



U.S. Department of Health  
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# Responsible Fatherhood Spotlight



## Fathers and Depressive Disorders

Researchers estimate that in any given one-year period in the United States, depressive illnesses affect nearly 7 percent of men (more than six million men).<sup>i</sup> In addition to gender differences in the incidence of depression, the incidence varies by race/ethnicity, educational level, socioeconomic status, and marital status. Not only does depression have negative effects for fathers, but also for partners or spouses, and it can also negatively affect behavioral, emotional, and academic outcomes for children.

### Definitions

#### *What is a Depressive Disorder?*

A depressive disorder is an illness that involves the body, mood, and thoughts, and that lasts longer than a passing mood or temporary feelings of sadness.

There are three common types of depressive disorders: major depressive disorder, dysthymia, and bipolar disorder.<sup>ii</sup> Within these types, variations exist in the number of symptoms, their severity, and persistence. An episode of major depression may occur only once but more commonly occurs multiple times in an individual's lifetime.

*Major depression* is characterized by an individual exhibiting several of the following symptoms for a period of two weeks or longer:<sup>iii</sup>

- Persistent sad, anxious, or "empty" mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Decreased energy, fatigue, being "slowed down"
- Difficulty concentrating, remembering, making decisions
- Insomnia, early-morning awakening, or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Thoughts of death or suicide; suicide attempts
- Restlessness, irritability
- Persistent physical symptoms, such as headaches, digestive disorders, and chronic pain, that do not respond to treatment

*Dysthymia* is a less severe type of depression, which involves long-term, chronic symptoms and often keeps a person from functioning well or from feeling good.<sup>iv</sup> Dysthymia can occur alone or in conjunction with episodes of major depression. The main symptom of dysthymia is a low or sad mood nearly every day for at least two years. Symptoms that characterize major depression can also occur with dysthymia, but they are less severe.

*Bipolar Disorder*, while less common, is characterized by cyclical mood changes with severe highs (mania) and lows (depression).<sup>v</sup> When in the depressed cycle, an individual can have any or all of the symptoms of a depressive disorder. When in the manic cycle, the individual may be overactive, overtalkative, and have a great deal of energy. Mania often affects thinking, judgment, and social behavior in ways that may cause serious problems. An individual in a manic phase may feel elated and full of grand schemes that might range from unwise business decisions to romantic sprees. Mania, left untreated, may worsen into a psychotic state.

### What Causes Depression?

Often, a combination of genetic, cognitive, and environmental factors is involved in the onset of a depressive disorder.<sup>vi</sup> Trauma, hardship, loss of a loved one, a difficult relationship, a financial problem, or any stressful change in life patterns, whether the change is unwelcome or desired, can trigger a depressive episode in individuals. Later episodes of depression may occur without an obvious cause.

### Importance and Implications of Depression

Current research on depression suggests that depression is associated with negative outcomes not only for the individual experiencing depressive symptoms, but also for children and for partners or spouses. It is noteworthy that depression can both cause and reflect life difficulties. Although depressive disorders are treatable, many men do not seek treatment for depression and may not even be aware that they are suffering from it.

#### Implications for Men and for Fathers

- Although men may develop the standard symptoms of depression, they often have a different experience of depression with different ways of coping than do women. For example, depressed men are more likely to use drugs and/or alcohol, to work excessive hours, or to engage in reckless behavior.<sup>vii, viii</sup> Other signs of depression in men include irritability, anger, and frustration.<sup>ix</sup> Men are also less likely to seek social support or professional help for depression than are women.<sup>x</sup> Four times as many men as women die by suicide in the United States, even though women make more suicide attempts during their lives.<sup>xi</sup>
- The effects of major depression on men and on fathers include poorer social relationships, interference with long-term cognitive functions,<sup>xii</sup> and less positive interactions with family members.<sup>xiii, xiv</sup>

#### Implications for Children

- A growing body of research indicates that fathers play a significant role in determining child well-being,<sup>xv, xvi</sup> and poor parental mental health has been shown to be associated with an increased risk for the development of emotional and behavioral problems and depressive symptoms in children.<sup>xvii</sup>
- Children whose fathers may be depressed may experience less responsiveness or even hostility from their fathers.<sup>xviii</sup> This reduction of father-child engagement can negatively affect not only the father-child relationship, but also a child's schoolwork and his or her relationship with others.<sup>xix, xx, xxi</sup> Research suggests that many children of depressed

parents will develop major depression by adolescence,<sup>xxii</sup> yet it is difficult to tease out the genetic influences from other influences.

