

Exploring Fathers' Experiences of Paternal Postpartum Depression During the Extended Postpartum Period (3-12 Months): A Systematic Review

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Abstract: Paternal postpartum depression (PPPD) is a growing yet under-recognized mental health concern, particularly in non-Western contexts such as India, where fathers' emotional experiences are often overlooked. The postpartum period is commonly studied from the point of view of the mother. However, understanding the views of fathers shall help in augmenting the well-being of fathers, mothers, and their children. The present systematic review aims to synthesise existing research on fathers' experiences of postpartum depression during the extended postpartum period (3–12 months). Studies were identified using electronic databases such as PubMed, PsycINFO, Google Scholar, and Scopus. This article focuses on peer-reviewed studies published between 2010 and 2025. A total of 70 records were synthesized, out of which 35 studies met the inclusion criteria and were included in the final review. Using thematic synthesis, recurring patterns related to emotional vulnerability, sleep disturbance, financial and social pressure, provider-role stress, work–family role conflict, lack of emotional expression, relationship strain, challenges in father–infant bonding, coping strategies, and limited support systems were found. Findings were interpreted using the biopsychosocial framework, highlighting how psychological distress interacts with biological, psychological, social, and cultural factors. The systematic review highlights the need for father-inclusive screening, culturally sensitive mental health interventions, and offers implications for policy development in terms of paternity leave and paternal mental health support provisions, especially within the Indian socio-cultural context.

Keywords: paternal postpartum depression, systematic review, fathers' mental health, extended postpartum period (3-12 Months)

The transition to parenthood is a significant life event involving major emotional, psychological, and social changes (Sobol et al., 2026). For some, the birth of a child is associated with joy and fulfilment, but for others, the postnatal period can introduce substantial stress due to increased caregiving responsibilities, disrupted sleep, changes in identity, relationship strain, and shifting family dynamics (O'Hara & McCabe, 2013). While maternal mental health during this phase has received greater attention, fathers' psychological distress after childbirth has remained under-recognised. The present study aims to systematically review existing research on paternal postpartum depression, with a focus on symptom presentation, risk factors, psychosocial consequences, and cultural influences, particularly during the extended postpartum period (3-12 months).

Postpartum psychiatric conditions that occur after the birth of a child include postpartum blues, postpartum depression, and postpartum psychosis. These have been conceptualised as maternal concerns. However, growing evidence suggests that fathers also experience emotional

distress during the postnatal period, highlighting the need for a more inclusive and family-centred understanding of postpartum psychiatric conditions (Carlson et al., 2025). Paternal postpartum blues refer to mild and short mood disturbances that occur shortly after childbirth, with approximately 25–30% of fathers reporting symptoms such as irritability, anxiety, fatigue, and sleep disturbance. While these symptoms are often transient, persistent distress may increase vulnerability to more severe depressive conditions (Carlson et al., 2025).

Fathers who experience persistent symptoms, often lasting more than two weeks, are regarded as having paternal postpartum depression (PPD). Prevalence estimates range from 8% to 13% within the first year after childbirth (Carlson et al., 2025). Paternal PPD often presents differently from maternal depression, as the levels of irritability, anger, emotional withdrawal, reduced motivation, and distance from family life are experienced differently in fathers than in mothers.

Identified risk factors include the presence of maternal depression, lack of social support, relationship

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conflict, financial strain, lack of sleep, and hormonal changes (Carlson et al., 2025; Paulson & Bazemore, 2010). Untreated paternal PPD has been linked to problems not only for fathers but for their partners and children as well.

Paternal postpartum depression remains poorly conceptualised within diagnostic frameworks. The DSM-5 continues to define it largely as a major depressive disorder within maternal contexts, only in the form of peripartum onset. No universally accepted diagnostic criteria exist for paternal PPD (Scarff, 2019). Nevertheless, research consistently associates paternal PPD with impaired emotional functioning, occupational difficulties, relationship strain, and, in severe cases, suicidal ideation (Wang et al., 2021).

