

# Field testing of father-inclusive guidelines for web-based information and support aimed at families with perinatal depression

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## Introduction

Recent evidence of the effect of fathers' perinatal depression on their children's development and reports of fathers' positive impact on both depressed mothers and their infants suggest that fathers may require support if either they or their spouses are at risk of depression.<sup>1-4</sup> Existing postnatal screening and support services are designed to address mothers' needs and it is unclear how to provide information and support to fathers.<sup>5,6</sup> The internet, which is able to deliver support to parents without the need to attend a clinic, offers a possible route for delivering support to new fathers<sup>7</sup> and there are now numerous health-related websites offering information and support on the topic of postnatal depression.

This study aimed to test a set of father-inclusive guidelines (FIG) by applying them to the perinatal depression information offered by a range of health and parenting websites and communicating the results to the websites concerned.

## Method

Recent research on the impact of fathers' postnatal depression, fathers' roles in cases of mothers' depression and studies of tailoring health promotion messages were used to develop a set of guidelines to evaluate websites aiming to address depression among new parents (Table 1). Guideline topics were those identified in reports of web-based support for new fathers.<sup>7-16</sup> The reported negative impact of

fathers' postnatal depression on children<sup>1-2</sup> and the reported positive impact of fathers' support for depressed mothers<sup>3,4</sup> were used to develop *Fathers' self Care* and *Fathers' care of mother* guidelines. The *Father-infant interaction* guideline was based on recent attachment studies<sup>12,13</sup> and the *Father specific material* guideline was based on generic health promotion research.<sup>8-11</sup> The guidelines for *Fathers' experiences*, *Further information* and *Interactive* drew on key elements of successful online support identified for community members including fathers.<sup>14-16</sup> A purposive sample of websites offering resources addressing perinatal mental health was selected for the study. The websites included government health sites (Western Australian Health Department and Children; Youth and Women's Health Service of South Australia); leading NGO national depression websites (Beyondblue; The Black Dog Institute); nationally recognised NGO child health and parenting health information sites (The Better Health Channel; Raising Children Network); established regional NGO support services assisting families with PND (Ngala, Western Australia; St John of God, New South Wales), and a national NGO dedicated to PND (Panda).

To evaluate the father-inclusiveness of the web-based material, the seven criteria were weighted as follows to reflect their importance in relating to fathers: for Father specific material (C1), Fathers' self-care (C2), Fathers' care of mother (C3) and Father-infant interaction (C4), a score 0 was assigned for failing to address the criteria at all (e.g. no father-specific information) while scores of 1, 2 or 3 were

## Abstract

**Issue addressed:** This study examines the application of father-inclusive guidelines to website information intended to address perinatal depression.

**Methods:** A set of evidence-based guidelines was developed and applied to a sample of Australian health and parenting websites to derive a 'father-inclusiveness' score for their perinatal depression-related material. The scores for each website's material and a rationale for the project were conveyed to the website managers.

**Results:** Father-inclusive scores overall were modest, with most websites obtaining less than half the possible points. Few websites provided information to support fathers' connection with their infants or provided opportunities for fathers to interact with other fathers. Most website managers responded positively when informed of their (relatively low) score and changes to the websites were indicated.

**Conclusions:** Father-inclusive guidelines may assist health and parenting websites to more effectively target information and support for fathers in families with perinatal depression.

**Key words:** fathers, postnatal depression, web-based resources, father-infant attachment

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## So what?

Providing fathers with information and support can improve child and family outcomes when one or both parents have perinatal depression. Websites can use father-inclusive guidelines to better deliver this information and support.

assigned for 'minimal', 'some' and 'extensive' material addressing the criteria. For Fathers' experiences (C5) a score of 1 indicated at least one father's story with 2 for several stories. For Further information (C6), information in summary form only was scored as 0, links to other websites with no guide as to usefulness was scored 1 and further more detailed information scored 2. For Interactive (C7) no facility was scored 0, general chat rooms were scored as 1 and specific interaction with other fathers in families with perinatal depression was scored 2. The assessment results for each website were sent to website content managers with an invitation to respond within four weeks.

The University of Newcastle Human Research Ethics Committee approved the research project as a Quality Assurance Proposal.

A complete set of the guidelines is available from the author.

## Results

The websites' father-inclusive scores overall were modest, with most websites obtaining less than half the possible points and only the Raising Children Network website scoring 72% of the 18 total possible points (Table 2). In regard to the scoring on individual criteria, only

**Table 1: Father-inclusive criteria.**

Criteria	Description	Scoring	Sources used**
C1	Father specific material	0 = No father-specific material 1 = Minimal father -specific material 2 = Some father -specific material 3* = Several pages of father -specific material	8-11
C2	Fathers' self-care	0 = No information on fathers' self care 1 = Minimal information on fathers' self care 2 = Some information on fathers' self care 3* = Extensive information on fathers' self care	1-2
C3	Fathers' care of mother	0 = No information on fathers supporting the mother 1 = Minimal information on fathers supporting the mother 2 = Some information on fathers supporting the mother 3* = Extensive information on fathers supporting the mother	3-4
C4	Father-infant interaction	0 = No information on father-infant interaction 1 = Minimal information on father-infant interaction 2 = Some information on father-infant interaction 3* = Extensive information on father-infant interaction	12-13
C5	Fathers' experiences	0 = Information provided in summary form only 1 = Links provided to further websites 2* = Links to specific information on father-related topics	14-16
C6	Further information	0 = Information provided by experts or professionals 1 = Some examples of 'real life' stories from fathers facing PND 2* = A range of 'real life' stories from fathers facing PND	14-16
C7	Interactive	0 = No interactive capacity for fathers on the site 1 = General chat room or bulletin board 2* = Designated chat room or bulletin board for fathers in families with PND	14-16