- Furthermore, depressed fathers have been found to label their babies as weaker, less demanding, less cuddly, fussier, less smart, and less attentive, and may hold negative stereotypes of infants.<sup>xxiii</sup>

#### Implications for Fathers' Partners

- Depression in one member of the family affects the entire family system, including partners or spouses. Depression has been shown to increase the likelihood of marital separation or divorce, and it may affect a partner two or three years following childbirth.<sup>xxiv</sup> Also, depressed couples tend to rate their marriages substantially lower in all areas of functioning than do nondepressed couples. Lack of social activities, financial worries, feelings of isolation, and an absence of social support may all contribute to a decrease in marital quality.<sup>xxv, xxvi, xxvii</sup>
- Some studies have found that fathers are more likely to experience depression themselves when their spouses are depressed, which can further impair parenting ability in a family.<sup>xxviii</sup> One study found that mothers with depressed partners/spouses sometimes increase positive parenting behaviors in an effort to protect their children from the negative effects of paternal depression.<sup>xxix</sup>

### Trends in Depression Over Time

Overall, as shown in **Table 1**, men consistently report lower rates of depression than do women. This trend has been found through analyses of the National Comorbidity Survey Baseline and Replication Studies. As discussed previously, men and women often have different experiences of depression, which may lead to fewer men seeking diagnosis or treatment.

**Table 1: Percentage of Major Depressive (MDD) Disorder by Gender**

Gender	Percentage of <b>Individuals</b> with MDD	
	National Comorbidity Survey-Baseline 1990-1992	National Comorbidity Survey-Replication 2001-2003
Men	6.1	4.8
Women	11.0	8.5

Source: Child Trends' analyses of the National Comorbidity Survey-Baseline 1990-1992 and the National Comorbidity Survey-Replication 2001-2003

## Differences in Depression by Subgroup

Depression can vary by demographic characteristics, such as age, income, educational level, employment status, race, and marital status,<sup>xxx xxxi</sup> as well as by other factors such as substance use and criminal history. The following charts examine these differences. It should be noted that the factors that increase the risk of depression may differ from the factors leading to reporting and diagnosis. Cause-and-effect is complex, and further research is needed.

### Differences by Race/Ethnicity

There is some evidence that depression may be more common among individuals who are members of racial/ethnic minority groups. However, when taking into account such factors as socioeconomic status, researchers have found similar rates of depression among non-Hispanic white and non-Hispanic black men.<sup>xxxii, xxxiii, xxxiv</sup>

**Table 2: Major Depressive Disorder (MDD) by Race/Ethnicity**

Race/Ethnicity	Percentage of <b>men</b> with MDD		Percentage of <b>fathers of newborns</b> with MDD
	National Comorbidity Survey-Baseline 1990-1992	National Comorbidity Survey-Replication 2001-2003	Fragile Families and Child Wellbeing Study 1998-2000
Non-Hispanic White	6.1	4.8	6.8
Non-Hispanic Black	4.3	3.6	7.0
Hispanic	6.5	4.4	7.7

Source: Child Trends' analyses of the National Comorbidity Survey-Baseline, the National Comorbidity Survey-Replication, and the Fragile Families and Child Wellbeing Study, 12-Month Father Surveys (Bronte-Tinkew et al., 2007)

### Differences by Socioeconomic Status

Although the literature is not entirely consistent, major depressive disorder tends to be more frequent among individuals of lower socioeconomic status.<sup>xxxv</sup> **Table 3** shows that that major depression tends to be more frequent among those living below the poverty line among men surveyed in the National Comorbidity Study-Baseline and among fathers surveyed in the Fragile Families and Child Wellbeing Study.