Evidence further suggests that paternal depressive symptoms may emerge before delivery of the child and can persist throughout the first year of birth, with heightened vulnerability observed between three and twelve months after childbirth (Rao et al., 2019). Yet, most existing studies focus primarily on the early postpartum period, resulting in a limited understanding of fathers' experiences during the extended postpartum phase. Further, most existing research originates from Western contexts. In countries such as India, social and cultural expectations and norms towards masculinity, emotional expression, and the focus on fathers as providers may discourage them from expressing their distress and seeking help, contributing to under-recognition and under-treatment of paternal postpartum depression.

Method

Objectives of the Review

1. To synthesise existing qualitative and quantitative evidence on paternal postpartum depression during the extended postpartum period (3–12 months).
2. To identify common psychological, relational, and social challenges experienced by fathers during this period.
3. To examine the impact of paternal postpartum depression on marital relationships, family functioning, and father–infant bonding.
4. To explore the role of cultural expectations, social norms, and support systems in shaping fathers' experiences of postpartum depression.

5. To identify gaps in the existing literature, particularly regarding extended postpartum timelines and underrepresented cultural contexts.

Search Strategy

The systematic review was conducted following PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. A comprehensive literature search was carried out across the following electronic databases: PubMed, PsycINFO, Scopus, and Google Scholar. The search included peer-reviewed studies published between 2010 and 2025 to capture contemporary research on paternal postpartum depression.

Search Terms

Search terms were combined using Boolean operators and included variations of the following keywords: Paternal postpartum depression or father postpartum depression, fathers' mental health or paternal mental health, Postpartum period or postnatal period, Fatherhood and depression, psychological experiences or emotional experiences. Reference lists of identified studies were also screened to identify relevant articles.

Eligibility Criteria

Studies were included if they examined paternal postpartum depression or depressive symptoms in fathers within the first year after childbirth, with findings relevant to the extended postpartum period (3–12 months). Eligible studies were published between 2010 and 2025, employed qualitative, quantitative, or mixed-methods research designs, were published in peer-reviewed journals, and were available in English.

Studies were excluded if they focused exclusively on maternal postpartum depression; examined only the immediate postpartum period (0–4 weeks) without reference to later postpartum phases, did not distinguish paternal outcomes from parental combined outcomes, were editorials, dissertations, conference abstracts, or case reports; or lacked sufficient methodological rigor or relevant outcomes.

