SOUTH CAROLINA CENTER FOR FATHERS AND FAMILIES

Fathers and Depression

SCCFF Brief

July 2023

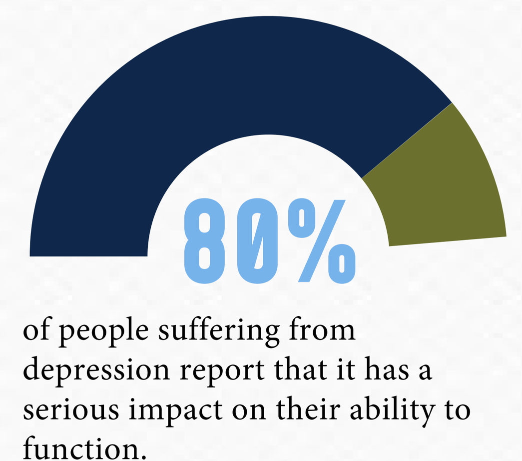
Serving Fathers with Depression in Fatherhood Programs

The "blues" are a natural part of the human condition. Let's face it, we all get a bit moody from time to time. And while most of the time we can muddle our way through the day without any significant loss of functionality, there may be times when a vague sense of malaise becomes full-blown depression. Sadly, we are seeing an increasing number of fathers entering our programs exhibiting clear signs of depression. Why the concern? Besides the individual emotional pain depressed fathers endure, children and families also suffer because a depressed father is not an engaged father.

What is depression?

Depression is a mood disorder. It is by far the most common mental health concern[3], with estimates ranging from 10-18% of the population at any given time.[1,2] It is estimated that about one in three men will experience depression in their lifetime. No germ causes depression; it's not like catching a cold. Rather, depression is a constellation of behaviors and emotions that, taken together and exhibited over time, indicate that one is *in a state of depression.*

Common depressive symptoms include insomnia, low energy, inability to concentrate, loss of appetite or overeating, feelings of hopelessness, little interest in doing things that once brought pleasure, self-loathing, and even thoughts of harming oneself. What makes depression different from "the blues" is the frequency and duration of the depressive symptoms and their impact on one's work, home, and social life. Depressive symptoms that occur 2-3 times a week or more and have persisted over the past 14 days warrant a full assessment to confirm clinical depression. And 80% of those suffering from depression report that it significantly interferes with their day-to-day functioning.[1]



