

SHORT REPORT

Fathers' involvement and the impact on family mental health: evidence from Millennium Cohort Study analyses

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Abstract

This paper reports evidence from the Millennium Cohort Study (MCS) on the relationship between fathers' involvement and the mental well-being of mothers, fathers, and children. Drawing on previous research, we use a tripartite definition of father involvement: engagement, accessibility, and responsibility. After searching 14 databases and websites, we screened for applicability, coded, quality assessed and synthesised the evidence. The majority of studies focused on 'accessibility' in terms of family structure or on 'responsibility' in terms of father employment. Overall the studies suggest that aspects of fathers' involvement can positively influence both maternal and child mental well-being; fathers' mental health was only analysed in relation to one aspect of involvement: parental or father employment was found to influence fathers' mental well-being positively. Further research is required which examines the impact of fathers' involvement on their own mental well-being, as well as the broader impact of a more active or 'modern' fatherhood model encompassing engagement and an understanding of responsibility beyond the breadwinning role.

Keywords: fathers; involvement; Millennium Cohort Study; rapid evidence assessment

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Introduction

Recent government policies in the UK reflect a move towards a more engaged fatherhood ideal, recognising the 'important part' fathers play in their children's upbringing (Department of Health, 2011). In particular there has been substantial emphasis on men's participation in pregnancy, birth, and the first few years of a child's life. The Department of Health, England, (DH) has emphasised the importance of tailored information to enable men to be involved in their partner's pregnancy and birth (DH, 2009a; DH, 2009b); and in April 2011 an 'additional paternity leave' of six months was introduced in the UK to facilitate shared parenting in the first year of a baby's life. Similar increases in paternity and men's parental leave entitlements have been observed across Europe in the last five years (Moss, 2010).

This emphasis on fathers' early involvement is particularly important since it affects men's later participation in childcare (Aldous & Mulligan, 2002; Flouri, 2005). Yet the impact of fathers' involvement is unclear, and studies have reported potential positive and negative outcomes. Fathers' involvement in pregnancy and birth is associated with significant short-term mental health outcomes; for example, during labour it can help mothers to feel more in control (Gibbins & Thompson, 2001), and create a more positive childbirth experience for the mother, with a shorter duration of delivery and less pain experienced (Tarkka et al., 2000). Fathers' involvement in the postnatal period has been shown to encourage a more positive attitude by the mother towards motherhood (Mercer et al., 2004). Involvement around the birth of a child also influences the short term mental health of men themselves. Studies of fathers who were present during labour and birth report men feeling

less anxious and more helpful, satisfied and involved (Capogna et al., 2007). However, Johnson (2000) found that men who experienced high stress during birth felt that they were not meeting their role expectation or felt pressured to be at the birth.

There is considerable policy interest in the relationships between factors such as ‘good’ parenting and subsequent poor mental health and risk behaviours (Lansley, 2010). This systematic rapid evidence assessment (SREA) was commissioned by the DH to inform its policy development. Its aim was to locate and assess UK literature on the relationship between mental health outcomes and father involvement. SREAs are increasingly employed in situations where policy timelines prohibit a full systematic review (Ganann et al., 2010). In order to avoid any methodological bias we have employed the same methods practiced in a systematic review, but limited our searches to studies drawing on Millennium Cohort Study (MCS) data. The MCS is a comprehensive and up to date dataset with relevant variables, and is based on a large sample of UK participants. Thus this SREA is limited in its scope but robust in its method, providing an overview of timely UK relevant evidence. This approach to SREAs has been recommended by Ganann et al. (2010) and Abrami et al. (2010).

Methods

Drawing on Lamb’s (2000) definition of father involvement, we identified published MCS studies which explored one of three aspects of father involvement - engagement, accessibility, or responsibility - and its relationship with mental health outcomes. *Engagement* refers to time spent in one-to-one interaction with their child; *accessibility* is defined as being physically available for their child; and *responsibility* is the extent to which the parent takes ultimate responsibility for the child’s welfare and care (Lamb, 2000; Lamb et al., 1985). The MCS is a multi-disciplinary research project following the lives of about 19,000 children who were born in the UK during 2000/1. It is the most recent of the national

longitudinal birth cohort studies. We include data from the first three survey rounds, collected when the child was aged nine months; three years; and five years. The father involvement variables from MCS studies which mapped onto Lamb's definition are summarised in the Table 1, and the mental health variables are summarised in Table 2.