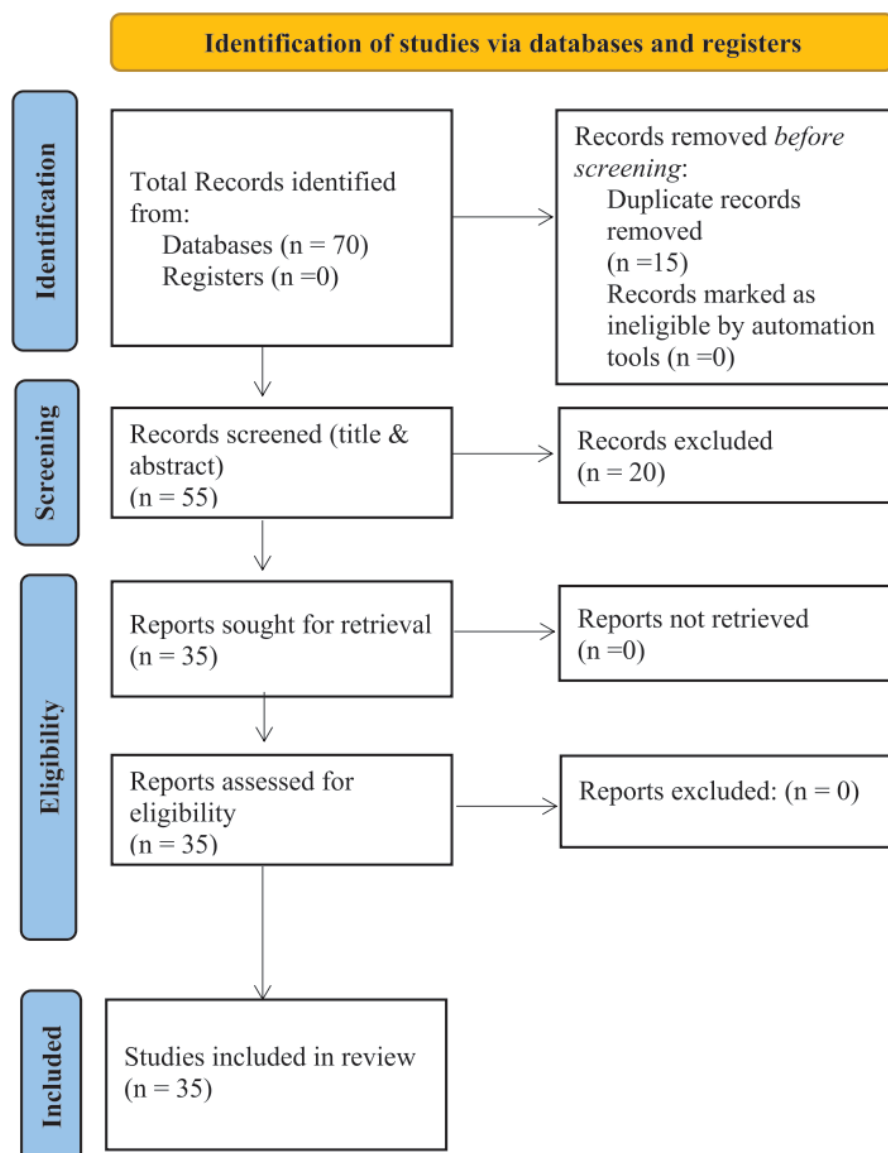
Study Selection Process

The initial database search yielded 70 records from four databases (PubMed = 22, PsycINFO = 15, Scopus = 18, Google Scholar = 15). After removing duplicates and inaccessible articles, 15 studies were omitted. At this stage, 55 records remained and were screened based on their titles and abstracts according to the inclusion and exclusion criteria. During this screening phase, 20 records

were excluded as they were outside the chosen time frame, did not exclusively focus on fathers, did not address postpartum depression, or were opinion pieces/editorials. This resulted in 35 studies being included in the final review. The remaining 35 reports were assessed for full-text eligibility, all of which met the inclusion criteria. Ultimately, these studies were analyzed by the research team. The study selection process is summarized in the PRISMA flow diagram in Figure 1.3.

Figure 1

PRISMA 2020 Flow Diagram Illustrating the Identification, Screening, Eligibility, and Inclusion of Studies Included in the Systematic Review.



Data Extraction

Relevant data were systematically extracted from the included studies using a structured extraction framework. Extracted information included Author(s), year of publication, country and study context, study design and methodology, sample characteristics, postpartum timeframe examined, measures or assessment tools used, and key findings related to paternal postpartum depression.

Data Synthesis

Data were synthesize using a thematic approach because of difference in study designs, outcome measures, and postpartum timeframes. Findings were synthesised to identify recurring patterns related to fathers' emotional distress, relational challenges, occupational stress, coping strategies, and support systems. Emphasis was placed on evidence relevant to the extended postpartum period (3–12 months).

Results

This section includes the findings of the systematic review on paternal postpartum depression, synthesized from the reviewed studies. Results are organised thematically and highlight recurring patterns related to fathers' emotional experiences, associated risk factors, relational dynamics, challenges in the father-infant bond, and identified gaps in the existing literature. Most studies (57%) focused on the early postpartum period (0–3 months), while comparatively fewer studies (14%) examined the extended postpartum period (6–12 months), resulting in a gap in the literature. This supports the need to explore fathers' experiences beyond the early months following childbirth. In terms of the regional representation, North America, Europe, and Asia contributed most studies (94.3%), while Australia had fewer investigations (5.7%), highlighting regional differences in paternal postpartum depression investigations. An analysis of studies across Asian sub-regions shows that the majority of studies originated from Southeast Asia (8.3%), East Asia (25%), and West Asia (25%), with comparatively fewer studies from South Asia (1 from Pakistan and no representation from India), highlighting a potential gap in the literature.