Correlates of depression

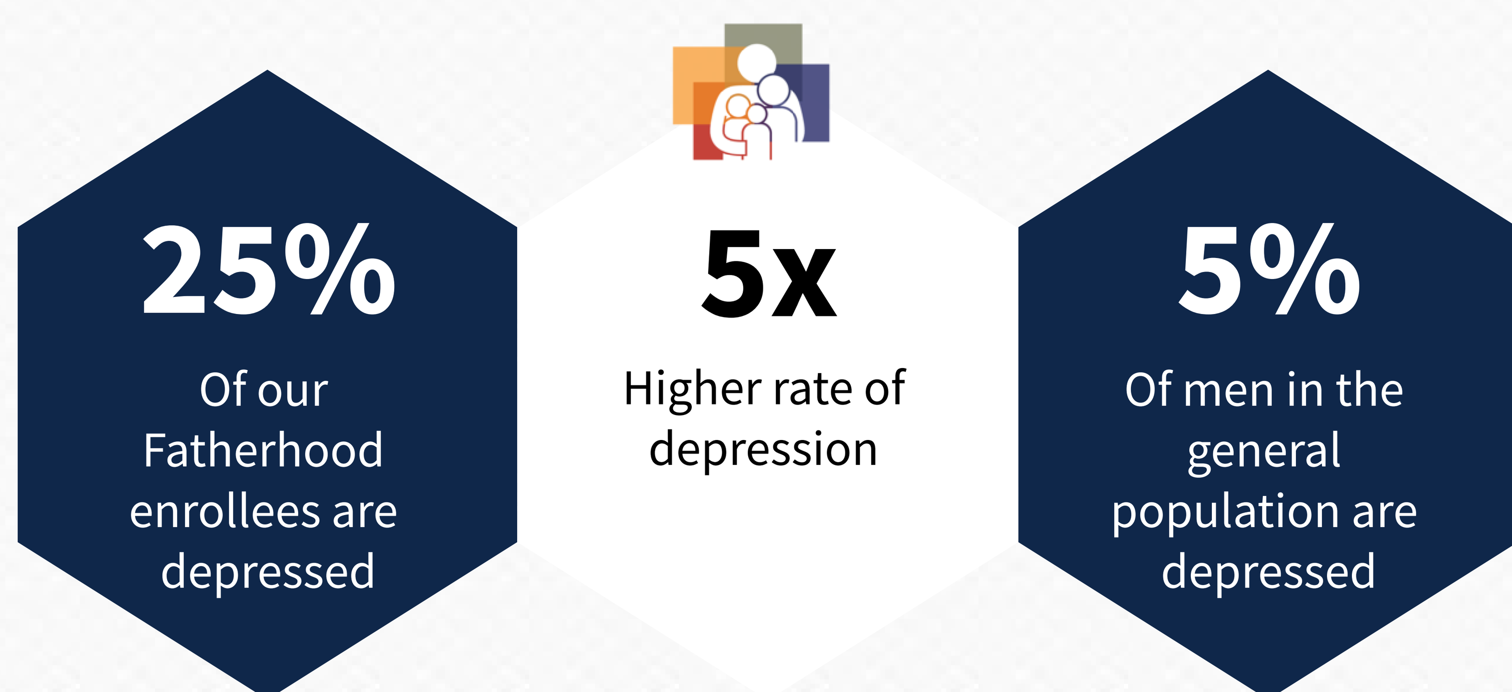
Depression is correlated with age, income, and gender. There is also a genetic component to depression, contributing up to 40% of the underlying causality.[4]

Gender. According to the Centers for Disease Control, five percent of males and 10% of females suffer from depression at any given time.[1] Other estimates put the figures higher, 13.7% for men and 23.6% for women.[7] Depression is generally more prevalent in women. But when the definition is expanded to include symptoms and behaviors some researchers believe as just "masking" depression, such as explosive anger or substance abuse, gender differences tend to disappear.

Age. Fifteen percent of youth ages 12-17[3] and 17% of young adults ages 18-25 report depression.[2] Contrary to popular opinion, it is the young, not the old, who are at the greatest risk for depression. Navigating the challenges of adolescence and early adulthood is difficult at the best of times, but feelings of loneliness and isolation are thought to be exacerbated in today's youth through excessive screen time and use of social media.[5,6]

Income. Depression affects almost 16% of people living below the federal poverty level (FPL), but just under 4% of people who are 400% above the poverty level.[1] It's not entirely clear the causal direction of the relationship – that is, does poverty cause depression, does depression cause poverty, or is there a mediating factor that causes both? But we do know that living in poverty creates its own unique set of stressors that certainly exacerbates feelings of despair.

Depression among fathers in our local programs



Using the Patient Health Questionaire-9, a common screener for depression, we have observed that nearly 25% of our fathers report symptoms indicative of moderate to severe depression at the time of their enrollment in our programs, a figure that mirrors findings from a recent national study.[8] Furthermore, many may not realize they are depressed, or they may not want to acknowledge it. When asked directly, just 10% indicate that they feel depressed; yet again we have 25% reporting symptoms typical of moderate to severe depression.

Although we don't know how many are later diagnosed as *clinically* depressed, there is no doubt that we serve a disproportionate number of fathers experiencing depression compared to the general public, perhaps at a rate that is 4 to 5 times above the national average. Why is this?

Our fathers are dealing with many situational stressors. Fathers come to us for a variety of reasons, but whatever the reason the common denominator is that they are under stress and need help. Divorce, separation, unmet child support obligations, unemployment, legal issues, and securing custody or visitation rights are just a few of the issues our fathers wrestle with that contribute to a chronic state of stress. These stressors and the inevitable unmet challenges in their lives contribute to lower affect and feelings of failure.

