

# Fathers with mental illness deserve better than stigma

February 17 2015, by Rhys Price-Robertson And Andrea Reupert

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Some fathers with mental illness feel discriminated against for their – perceived or actual – inability to meet the traditional paternal responsibilities of provider, protector and role-model. momento mori/Flickr, CC BY-NC-SA

Where there is mental illness, there's almost invariably social disapproval and discrimination. And a [report released by the Australian Institute of Family Studies](#) today shows fathers with mental illness can face unique hardships.

People already afflicted by mental ill-health often face the additional burden of stigma; of being perceived as having a "spoiled identity", to use [American sociologist Erving Goffman's](#) evocative term. Indeed, stigma is [increasingly recognised](#) as a central issue for the entire [mental](#)

[health](#) field.

For the [estimated](#) 20% of Australian mental health service users who have dependent children, stigma can take new forms. Negative stereotypes about parents with a [mental illness](#) are rife in the media, in the general public and even among mental health workers.

Parents are judged as incompetent or dangerous based solely on their mental health status. Regardless of how dedicated and capable they are as parents, many end up seeing themselves in the light of these stereotypes. ("I'm bound to screw up my kids somehow.")

Families can also face "stigma by association", where the children or partners of a person with mental illness are abused, blamed or avoided because of their family member's condition. ("Na-na, your dad's a psycho.")

## **What about dads?**

But the picture of what such families face has been incomplete. Almost all of the existing research on parenting and mental illness stigma has focused on mothers. There are many reasons for this, including their [greater involvement in daily childcare activities](#) and the well-known [difficulties of recruiting men into research studies](#).

The discipline of psychology is only just emerging from [decades of mother-blaming](#), so it's probably fair that efforts at understanding parents' stigma have mostly focused on exonerating women from unjust blame and shame.

But there are reasons why it's important to focus separately on fathers' experience of stigma. Men may experience mental illness differently to women, often use different strategies to self-manage their problems and

are generally more reluctant to seek help for health concerns.

Perhaps most importantly, men and women are subject to different gender and parenting norms. Stigma tracks along gendered lines, with men stigmatised for failing to exhibit "masculine" qualities such as strength, stoicism and self-sufficiency.

## Dads and stigma

Stigma is a prominent theme in the [review of the research on fatherhood and mental illness](#) released today. It found stigma especially prevalent in qualitative literature, which explores participants' lived experiences of mental illness and family life.

Many of the fathers who participated in this qualitative research described fatherhood as central to their self-image.

Nonetheless, some felt discriminated against for their (perceived or actual) inability to meet the traditional paternal responsibilities of provider, protector and role-model. Some had internalised this discrimination. They described deep feelings of shame and failure about parenting.

Other fathers saw the welfare system as biased against them. They felt they were automatically viewed as a risk to their children because of their illness, and so were under observation much of the time. A few believed their illness had been unfairly used against them in custody disputes.

Most worrying of all, fathers shared their fear that if they accessed services, or revealed the true extent of their mental health issues, they would be at risk of losing custody of their children.

Unfortunately, there is evidence to support these fathers' perceptions: a number of [Australian](#) and [international](#) studies have found that welfare workers often hold negative or ambivalent attitudes towards fathers.

[An analysis of the child protection system in the United Kingdom](#), for instance, identified two dominant discourses about male clients: they were seen as "a threat", presumed to be violent and manipulative; and they were perceived to be of "no use", said to spend little time on and have few skills for child rearing.

## **Families deserve better**

There are no simple answers in the fight against stigma. Public education and awareness-raising may help, especially when it seems that the most common catalyst for public discussion of fathers' mental illness is a man tragically killing his offspring. Peer-support groups and father-sensitive parenting education programs could promote men's self-empowerment.

The Children of Parents with a Mental Illness ([COPMI](#)) initiative provides excellent resource and informational support for families. Such supports include [The Importance of Being a Dad](#), which is specifically designed for fathers in families where a parent has a mental illness.

But COPMI's remit falls short of the transformative system-wide reform that would be necessary to ensure Australian health and welfare services are capable of effectively engaging fathers with mental ill-health. Efforts at change will falter until we address the discriminatory practices embedded in mainstream service systems.

If parents fear accessing services that would help them become the safe and loving caregivers they are capable of being, then service systems are failing.

If the instruments we use to assess risk in families automatically record parental mental illness as a "risk factor", regardless of parenting capacity or commitment, then we need new assessment tools.

Parenting is hard enough as it is, and fathers with mental illness tread a more difficult path than most. Ideally, their difficulties would be met by understanding and support. They certainly deserve better than the stigma and discrimination they are currently likely to face.

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Citation: Fathers with mental illness deserve better than stigma (2015, February 17) retrieved 3 May 2024 from <https://medicalxpress.com/news/2015-02-fathers-mental-illness-stigma.html>

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