\* Maximum father-inclusive score = 18

\*\*See references

**Table 2: Father-inclusive scores for health and parenting websites addressing perinatal depression.**

Websites arranged in order of most inclusive	Total Father-inclusive score	C1. Father-specific material	C2.1 Self-care	C2.2 Care of mother	C2.3 Father-infant interaction	C3.1 Experience fathers	C3.2 Further information	C3.3 Interactive
Possible score range	0-18	0-3	0-3	0-3	0-3	0-2	0-2	0-2
Average score	6.6	1.6	1.6	1.2	0.4	0.7	0.9	0.2
RCN	14	3	2	2	2	2	2	1
WAHD	9	2	2	2	0	2	1	0
NG	8	2	2	2	2	0	0	0
BB	6	1	2	0	0	1	1	1
BHC	6	2	2	2	0	0	0	0
PD	5	1	2	1	0	1	0	0
BDI	5	1	2	0	0	0	2	0
CYWHA	4	1	0	2	0	0	1	0
StJG	2	1	0	0	0	0	1	0

RCN: Raising Children Network [www.raisingchildren.net.au](http://www.raisingchildren.net.au);

WAHD – Western Australian Health Department [www.kemh.health.wa.gov.au/health/emotional\\_health/](http://www.kemh.health.wa.gov.au/health/emotional_health/);

NG – Ngala [www.ngala.com.au/You-and-Your-Family/For-Dads/Postnatal-Depression-Support-Program](http://www.ngala.com.au/You-and-Your-Family/For-Dads/Postnatal-Depression-Support-Program);

BB – beyondblue [www.beyondblue.org.au/index.aspx?link\\_id=94](http://www.beyondblue.org.au/index.aspx?link_id=94);

BHC – Better Health Channel [www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Post\\_natal\\_depression\\_the\\_family](http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Post_natal_depression_the_family);

PD – Panda [www.panda.org.au](http://www.panda.org.au);

BDI – Black Dog Institute [www.blackdoginstitute.org.au/public/depression/inpregnancy/postnatal/fathers.cfm](http://www.blackdoginstitute.org.au/public/depression/inpregnancy/postnatal/fathers.cfm);

StJG – St John of God [www.beatbabyblues.com.au/](http://www.beatbabyblues.com.au/)

CYWHA – Children, Youth and Women's Health Service of South Australia [www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=141&id=1537](http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=141&id=1537);

two criteria were scored above their mid-point (provision of father-specific material (C1) and fathers' self-care (C2). It appeared that few websites provided information to support fathers' connection with their infants (C3) or provided opportunities for fathers to interact with others (C7).

Responses to the rating of websites on father-inclusiveness for families with perinatal depression were received from seven of the nine websites. Five responses were appreciative of the guidelines and either stated that they intended to use them in future developments or were planning innovations which would address the gaps identified. One respondent stated in part

*We read your comments regarding the [website name] with interest and based on the feedback you provided about the website we have begun a process to update the website accordingly.*

*Additionally, over the coming months we will continue to update our website in other areas of father-inclusive information and practice and will also be working with [State parenting body] to update our [parenting information publications] to be more father inclusive in content and style.*

Two responses implied that existing materials for fathers were satisfactory as they comprised only a small fraction of available information or that the website already takes account of consumer and carer perspectives.

## Discussion

Given the relative immaturity of fatherhood research and policy<sup>16,18</sup> it is perhaps unsurprising that the guidelines should identify gaps in websites offering information to parents. The generally positive response from website managers to the draft report detailing the guidelines and scoring, however, suggests that the criteria in these guidelines may be of some use in future development of support for depression-affected families. None of the website managers explicitly challenged the criteria or the guidelines and four noted that they would use the guidelines in upgrading their web-based material.

The main effect of the guidelines may be to raise awareness of fathers' role in families with perinatal depression and to point to recent developments in the research on fathers. Designers of the content of these evaluated websites may have been unaware of recent evidence indicating that father–infant attachment may be as important as mother–infant attachment for children's wellbeing. Such studies are only just beginning to influence policy and program development.<sup>17</sup>

The issue of the websites' interactive capacity, by contrast, may not be addressed simply through increased awareness. One website had decided not to host interactive chat rooms or forums due to duty-of-care issues and the organisation's inability to provide 24-hour monitoring of the forums. It may not be feasible for all websites to score highly on all the FIG criteria due to resource constraints. It may be that smaller websites can provide links to larger sites such as the Raising Children Network that provide the more resource-intensive support services for fathers. Private sector websites such as the US-based BabyCenter website of Johnson & Johnson,<sup>18</sup> which provides video segments specifically on a new father's role when his spouse or partner has depression, may be another avenue for increasing

fathers' awareness of available services as well as providing useful information to assist fathers directly.

Further research assessing the guidelines use for commercial websites and seeking more detailed responses from website providers is needed. As well, evidence of new fathers' website use is sparse and it will be important to seek fathers' views of the information and support offered.

## Conclusion

Father-inclusive guidelines may assist health and parenting websites to improve their father-inclusive information and support for fathers in families with perinatal depression.

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