We serve a disproportionately high number of low-income fathers. In 2022, 43% of our fathers were below the FPL at enrollment. Poverty brings with it a host of stressors related to an inability to meet basic human needs of food, shelter, and clothing. And even when these needs are met temporarily, for people burdened by poverty there is no reason to believe they will be sustained. Paying rent one month is no guarantee that rent can be paid the next month. Living in a world where instability and unpredictability is the norm lessens one's sense of agency and control, contributing to feelings of despair and helplessness.

Many fathers report early life adversity such as trauma and neglect. Research has shown that people suffering childhood trauma are more likely to suffer from depression later in life. Many of our fathers report being exposed to some form of childhood trauma, such as domestic violence, abuse, neglect, or witnessing such acts. This predisposes our fathers to depression when economic and situational stressors become overwhelming, and they are unable to cope.

How can fatherhood programs help?

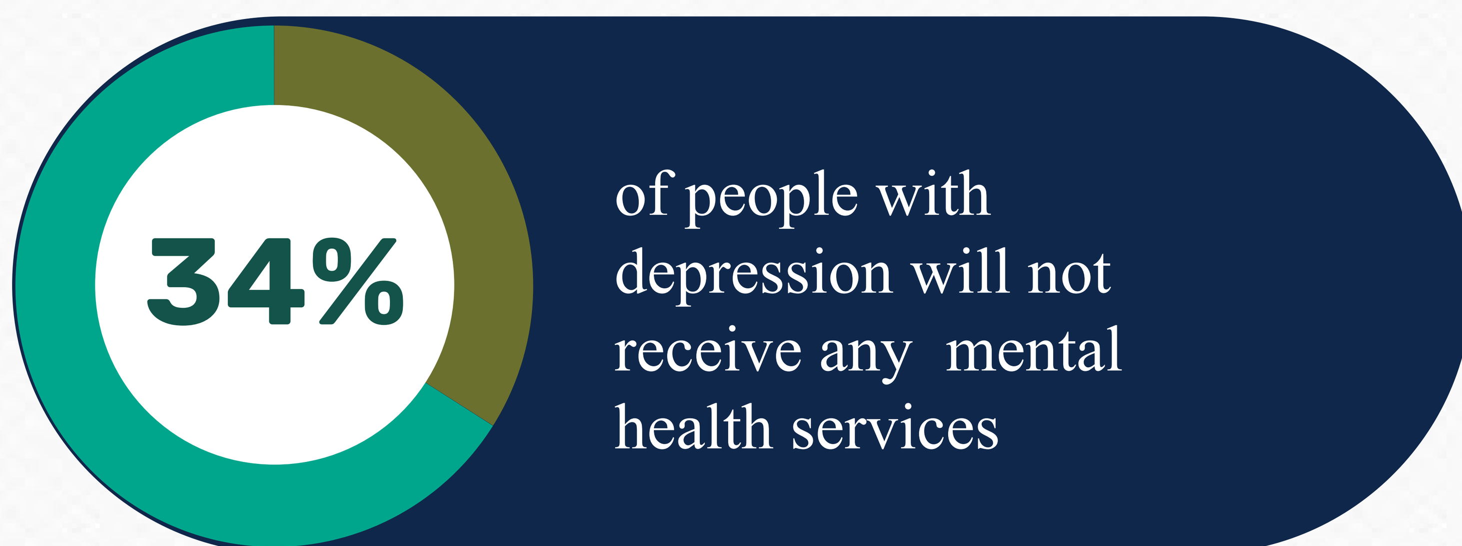
Men with depression tend to self-isolate and become increasingly lonely, creating a self-perpetuating cycle. Why socialize when it brings little joy and you feel you have nothing worthwhile to contribute? Fortunately, Fatherhood programs are uniquely positioned to assist individuals experiencing depression, and getting men out from their self-imposed exile and engaging in the world again is essential. This may be particularly imperative with our young fathers, given that 80% of depressed youth in South Carolina do not receive care, ranking our state last in the nation.[3] Staff should strongly encourage engagement in group workshops, one-on-one sessions, and fatherhood-sponsored parent-child activities. Structuring these engagements around activities that allow the men to "do things" or solve a problem while they engage with others may initially be more appealing and less threatening.