Table 1

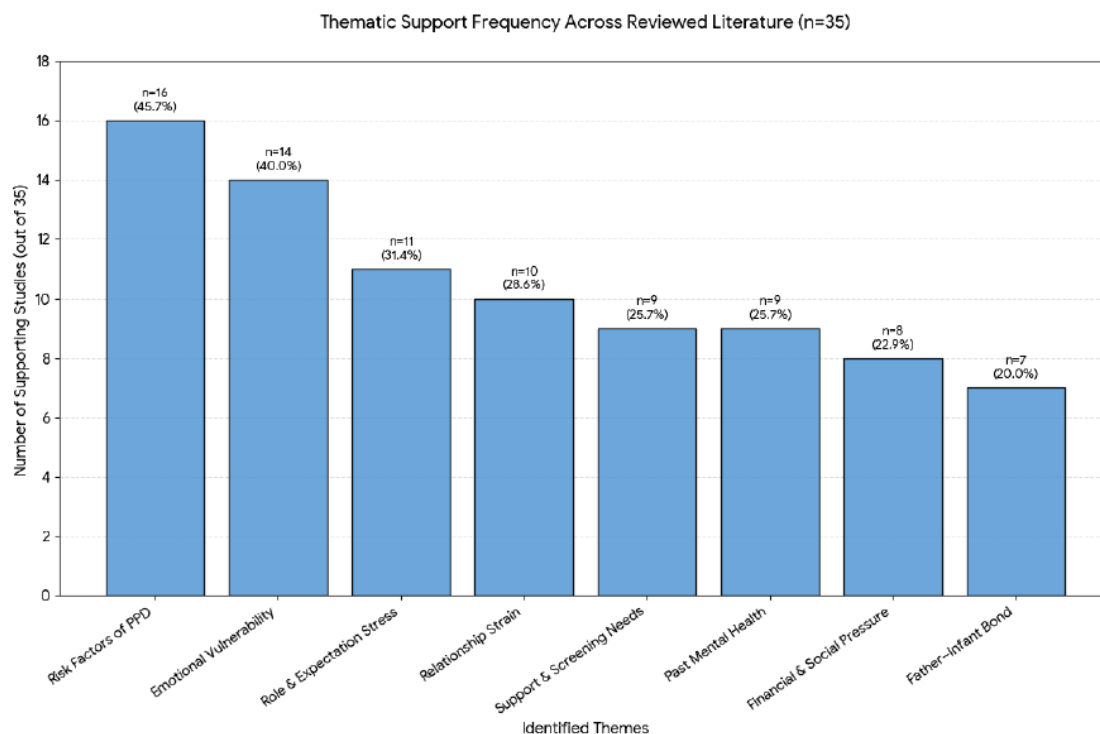
Thematic Domain and Recurring Factors Identified Across Review Studies

Theme	Recurring Factors Identified Across Studies
Emotional Vulnerability	Persistent sadness, irritability, anger, emotional numbness, feelings of helplessness, feeling overwhelmed, emotional withdrawal, identity confusion related to fatherhood, reduced emotional expression, intrusive thoughts, and suicidal ideation
Paternal Postpartum Depression and Associated Risk Factors3	High perceived stress, limited social support, prenatal anxiety and depressive symptoms, marital dissatisfaction, unemployment or job instability, financial strain, and hormonal changes (e.g., altered testosterone levels)
Stress of New Roles and Expectations	Role overload, sleep disruption, work–family conflict, pressure to meet traditional provider and caregiver expectations, identity shifts, low perceived competence, and avoidant or maladaptive coping strategies (e.g., overworking, emotional distancing, substance use)
Past Mental Health as a Risk Pathway	History of depression or anxiety, untreated prenatal psychological distress, continuity of symptoms from pregnancy into the postpartum period, heightened vulnerability among first-time fathers with prior mental-health difficulties

