# AUSTRALIAN PRECONCEPTION PATERNAL MENTAL HEALTHCARE GUIDELINES

Short Form Draft for Public Consultation

December 2025


# CONTENTS

# THE GUIDELINES

## Why the guidelines have been developed

One in 10 fathers of newborn babies in Australia experience mental health difficulties. Awareness of paternal mental health concerns is low, and few effective interventions exist. Neglecting the mental health of fathers increases the risk of mental health difficulties in their partners and emotional and behavioural difficulties in their children.[1,2]

To improve outcomes for men and their families, the World Health Organisation[3] and the Australian National Men's Health Strategy 2020-2030[4] recommend engaging men in preconception care. Preconception care aims to promote the health and wellbeing of future parents before a child is conceived by addressing biomedical, behavioural, and social factors that affect pregnancy and child outcomes.[3]

The health of boys and men has the potential to deliver a "triple dividend",[5] in that it will benefit boys' and men's own health and wellbeing in the short-term, into their adult lives, and subsequently the health and wellbeing of their future family and children.

**If you work with boys or men in health or education settings, these guidelines and companion resources will help you put fatherhood and mental health on their radars. Your support of boys' and men's health and wellbeing in the years before parenthood could help them be healthy, connected fathers in the future.**

## Who the guidelines are for

The guidelines are for anyone involved in the education or care of boys and men, directly or indirectly, including:

- Healthcare practitioners and organisations
- Educators, and schools and tertiary education institutions
- Parents, carers and families
- Government, policy makers and advisors
- Researchers

## The purpose of the guidelines

The purpose of the guidelines is to improve the mental health of fathers in the early parenting years. To achieve this, recommendations have been drafted that aim to:

1. promote the preconception education and care of boys and men;

2. encourage investment in and the development of policies and practices that prioritise the health and wellbeing of boys and men; and,
3. stimulate societal discussion and awareness of boys' and men's interest in, responsibilities for, and experiences of reproduction and parenting.

The guidelines will be continually updated to reflect new knowledge and best practice on how to achieve these aims.

## The scope of the guidelines

The scope of the guidelines, and supporting evidence, focuses on the preconception education and care of adolescent boys and men across the reproductive lifespan, from the onset of puberty. Some recommendations may be relevant to younger boys, reflecting that the preconception period may span all of life, from birth to parenthood.

## What the guidelines include

- **Recommendations**
  - The Recommendations are grouped into five themes:
    1. Putting future fatherhood on the radar
    2. Supporting the preconception mental health of boys and men
    3. Fostering quality connections
    4. Promoting self-care and growth
    5. Reducing risk for boys and men under stress
  - The recommendations have been developed based on a systematic review of longitudinal literature, and in consultation with expert and consumer stakeholder groups.
  - In total there are 29 evidence-based draft recommendations that address either (1) public health policy and investment or (2) education and care.
    1. Public health policy and investment recommendations are intended to guide system level strategies for supporting the preconception health and wellbeing of boys and men, with potential for ongoing impacts into fatherhood and the next generation.
    2. Education and care recommendations are intended to guide educators and healthcare practitioners to support boys and men in the years before they become fathers, to prevent or reduce the impact of future mental health concerns for fathers, with potential benefits extending to their families.

- **Principles of Care**
  - The Principles of Care guide the approach to, and delivery of, care by education and healthcare practitioners. The draft guidelines set out six Principles of Care which should be foundational in the care of boys and men.
- **Glossary**
  - Key terms are defined at the end of the document.

## Future resources to complement the guidelines

- For healthcare practitioners, workforce companion materials will be developed to give practical suggestions on how to implement the recommendations in practice. Materials will include a preconception care checklist, case studies, scenarios, and advice on how to discuss topics with boys and men.
- *Please feel free to provide suggestions on what may be helpful in the open text fields of the public consultation survey.*
- For educators, future funding is required to co-design resources suggested in the recommendations.

## The full version of the guidelines

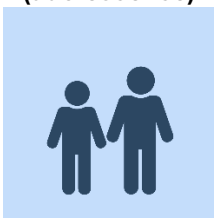
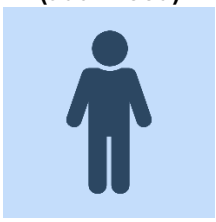
- A summary and a full version of the guidelines will be published in 2026. The full version will include more details about the methods and evidence used to develop the recommendations.
- **Note:** Not everything that matters for fathers' mental health is covered in the guidelines. In some areas, there was insufficient evidence to make clear recommendations. There will be a section in the full guidelines describing areas for future research to inform updates to the guidelines.
- *To provide feedback on potential areas for future research, please use the open text fields of the public consultation survey.*

# RECOMMENDATIONS

## Putting future fatherhood on the radar

Most men will become fathers, yet boys and men have very little preparation for this significant role.[6] Fathers who have experienced difficulties with the adjustment to parenthood report wishing they had been better prepared.[7] This preparation can begin decades before conception.[8] Preconception care and education can be delivered early to boys and men even if they are not necessarily motivated by future fatherhood or actively planning to become a father (see Figure 1 and Appendix A).[9] Many men are not aware that preparing for fatherhood is possible, necessary and beneficial for their future health and wellbeing during the transition to parenthood.[10]