- Arrange necessary transportation and make intentional, direct face-to-face contacts (email or text messages lack the human touch).

- Help the father form a "band of brothers" with other group members that they can talk to and rely on outside of the program meetings.

- Encourage self-care, including hobbies, exercise, meditation, nature walks, healthy eating, and good sleeping habits.

- Monitor and check in periodically and be aware of any signs of suicide risk. Mobilize a cadre of local mental health partners that are willing to take referrals, perhaps even on a low-cost or sliding scale. People living alone, with lethal means at their disposal and having thoughts of killing themselves are a high risk. Refer to the national suicide prevention hotline (988) and/or your local mental health providers.



Resources

- 988 – The national suicide/crisis intervention hotline, 24/7

- SC Department of Mental Health –Directory of local centers: SCDMH.net

- SAMHSA's National Helpline, 1-800-662-HELP (4357) (also known as the Treatment Referral Routing Service), is a confidential, free 24/7, 365 days/year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based.

- Mental Health America. Go-to source for all mental health related issues, including depression. MHAnational.org.

References

1. Brody, D.J., Pratt, L.A., and Hughes, J.P. (2018). Prevalence of Depression Among Adults Ages 20 and Over: United States, 2013-2016. Retrieved from: https://www.cdc.gov/nchs/products/databriefs/db303.htm

2. Major Depression (2023). Retrieved from https://www.nimh.nih.gov/health/statistics/major-depression

3. The State of Mental Health in America (2023). Retrieved from: https://www.mhanational.org/issues/state-mental-health-america

4. Major Depression and Genetics (2023). Retrieved from: https://med.stanford.edu/depressiongenetics/mddandgenes.html#:~:text=Heritability%20is%20probably%2040%2D50,(psychological%20or%20physical%20factors).

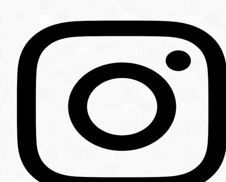
5. Allcott, H., Braghieri, L., Eichmeyer, S., and Gentzkow, M (2019). The Welfare Effects of Social Media. Retrieved from: http://web.stanford.edu/-gentzkow/research/facebook.pdf

6. Qui, T (2021). A Psychiatrist's Perspective on Social Media Algorithms and Mental Health. Retrieved from: https://hai.stanford.edu/news/psychiatrists-perspective-social-media-algorithms-and-mental-health

7. United Health Foundation (2021). America's health rankings: Depression. Retrieved from https://www.americashealthrankings.org/explore/measures/Depression_a

8. Sorenson, E. (2020). What we learned from recent federal evaluations of programs serving disadvantaged noncustodial parents. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. Retrieved from https://www.acf.hhs.gov/opre/report/what-we-learned-about-programs-serving-disadvantaged-noncustodial-parents

Like us on Facebook
https://www.facebook.com/SCCFF/


Follow us on Instagram
https://www.instagram.com/scfathersandfamilies/

Follow us on Twitter
https://www.instagram.com/scfathersandfamilies/

This brief was authored by Joel Philp, Director of Evaluation and Quality Assurance the the SC Center for Fathers and Families. jphilp@scfathersandfamilies.com.

The South Carolina Center for Fathers and Families is a staewide organizations dedicated to providing the means for fathers to become great dads through our network of six regional fatherhood organizations serving primarily low-income noncustodial fathers in their respective area of the state. We work to elevate the important role fathers play in the development and growth of their children and advocate to remove the systemic barriers and social injustices fathers – particularly low-income non-custodial fathers - face in providing for their children.