with fathers .



Response to the priority “Better prepared, more involved fathers” in the NSW Men’s Health Action Plan 2009-2012

Fathers and depression

The inclusion of fathers as a specific target group in the draft *NSW Men’s Health Action Plan* is a welcome recognition that family well being is central to men’s health.

The actions listed under “What will we do?” in the Action Plan such as collecting data on men’s participation in family-based health services and identifying opportunities to include information for men approaching fatherhood are also timely and appropriate.

However, there are also a number of areas where the Action Plan could be improved to deliver more effective health care to fathers and their families.

A major gap in the draft Action Plan is the lack of connection with existing programs within NSW Health services targeting new families. The list of actions to be undertaken suggests that little is known about informing new fathers or supporting fathers in the community. The implication is that involving fathers is to be undertaken in isolation from existing initiatives.

The notion of ‘father-inclusion’ – changing existing services to include fathers alongside mothers for the benefit of children and families - has been endorsed by the Australian Government through its support of the Father-Inclusive Practice Framework ¹ and is being developed across health, education and welfare services. The draft Action Plan could be strengthened by reviewing existing service provision within a framework of a ‘father-inclusive’ approach.

For example, NSW is leading Australia in its development of the Integrated Perinatal Care (IPC) program which holistically assesses the needs of new mothers during the antenatal period using a validated depression scale (The Edinburgh Depression Scale) and a set of psychosocial questions. Mothers are offered follow-up consultations as indicated by the assessment ².

Rather than nominating the general task “Identify opportunities to include and provide information that will help to prepare men for fatherhood in health publications and programs, such as breastfeeding, ante-natal and post natal parenting programs” a more focused action would be to “Review the IPC in order to develop a strategy to include fathers”.

The tentative nature of the actions in the Action Plan also suggest that little or nothing is known about including fathers, or that research is lacking that could underpin initiatives directed to fathers. This is certainly not true in the area of fathers’ assessment as in the IPC.

Over the last few years a series of well designed studies, some involving more than 10,000 fathers have demonstrated that:

- a) Fathers postnatal depression leads to poorer health outcomes (such as behaviour problems) in children, just as does mothers postnatal depression ³
- b) Children of depressed fathers followed to age seven still show impaired mental health compared to children whose fathers were not depressed ⁴
- c) Fathers whose partners are depressed are more likely to themselves be depressed ⁵
- d) Mothers suffering from postnatal depression will recover more effectively if the father is involved in care of the children ⁶
- e) Infants of depressed mothers will be less impaired if fathers are involved in their care ⁷

As well the tools and processes within the IPC process which were developed for mothers have been researched and adapted to apply to fathers

- a) Matthey et al ⁸ have validated The Edinburgh Depression Scale for fathers and suggested cut off points on the scale which could be used to identify fathers in need.
- b) A set of psychosocial questions, based on those used for mothers but taking account of a father's unique role, have been evaluated and the results published ⁹
- c) Male-only antenatal classes have been integrated into the antenatal parenting program on the NSW Central Coast ¹⁰
- d) In the Hunter a successful pilot home visiting program for fathers where the mother is depressed has been reported ¹¹

The evidence in the area of depression is particularly compelling and the case for assessing fathers during the antenatal period is one where urgent action is justified. However the point could be made about other areas of father involvement with NSW Government programs and services: Midwifery services; Neonatal Intensive Care Units; Department of Community Services (especially their early intervention arm); and, Families NSW could all be reviewed to immediately begin adaptation to include fathers. A particularly strong case could be made for swift action to extend the existing program 'Brothers Inside' throughout Corrective Services. This brief course for Indigenous fathers in prison has had excellent results in health-related behaviours and acceptance by the men in several NSW prisons ¹².

References

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12. Brothers Inside – see <http://www.newcastle.edu.au/centre/fac/indigenousprograms/index.html>