Relationship Strain and Shared Emotional Burden	Maternal postpartum depression, reduced relationship satisfaction, communication difficulties, coparenting conflict, emotional suppression by fathers, reduced intimacy, and imbalance in caregiving and household responsibilities
Father–Infant Bond	Emotional withdrawal from infant, reduced warmth and sensitivity, impaired responsiveness, low paternal confidence, disrupted early bonding, and negative effects on father–infant attachment quality
Financial and Social Pressures on Mental Health	Financial stress, unemployment or job insecurity, work-related stress, low parenting confidence, limited emotional and practical support, weak social networks, and high overall perceived stress
Need for Better Support, Screening, and Measurement	Lack of routine paternal screening, mother-centric postpartum services, exclusion of fathers from maternity care, absence of male-sensitive assessment tools, limited psychoeducation for fathers, and delayed identification of paternal PPD

Figure 2

Number of Studies Supporting Each Identified Theme Of PPPD



Note. Figure 2 shows the number of studies supporting each theme. Emotional vulnerability (n = 16) and risk factors (n = 14) were the most frequently identified themes, while challenges in father–infant bonding (n = 7) and financial/social pressures (n = 8) received less attention.

Emotional Vulnerability in Fatherhood

Evidence across studies indicates that fathers commonly experience emotional vulnerability during the postpartum period; these experiences are often overlooked. Early qualitative studies reported that fathers with postpartum depression often described feelings of sadness, emotional confusion, helplessness, and difficulty adjusting to new family roles. Sometimes, fathers hide their psychological distress to meet the societal expectations of strength. Edhborg et al. (2016) found that fathers with depressive symptoms during the first postpartum year experienced persistent emotional exhaustion, low mood, and feelings of hopelessness, which frequently continued beyond the early postpartum months.

More recent studies further highlight the depth of emotional distress experienced by fathers. Pedersen et al. (2021) reported that fathers with postpartum depression experienced irritability, emotional withdrawal, guilt, and a sense of failure in fulfilling their parental role. Fathers also described delayed help-seeking due to stigma and fear of judgment. Similarly, Holmes (2024) found that fathers reported frequent crying, confusion, and feeling overwhelmed regarding their emotional reactions, particularly when their lived experiences conflicted with social expectations of fatherhood being exclusively joyful.

Schmitz (2025) and Malik (2025) similarly observed that fathers experienced emotional instability, powerlessness, and identity disruption during the postpartum period. Participants in these studies reported struggling to reconcile their internal emotional distress with culturally reinforced ideals of masculinity that discourage emotional expression. This internal conflict often resulted in emotional suppression and withdrawal. Davenport and Swami (2023) identified intrusive thoughts, profound hopelessness, and suicidal ideation among some fathers experiencing postpartum depression, underscoring the seriousness of paternal emotional vulnerability.

Overall, existing literature consistently demonstrates that emotional vulnerability is a core feature of paternal postpartum depression, influencing fathers' psychological wellbeing, coping patterns, and family relationships.

Paternal Postpartum Depression and Associated Risk Factors

Across literature, Paternal postpartum depression (PPPD) has emerged as a significant yet overlooked mental health concern. Studies report prevalence rates ranging from 11% to 22%, indicating that a substantial proportion of fathers experience depressive symptoms following childbirth (Scarff, 2019; Field, 2018). Kamalifard et al. (2014) found that fathers reporting higher perceived stress and lower social support during the postpartum period were more likely to experience depressive symptoms.

Several studies have identified specific psychological and relational risk factors for PPPD. Howarth and Swain (2020) reported that first-time fathers with prenatal anxiety, prior depressive symptoms, and marital dissatisfaction were at heightened risk for postpartum depression. Musser et al. (2012) emphasised that relationship conflict, lack of preparedness for parenting, and limited emotional support contribute significantly to paternal distress.