To locate studies we searched twelve databases, two websites, and contacted content experts. We included studies if they were analyses of the MCS data with a focus on the impact of father involvement on mental health outcomes for mothers, children or fathers themselves, were published after 1990, and were in the English language. Two reviewers independently assessed each study for quality and extracted data, then met to agree findings. Studies were assessed according to six quality criteria (Wong et al., 2008). The synthesis involved bringing together evidence on associations on each of the three types of father involvement (engagement, accessibility, and responsibility) according to family member (mother, child, father). Additionally the context of such associations was explored and the robustness of the evidence was assessed. A full explanation of the methods, including the list of databases searched and the data extraction tool used, can be found in the project report (Brunton et al., 2010).

Table 1 and 2 here

Results

Ten studies were identified which each looked at different and sometimes multiple aspects of fathers' involvement and mental health. Overall the studies suggest that fathers' involvement positively influences maternal, paternal and child mental well-being (see Table 3). There is most evidence to support the relationship between father accessibility and maternal and child mental well-being (Dex & Ward, 2007; Emerson E et al., 2010; Essex & Pickett, 2008;

George et al., 2007; Kiernan & Mensah, 2009; Kiernan & Pickett, 2006; Mensah & Kiernan, 2009; Mensah & Kiernan, 2010; Sullivan et al., 2010). In particular, the studies show that the kind of relationship the parents have with one another (co-habiting or not) and whether they have a history of separation is associated with the mental well-being of the mother and child. In addition, when fathers took parental leave or used flexible working hours in the child's early years, children appeared to benefit in cognitive and behavioural domains (Dex & Ward, 2007).

Responsibility was most often measured in terms of fathers' or parental employment. The studies indicate that these positively influence the mental well-being of mothers and children (Dex & Ward, 2007; Emerson E et al., 2010; George et al., 2007; Mensah & Kiernan, 2009; Mensah & Kiernan, 2010; Sullivan et al., 2010). Other measures of fathers' responsibility were more equivocal. Kiernan (2005) found no difference between the 'life satisfaction' of mothers who do and do not receive child maintenance from the non-resident father, after adjusting for potential confounding factors. Fathers' responsibility was the only aspect of father involvement measured in relation to fathers' mental health – parental or father employment was found to influence fathers' mental well-being positively (Dex & Ward, 2007; Emerson et al., 2010).

There appears to be a positive correlation between fathers' involvement in childcare and children's mental well-being (Dex & Ward, 2007; Sullivan et al., 2010). Lone mothers' mental well-being was improved when they perceived non-resident fathers to be interested in and in contact with their child, particularly if the relationship between parents was also friendly (Kiernan 2005). However, a possible negative relationship was found between maternal depression and fathers sharing cooking and childcare (Dex & Ward, 2007).

Table 3 here

Discussion

Our assessment of the evidence suggests that, largely, fathers' involvement positively influences family mental well-being. However, it must be remembered that some of the data are based on self-reported measures of, for example, mental well-being, and for non-residential fathers data is based on mothers' assessments of involvement. Nonetheless, the research methods of the MCS are robust and provide a rich data set representative of the UK population.

The majority of studies we found explored the association of fathers' accessibility in terms of family structure – marital status, cohabitation status and so on – with mental health. While this is an important area of research, it hardly reflects the full gamut of fathers' potential involvement with their families. In part this reflects the differential aims of the studies from our own – i.e. they were not necessarily intending to explore 'father involvement'. This also points to the need for a more holistic definition of fatherhood to support the development of policy formation. Furthermore, we found little research which examines the relationship between fathers' involvement and their own mental well-being. Other research suggests that men's emotional involvement with children can protect against work related stress (O'Brien, 2004). We only found evidence of the impact of fathers' employment on their own mental well-being. This is not a perfect measure; an employed father may actually be less involved with his child in other aspects of childcare.