**Table 3: Major Depressive Disorder (MDD) by Poverty Status**

Poverty Level	Percentage of <b>men</b> with MDD	Percentage of <b>fathers of newborns</b> with MDD
	National Comorbidity Survey -Baseline 1990-1992	Fragile Families and Child Wellbeing Study 1998-2000
Below poverty line (100%)	9.1	7.6
Above poverty line	5.8	5

Source: Child Trends' analyses of the National Comorbidity Survey Baseline, the National Comorbidity Survey- Replication, and the Fragile Families and Child Wellbeing Study, 12-Month Father Surveys (Bronte-Tinkew et al., 2007)

### Differences by Marital Status

Depression is higher in persons who are separated or divorced.<sup>xxxvi</sup> As shown in **Table 4**, there is a lower reported prevalence of depression among men, as well as among fathers, who are married, compared with men who are not married.<sup>xxxvii</sup>

**Table 4: Major Depressive Disorder (MDD) by Marital Status**

Marital Status	Percentage of <b>men</b> with MDD		Percentage of <b>fathers of newborns</b> with MDD
	National Comorbidity Survey-Baseline 1990-1992	National Comorbidity Survey-Replication 2001-2003	Fragile Families and Child Wellbeing Study 1998-2000
Separated/ Divorced	11.8	7.3	6.5
Married/ Cohabiting	5.1	3.3	2.7 (Married) 0.6 (Cohabiting)
Never married	7.0	6.9	1.6

Source: Child Trends' analyses of the National Comorbidity Survey-Baseline, the National Comorbidity Survey-Replication, and the Fragile Families and Child Wellbeing Study, 12-Month Father Surveys (Bronte-Tinkew et al., 2007)

### Differences by Employment Status

**Table 5** shows that a greater percentage of unemployed men and fathers experience major depressive disorder.

**Table 5: Major Depressive Disorder (MDD) by Employment Status**

Employment Status	Percentage of <u>men</u> with MDD		Percentage of <u>fathers of newborns</u> with MDD
	National Comorbidity Survey-Baseline 1990-1992	National Comorbidity Survey-Replication 2001-2003	Fragile Families and Child Wellbeing Study 1998-2000
Employed	5.8	4.3	8.3
Unemployed			14.3
Student	4.7	4.4	
Homemaker	0	27.1	
Retired	NA	2.1	
Other	12.0	12.2	

Source: Child Trends' analyses of the National Comorbidity Survey-Baseline, the National Comorbidity Survey-Replication, and the Fragile Families and Child Wellbeing Study, 12-Month Father Surveys (Bronte-Tinkew et al., 2007)

### Differences by Age of Father

Findings on depression and age are inconsistent. Some studies suggest that depression is rare before adolescence<sup>xxxviii</sup> and tends to decline in middle age or old age. Other studies suggest that the younger age groups are more at risk for the development of depression.<sup>xxxix</sup> **Table 6** shows inconsistent differences in depression by age.

**Table 6: Major Depressive Disorder (MDD) by Age**

Age (years)	Percentage of <u>men</u> with MDD	Age (years)	Percentage of <u>fathers of newborns</u> with MDD
	National Comorbidity Survey-Baseline 1990-1992		Fragile Families and Child Wellbeing Study 1998-2000
15-24 years old	7.3	17-24 years old	7.3
25-34 years old	6.7	25-29 years old	7.0
35-44 years old	6.1	30-44 years old	9.0
45-54 years old	3.7	45 or older	7.6

Source: Child Trends' analyses of the National Comorbidity Survey-Baseline, the National Comorbidity Survey-Replication, and the Fragile Families and Child Wellbeing Study, 12-Month Father Surveys (Bronte-Tinkew et al., 2007)

### Differences by Educational Level

The highest estimated prevalence of mental disorders (including depression) tends to be among respondents with the lowest level of educational attainment,<sup>xl</sup> although some research has found mixed results. **Table 7** shows that men and fathers with lower levels of education may experience major depressive disorder more often; but the pattern is inconsistent.

**Table 6: Major Depressive Disorder (MDD) by Educational Level**

Number of Years of Education	Percentage of <u>men</u> with MDD		Percentage of <u>fathers of newborns</u> with MDD
	National Comorbidity Survey-Baseline 1990-1992	National Comorbidity Survey-Replication 2001-2003	Fragile Families and Child Wellbeing Study 1998-2000
0-11	6.0	4.8	8.3
12	5.7	4.7	6.1
13-15	6.4	5.9	(12+) 8.2
16+	7.0	3.6	

Source: Child Trends' analyses of the National Comorbidity Survey-Baseline, the National Comorbidity Survey-Replication, and the Fragile Families and Child Wellbeing Study, 12-Month Father Surveys (Bronte-Tinkew et al., 2007).