In addition to psychosocial influences, biological factors have also been explored. Saxbe et al. (2017) show that changes in paternal testosterone levels during the postpartum period may influence depressive symptoms in fathers, suggesting a physiological component. Systematic and umbrella reviews further confirm that paternal postpartum depression emerges from an interaction of social, psychological, economic, and biological factors (Tarsuslu et al., 2020; Hutchens & Kearney, 2020). Together, these findings emphasise the need for a holistic understanding of paternal postpartum mental health.

Stress from New Roles and Expectations

The transition to fatherhood involves significant changes in identity, responsibilities, and daily functioning, often resulting in heightened stress. Baldwin et al. (2018), in their systematic review, found that first-time fathers commonly experienced stress related to sleep deprivation, increased responsibility, and pressure to fulfil the provider role while remaining emotionally available. Such role strain was identified as a key contributor to emotional distress during the postpartum period.

Qualitative studies across cultural contexts reinforce these findings. Shorey et al. (2018) reported that Asian fathers experienced emotional strain due to competing work and family demands, along with uncertainty regarding caregiving roles. Gemayel et al. (2022) found that fathers described feeling overwhelmed by new responsibilities and struggling to adjust to rapid role changes, which contributed to anxiety and emotional exhaustion.

Coping responses to these role-related stresses are often maladaptive. Al Tarawneh et al. (2019) observed that some fathers coped with stress by emotionally distancing themselves from family interactions. Munsayac et al. (2025) further reported that overworking and avoidance were commonly used strategies among fathers experiencing postpartum stress. Such coping mechanisms may temporarily reduce distress but often worsen long-term mental health outcomes, increasing vulnerability to depressive symptoms.

Past Mental Health as a Risk Pathway

Some research evidence identifies past mental health difficulties as a major risk pathway for paternal postpartum depression. Paulson and Bazemore (2010) through meta-analysis reported that fathers with prenatal depressive symptoms were significantly more likely to experience postpartum depression (Ansari et al., 2021).

Similarly, Ansari et al. (2021) found a prior history of depression or anxiety as one of the strongest predictors of paternal postpartum depressive symptoms. Cohort studies by Da Costa et al. (2019) and Koh et al. (2014) revealed that fathers experiencing emotional distress during their partner's pregnancy frequently continued to report depressive symptoms after childbirth, particularly when early intervention was missing.

According to Nishigori et al. (2020), fathers with prenatal psychological distress showed persistent depressive symptoms at both one and six months postpartum. Blackhurst (2020) highlighted that unresolved prenatal stress significantly increases the risk of postpartum depression in fathers. These findings underscore the importance of early screening and preventive mental health support for fathers during the prenatal period (Lilliesköld, 2025).

Relationship Strain and Shared Emotional Burden

Relationship quality with wife and child further plays an

important role in fathers' emotional well-being during the postpartum period. Goodman (2014) found a strong association between maternal postpartum depression and paternal depressive symptoms. This potentially indicates that emotional distress is shared within couples. Relationship dissatisfaction and strained communication further intensify fathers' vulnerability to depression. Henshaw et al. (2016) reported that first-time parents often develop shared representations of postpartum distress, where both partners influence each other's emotional experiences. Fathers whose partners experienced maternal postpartum depression show increased emotional burden, feelings of helplessness, and difficulty managing their own distress while supporting their partners (Ierardi et al., 2019).

Several studies highlight emotional suppression within relationships. Ng et al. (2021) found that many fathers suppress their emotional needs to avoid burdening their partners, particularly when mothers are already struggling emotionally. This suppression leads to internal tensions and relationship strain. Furthermore, Wells and Jeon (2023) demonstrated that reduced intimacy, unequal division of caregiving responsibilities, and poor co-parenting dynamics significantly contribute to paternal depressive symptoms.

Challenges in Father–Infant Bonding

Paternal postpartum depression has been consistently linked to difficulties in father–infant bonding. Ip et al. (2018) found that fathers experiencing depressive symptoms showed reduced emotional responsiveness and warmth during interactions with their infants. Such early bonding difficulties may have long-term developmental implications (O'Hara & McCabe, 2013).