The evidence on accessibility and child outcomes highlights new areas of interest about why children are helped when fathers take parental leave or flexible working hours. The recent creation of 'additional paternity leave', where fathers or partners can take the second six months of maternity leave in place of the mother, open up the possibility for more research in this area. However, we suggest that for mothers' mental well-being, the *quality* of

fathers' accessibility may matter more than *quantity* (i.e. how much time they spend). When fathers took leave around the birth of the baby, the amount of leave they took was not associated with maternal mental well-being. Furthermore, the nature of the parents' relationship in terms of marital and cohabitation status appears to affect mothers: risk of poor mental well-being appeared to be highest for lone mothers not in any relationship, followed next by co-habiting mothers, with married mothers experiencing the least risk. This finding is supported by previous research into the relationship between marital status and mental health (Simon, 2002). Similarly, children in step-families or those with a history of parental separation were at higher risk of cognitive and educational delays by the time they started school. These findings fit with those of previous reviews (Doherty et al., 1998; Simon, 2002), in that there appears to be a differential effect for children's mental well-being based on family structure, stability, and parents' relationship quality.

Fathers' 'responsibility' was primarily measured by employment status. Employment (be it fathers' or parental) appeared to influence maternal, children's and fathers' own mental well-being positively, although it is difficult to say whether fathers' employment in particular, or parental employment in general, mattered. However, having non-resident fathers pay maintenance was not associated with better maternal mental health. This is at odds with previous findings which suggest that financial payments from non-resident fathers were possibly more important than the accessibility of those fathers (Amato & Gilbreth, 1999).

Only three studies explored the impact of fathers' engagement on mental health. Children were noted to be at higher risk of behavioural difficulties if fathers were not involved in childcare, a finding noted previously by others (Amato & Gilbreth, 1999; Sarkadi et al., 2007). The contradictory findings of fathers' engagement on mothers' mental health are likely due to the cross-sectional nature of the study, making causal relationships difficult to

decipher: It is more likely that mothers' poor mental health results in greater levels of father engagement.

Conclusion

This systematic rapid evidence assessment suggests that fathers' involvement has a broadly positive impact on a family's mental well-being. However, further research is needed. Few studies explored the association between father engagement and mental well-being. Furthermore, across most of the studies, father involvement was analysed as a one-dimensional construct: accessibility or engagement or responsibility. Only Sullivan (2010) used a combined measure of accessibility and responsibility. We think this type of combination may better represent the complexity of father involvement described by many others (Dermott, 2004; Doherty et al., 1998; Goodman, 2005; Lamb, 2000): that fathers' involvement is more than just presence or financial responsibility. The interaction of these aspects of fatherhood has not yet been explored, nor has their cumulative effect on parental and child mental well-being been examined. Further, involvement was measured most often in a contemporaneous rather than long-term manner. This means that findings are more likely to represent the association between fathers' involvement as it is happening, rather than how it impacts mental well-being over time. We suggest that future projects take a longitudinal and multi-faceted approach to father involvement.

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Table 1. MCS variables for father involvement

Accessibility Variables	Responsibility Variables	Engagement Variables
Family structure (married, cohabiting, non-resident etc)	Father employment	MCS1: How often fathers: look after baby on own, change nappy, feed baby, get up at night MCS2: How often fathers: read to child, put child to bed, play with child
Whether present at birth	Payment of child maintenance	Who mainly looks after child when ill
Access to/use of flexible working	Father recorded on birth certificate	Feelings about amount of time spent with child
Amount and type of leave taken at birth		Whether feels has a warm relationship with child
Non-resident fathers - frequency of seeing their child		

Table 2.MCS variables of mental health

Child Mental Health Variables	Adult Mental Health Variables
Behavioural development - Strengths and Difficulties Questionnaire - Carey Infant Temperament Scale	Psychological distress - Kessler 6
Cognitive development - Denver Developmental Screening Test - Bracken Basic Concept Scale - British Abilities Scale II	Depression - History of depression - Malaise inventory - Post natal depression
Educational development - Foundation Stage Profile	Selfesteem
	Life satisfaction

Table 3. Summary of evidence on the impact of fathers' involvement on mental health

Father Involvement	Family Member	Evidence of impact? (Number of studies)
Accessibility	Mother	Positive impact (6)
	Father	No evidence (0)
	Child	Mixed evidence (7)
Responsibility	Mother	Weak evidence of positive impact (3)
	Father	Positive impact (2)
	Child	Positive impact (5)
Engagement	Mother	Conflicting evidence (2)
	Father	No evidence (0)
	Child	Positive impact (2)