

multicentre trials to resolve this issue. A strong argument can be made for existing interventions, backed by evidence, to be adapted for people with intellectual disabilities and tested in well conducted trials.

However, the results of this pragmatic study could be perceived as disappointing. Should the non-significant findings preclude clinical professionals from using behavioural activation in adults with intellectual disabilities? The authors argue that, since behavioural activation does confer benefit and causes no harm, it could be used instead of an active control or even treatment as usual. However, given the absence of obvious cost benefits and the need for further—albeit short—training, behavioural activation might remain in the armamentarium of potential psychosocial treatments for depression but without compelling support for its delivery to this population.

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The effect of paternal depression on depressive symptoms in adolescent offspring



Almost one in ten men will experience depression at some time in their life. Although there is evidence that partnered (and particularly married) men are at lower risk of depression than are the general male population,¹ rates of depression among fathers are difficult to estimate on the basis of existing evidence.² Fathers might not be exposed to the same risk factors for depression as mothers, but they do experience a range of biopsychosocial stressors that might affect their mental health and also have indirect effects on their partners, their children, or both.³

Regardless of prevalence or risk, there is now an increasing awareness of the role that paternal depression can have in child development and later psychosocial outcomes.^{4–6} That being said, high quality evidence to support the development of effective policy and intervention remains scarce. The effect of perinatal paternal depression on early childhood was shown by research with longitudinal data from the Avon Longitudinal Study of Parents and Children (ALSPAC) in

the UK. Children (n=6449) whose fathers were depressed during the antenatal or postnatal periods had higher risk of emotional and behavioural problems than did those whose fathers did not have depression, when they were assessed at age 3–5 and 7 years.⁶ Similarly, in different samples of Australian 5–6-year-olds (n=4253) and 8–9-year-olds (n=4196), childhood social and emotional wellbeing was negatively associated with paternal psychological distress (as well as mental health problems among mothers and grandparents).⁷ A Finnish study of 1247 pre-adolescents found an association between paternal postnatal distress and internalising behaviour problems among their children at age 12 years.⁸

In this issue of *The Lancet Psychiatry*, Gemma Lewis and colleagues⁹ provide evidence that associations between paternal mental health and child outcomes persist and affect adolescents, as well as younger children.⁸ Adolescents from the Millennium Cohort Study (MCS; n=7768) and Growing Up in Ireland (GUI; n=6070) were assessed at age 13–14 years. After



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adjusting for child emotional symptoms, paternal depression symptoms were significantly associated with symptoms of depression in adolescents, as noted by an increase in Short Mood and Feelings Questionnaire score (GUI 0.24 points, 95% CI 0.03–0.45, $p=0.023$; MCS 0.18, 0.01–0.36, $p=0.041$). This study explores the clinical significance of the findings, reporting an increase of 0.03–0.04 of an SD in adolescent depression scores for each 1 SD increase in paternal depressive symptoms. This association was of a similar magnitude to that between maternal depressive symptoms and adolescent depression scores.

It is notable that much of the research on the influence of parental mental health on child wellbeing has used data from population-based longitudinal studies from around the world¹⁰ (eg, ALSPAC, the Finnish Family Competence Study, GUI, Growing Up in New Zealand, the Longitudinal Study of Australian Children, and MCS). The design and execution of these studies provides high-quality, well-powered data that allow for a wide range of multi-generational moderators, mediators, and confounding variables from across the lifespan to be taken into account (especially when loss to follow-up is low).⁷

As Lewis and colleagues⁹ acknowledge, the precise onset of depression symptoms in the adolescent participants and their fathers is not clear. This finding reflects a gap in the broader evidence base, resulting from methodological differences between studies that have measured paternal and child symptoms at different life stages and ages. Research that combines high quality data from these studies, and meta-analyses, which are able to investigate the complex longitudinal links between parental mental health, the parent-child relationship, and child mental health, are much needed.^{11,12} Underwood and colleagues² found that, 9 months after childbirth, fathers who were no longer in a relationship with their child's mother were at increased risk of having postnatal depression symptoms. As such, it is important that studies do not exclude fathers who do not always live with their children.

Mothers have traditionally been seen as the vital nurturing influence on developing children, whereas fathers have been more commonly ascribed roles of the power figure, disciplinarian, or breadwinner for the family as a whole. Only relatively recently has the influence and input of fathers in children's early development been seen as essential for adaptive

psychosocial and cognitive outcomes. There is increasing evidence that fathers' mental health affects their children's development, both directly and indirectly, from infancy. As such, it is crucial that depression symptoms are recognised and treated early in fathers as well as mothers. Understanding who is most at risk of developing depression symptoms could help health professionals design better methods to help the whole family. Particularly, relationship quality and the family environment appear to be key factors in parental depression, and therefore interventions for parents or their children should be family focused. Understanding the role of social support for fathers (another key area for intervention) and its potential to improve paternal mental health and, therefore, outcomes for children, is essential.

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