Longitudinal research by Sethna et al. (2015) revealed that paternal depression adversely affects the quality of early father–infant interactions, thereby influencing the child's emotional regulation and behavioural outcomes. Trautmann-Villalba et al. (2025) also reported that prenatal paternal depression and anxiety predicted weaker postnatal bonding.

Even mild emotional disturbances can disrupt bonding. Baldy et al. (2023) observed that fathers experiencing postpartum blues demonstrated reduced sensitivity and engagement with their infants. Wells and Jeon (2023)

confirmed that impaired father-infant bonding often mediates the relationship between paternal depression and adverse child outcomes, highlighting the importance of early identification and understanding of paternal mental health.

Financial and Social Pressures on Mental Health

Financial stress and social pressures are significant contributors to paternal postpartum depression. Ansari et al. (2021) identified unemployment, financial strain, and low parenting confidence as strong predictors of depressive symptoms among fathers. Wang et al. (2021) similarly found that economic difficulties and work–family conflict significantly increased the risk of paternal depression.

Similarly, Chua et al. (2025) show that fathers facing job insecurity and financial responsibility experienced heightened stress during the postpartum period. Lack of social support, including emotional and familial assistance, exacerbates psychological distress among new fathers (Koh et al., 2014).

Cross-cultural studies indicate that high perceived stress combined with weak social networks places fathers at greater risk for depression (Nishigori et al., 2020; Noorullah et al., 2020). First-time fathers often feel unprepared and unsupported, intensifying emotional strain during early parenthood (Koh et al., 2014).

Need for Better Support, Screening, and Measurement

Despite growing awareness of paternal postpartum depression, the condition remains under-reported, causing fathers to remain largely excluded from postpartum mental health screening and care. Davenport et al. (2022) found that paternal depression is frequently missed due to mother-centric healthcare systems. There are inconsistencies in how paternal postpartum depression is assessed, with limited use of father-sensitive tools and family-centred understanding (Pérez et al., 2017).

Additionally, Álvarez-García et al. (2024) emphasised the need for validated screening instruments that capture fathers' unique emotional expressions, which may differ from maternal depression. Pedersen et al. (2021) advocated for routine paternal screening and father-inclusive antenatal education to promote early

identification and intervention.

Policy-level support has also been highlighted as important. Research has identified the importance of supportive policies, including paternity leave and inclusive mental health services (Chua et al., 2025; O'Brien, 2013; Eddy et al., 2019). Collectively, the literature underscores the urgent need for systemic changes to recognise, assess, and support fathers' mental health during the postpartum periods (Baldwin et al., 2018).

Discussion

The findings of the review confirm that PPPD is an important, complex, and multifactorial phenomenon shaped by emotional, psychological, relational, and socio-contextual influences, rather than a singular postpartum response (Hutchens & Kearney, 2020; Tarsuslu et al., 2020), consistent with the biopsychosocial framework of paternal mental health. Importantly, several studies demonstrate that fathers' distress frequently persists beyond the early postpartum phase, reinforcing the relevance of examining experiences within the 3–12 months postpartum window (Edhborg et al., 2016; Pedersen et al., 2021).

Across studies, emotional vulnerability emerged as a core feature of PPPD. Fathers reported sadness, guilt, irritability, emotional exhaustion, helplessness, and identity confusion (Pedersen et al., 2021; Holmes, 2024; Malik, 2025). These experiences can be exacerbated by masculinity norms and socio-cultural expectations that discourage men from emotionally expressing themselves or seeking help (Schmitz, 2025; Holmes, 2024). Several studies documented severe manifestations, such as intrusive thoughts and suicidal ideation, underscoring the seriousness of paternal depression (Cho et al., 2022) and challenging the assumption that postpartum distress is primarily a maternal concern (Davenport & Swami, 2023).