### Differences by Substance Use (Drugs and Alcohol)

People with alcohol-use disorders are twice as likely as those without such a disorder to suffer from major depression.<sup>xlii</sup> Substance use disorders also commonly occur along with depression in men. Several studies indicate that men are more likely to develop depression as a result of a substance abuse problem, whereas for women, depression more often precedes substance use.<sup>xlii, xliii, xliv</sup>

**Table 8** shows that men and fathers who used drugs and alcohol have a higher percentage of major depression, than those who do not use drugs or alcohol.

**Table 8: Major Depressive Disorder by Substance Use**

Substance Use	Percentage of <u>men</u> with MDD			Percentage of <u>fathers of newborns</u> with MDD
	National Comorbidity Survey-Baseline 1990-1992	National Comorbidity Survey-Replication 2001-2003		Fragile Families and Child Wellbeing Study 1998-2000
Drug Abuse	8.8	12.1	Used marijuana	17.1
No drug abuse	6.1	4.6	Did not use marijuana	6.0
Alcohol abuse	5.2	11.8	Used alcohol	15.1
No alcohol abuse	6.2	4.4	Did not use alcohol	5.5

Source: Child Trends' analyses of the National Comorbidity Survey-Baseline, the National Comorbidity Survey-Replication, and the Fragile Families and Child Wellbeing Study, 12-Month Father Surveys (Bronte-Tinkew et al., 2007)

### History of Incarceration

A history of criminal conviction has also been found to be associated with paternal depression. A criminal conviction may prevent fathers from obtaining jobs, especially because employment applications often inquire about prior convictions. **Table 9** shows that a history of criminal conviction is linked to higher percentages of major depressive disorder.

**Table 15: Major Depressive Disorder (MDD) by Criminal History**

Criminal History	Percentage of <u>fathers of newborns</u> with MDD
	<i>Fragile Families and Child Wellbeing Study 1998-2000</i>
Spent time in jail	14.3
Did not spend time in jail	5.3

Source: The Fragile Families and Child Wellbeing Study, 12-Month Father Surveys (Bronte-Tinkew et al., 2007)

### Definition of Measures

Symptoms of major depression were measured using different versions of the Composite International Diagnostic Interview (CIDI), based on the criteria for major depression in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R; American Psychiatric Association, 1994). The National Comorbidity Survey-Baseline (NCS-1) used a modified version of the Composite International Diagnostic Interview (UM-CIDI). The National Comorbidity Survey-Replication (NCS-R) used the Composite International Diagnostic Interview (CIDI). The Fragile Families and Child Wellbeing (Fragile Families) Father Surveys, Baseline – Age 3 Follow-Up used the Composite International Diagnostic Interview-Short Form (CIDI-SF).<sup>xlv</sup> The CIDI-SF asked respondents about seven symptoms: losing interest, feeling tired, change in weight, trouble with sleep, trouble concentrating, feeling down, and thoughts about death.

### Data Limitations

Due to the limited research on fathers and depression, the percentages presented here are taken from a relatively limited sample of fathers of newborns, and these results may not be representative of all fathers. Further research on fathers and major depressive disorder should be done to better understand the disorder, how it differs by demographic variables, and how it affects families.

### Data Sources

#### *Men and Depression*

The National Comorbidity Survey-Baseline (NCS-1) surveyed 5,877 individuals aged 15-54 between 1990 and 1992 and administered a structured psychiatric interview to a nationally representative sample. The National Comorbidity Survey-Replication (NCS-R), which was administered between 2001 and 2003, included two parts. Part 1 included a core



diagnostic assessment of 9,282 individuals aged 18 and over, and Part II was administered to 5,692 of the 9,282 respondents and included questions about risk factors, consequences, other correlates, and additional disorders.

#### *Fathers and Depression*

Fragile Families and Child Wellbeing (Fragile Families) Father Surveys, Baseline – Age 3 Follow-Up surveyed the biological parents of nearly 5,000 newborn infants born in 20 cities between 1998 and 2000. Parents were again surveyed one year and three years after the child's birth. Fragile Families, which oversamples unmarried couples, is designed to provide a representative portrait of unmarried couples in American cities with populations over 200,000.

#### **Resources**

- To learn more about depression in men, the signs and symptoms of depression, the treatments available, and ways to get help, go to <http://menanddepression.nimh.nih.gov/>.
- If you are thinking about harming yourself or attempting suicide, tell someone who can help right away:
  - Call your doctor's office.
  - Call 911 for emergency services.
  - Go to the nearest hospital emergency room.
  - Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889) to be connected to a trained counselor at a suicide crisis center nearest you

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