The transition to fatherhood itself emerged as a significant stressor. Fathers reported increased responsibility, role overload, sleep deprivation, and pressure to meet both provider and caregiving expectations, which contributed to emotional strain and psychological distress (Purper-Ouakil, 2012). Studies across diverse cultural contexts highlighted that confusion around caregiving roles and work–family conflict

increases postpartum stress (Culpin et al., 2026). Maladaptive coping strategies, including emotional withdrawal, overworking, avoidance, and substance use, were frequently reported and associated with worsening depressive symptoms over time (Al Tarawneh et al., 2019; Munsayac et al., 2025).

A strong and consistent risk pathway identified across studies was prior mental health difficulty. Meta-analytic and longitudinal evidence show that fathers who have depressive or anxiety symptoms before the birth of their child are more prone to postpartum depression. Several studies suggest a continuity of vulnerability from the antenatal period (Paulson & Bazemore, 2010; Ansari et al., 2021). Cohort studies further demonstrate that unresolved prenatal distress often persists into the postnatal period, particularly when early screening and intervention are absent (Da Costa et al., 2019; Nishigori et al., 2020).

Relationship dynamics play a critical role in shaping fathers' mental health. Multiple studies identified a strong link between maternal postpartum depression and paternal depressive symptoms, suggesting a shared emotional burden among couples (Ierardi et al., 2019). Fathers frequently prioritised their partner's emotional wellbeing while suppressing their own emotional needs, a pattern that contributed to internal distress and relationship strain (Ng et al., 2021). Reduced intimacy, communication difficulties, and unequal caregiving responsibilities were also linked to increased paternal depressive symptoms (Wells & Jeon, 2023).

Consistent with prior research, PPPD was associated with challenges in father–infant bonding. Longitudinal evidence suggests that impaired bonding between father and infant may mediate the relationship between paternal depression and child development, highlighting the implications of untreated paternal distress (Trautmann-Villalba et al., 2025; Wells & Jeon, 2023).

Financial strain, work-related stress, and limited social support increased fathers' vulnerability to PPPD. Studies consistently identified unemployment, job insecurity, and economic pressure as significant predictors of depressive symptoms (Ansari et al., 2021; Chua et al., 2025). Lack of social networks and weak emotional support were particularly detrimental for first-time fathers navigating early parenthood (Koh et al., 2014; Noorullah

et al., 2020).

Despite growing recognition of PPPD, fathers remain largely excluded from routine postpartum mental health screening and care. Mother-centric healthcare systems and the absence of father-sensitive assessment tools contribute to under-detection of paternal depression (Pérez et al., 2017; Davenport et al., 2022). Recent studies have emphasised the need for validated screening instruments, routine paternal assessment, and father-inclusive perinatal services to facilitate early identification and intervention. Policy-level supports, such as paternity leave and accessible mental health services, were identified as crucial for improving paternal wellbeing (Chua et al., 2025). Further qualitative research focusing on fathers lived experiences between 3–12 months postpartum is critical to inform effective, father-sensitive mental health interventions.

Limitations

Although the review aimed to focus on the extended postpartum period (3–12 months), many included studies employed broader postpartum timeframes. As a result, findings were interpreted with emphasis on evidence relevant to the later postpartum phase rather than strictly time-bounded outcomes. Additionally, variations in study design, sample characteristics, cultural contexts, and measurement tools limited direct comparability of findings across studies (Paulson & Bazemore, 2010). The reliance on published literature may also restrict the ability to capture fathers lived experiences, particularly those that may remain underreported or unexplored (Philpott & Corcoran, 2018). This limitation is especially relevant within non-Western contexts, where cultural and masculinity norms discourage disclosure of emotional distress.

Future Directions

Future research should prioritise qualitative and longitudinal studies to gain a deeper understanding of fathers' emotional experiences beyond the early postpartum period. Greater emphasis is needed on culturally diverse populations, especially in low- and middle-income countries such as India (Fisher et al., 2012). The development and validation of father-sensitive screening tools and father-inclusive mental health interventions remain critical (Edmondson et al., 2010). Additionally, research examining the impact of policy-

level supports, such as paternity leave and workplace flexibility, may help inform strategies aimed at improving paternal mental health outcomes and family well-being (O'Brien, 2013).

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