*Figure 1: Preconception Life Stages*

| Pre-contemplation (adolescence) | Pre-contemplation (adulthood) | Contemplation | Preparation | Re-contemplation |
|---|---|---|---|---|
|  |  |  |  |  |
| The boy may or may not envisage himself as a father in the future. | The man is ambivalent or has no intention to be a father in the future. | The man intends to be a father at some point in the future. | The man is planning imminent fatherhood or is trying to have a child. | The man is a father and is planning to have another child. |

There are many reasons why preparing boys and men for fatherhood is important:

- It is common for parents to want to share the responsibilities of parenting and to negotiate roles rather than have them determined by gender.
- Almost half of all men hope to parent differently to how their fathers parented them.[11]
- Fathers with unintended pregnancies are more likely to experience mental health difficulties, challenges bonding with their babies, lower quality relationships with their partners and families, and experience financial strain in the perinatal period compared to fathers with intended pregnancies.[12-14]

This first set of recommendations focuses on making preconception education and care available to all boys and men, which may start with simple conversations about life goals and future fatherhood.

| **Putting future fatherhood on the radar** |
|---|
| **Public health policy and investment recommendations** |
| 1.1 Public health policy and investment should facilitate the availability of preconception information and care to all boys and men across clinical, allied and community healthcare settings. |
| 1.2 Public health policy and investment should support the delivery of preconception care that includes ongoing mental health checks and broader psychosocial assessment for all boys and men. |
| 1.3 Public health messaging should raise awareness of the experience of perinatal mental health difficulties for men, and the availability of preconception supports. |
| 1.4 Strengths-based public health policy and messaging should normalise and facilitate the nurturant caregiving role of fathers, as both parents and partners, and support positive expectations of fatherhood. |

| **Putting future fatherhood on the radar** |
|---|
| **Education and care recommendations** |
| 1.5 Healthcare practitioners should ask boys and men if they would like to become a father, or have another child, at any time in the future and offer preconception guidance tailored to their age and life stage. This discussion should be ongoing. |
| 1.6 Healthcare practitioners should raise the importance of contraception and the benefits of planned pregnancy with boys and men. Benefits discussed should include the reduced risk of men's mental health difficulties in the perinatal period if pregnancies are planned. |
| 1.7 Co-designed evidence-based educational resources should be available to parents, carers and educators to guide discussions with boys and young men regarding life goals and future fatherhood. Resources should examine gendered parenting experiences and expectations, shared family planning and responsibilities, family relationships, changing identities and managing multiple adult roles. |
| 1.8 Healthcare practitioners delivering preconception care should be curious about boys' and men's expectations of fatherhood, and their beliefs and attitudes regarding mental health with respect to their culture and socialisation. Preconception care should be responsive to the individual's cultural needs and preferences, and could include discussions of dual cultural identities and generational cultural beliefs relating to fatherhood and mental health. |

## Supporting the preconception mental health of boys and men

The best predictor of fathers' mental health in the perinatal period is their preconception mental health. Four in five fathers with mental health difficulties in the antenatal or postpartum periods had prior symptoms during adolescence and/or young adulthood.[15,16] Mental health difficulties in boys and men can be expressed as internalising symptoms such as sadness, anxiety, and rumination, but are also often expressed as externalising symptoms such as anger, frustration, substance use and risk-taking, and may involve suicidal ideation.[17,18] Boys' and men's engagement with mental health services is low.[19,20] Training that focuses on developing practitioners' competencies related to engaging with and responding to men can improve practitioner confidence in working with men.[21] Mental health supports can improve boys' and men's lives at the time of care and into the future; evidence also suggests benefits for future families if they become fathers.[2]

This set of recommendations focuses on the awareness, accessibility and quality of preconception mental health care tailored to boys and men.

| **Supporting the preconception mental health of boys and men** |
|---|
| **Public health policy and investment recommendations** |
| 2.1 Policies and proactive strategies should be in place across community services, schools, tertiary education and clinical settings to ensure visible, accessible, safe and responsive environments where boys and men can easily raise mental health concerns and be offered pathways to support. |

| **Supporting the preconception mental health of boys and men** |
|---|
| **Education and care recommendations** |
| 2.2 Healthcare practitioners should be aware of the links between preconception (1) internalising symptoms, (2) externalising symptoms and (3) suicidality and the increased risk of men's mental health difficulties in the perinatal period. Primary and reproductive care practitioners should maintain ongoing preconception mental health care plans for boys and men through to fatherhood and in between having children. |
| 2.3 In addition to using common mental health screening and diagnostic instruments, healthcare practitioners should use validated, culturally appropriate instruments designed to capture the different ways boys and men may express mental health concerns. |
| 2.4 Healthcare organisations should provide staff with access to training in mental health literacy and care focused on boys and men. |

| |
|---|
| 2.5 Co-designed evidence-based mental health literacy resources should be available to parents, carers, educators and the community to raise awareness of the different ways boys and men may express symptoms of mental health difficulties (e.g., externalising behaviours such as anger, irritability, aggression, substance use, risk taking). Resources should also provide guidance on how to inquire and respond to boys and men with mental health difficulties. |
| 2.6 Evidence- and strengths-based mental health literacy resources should be widely available to boys and men to support their recognition and regulation of emotions and symptoms of mental health difficulties. Resources should also promote the benefits of treatment for boys' and men's mental health in the short and long term, and benefits to their future families. |

## Fostering quality connections

Close and supportive relationships with family, partners, and peers across the preconception years are foundational for relational health with partners and children in the early years of parenting.[22,23] These early relationships are also predictors of paternal mental health.[24] Of great concern is that when men have either experienced or perpetrated intimate partner violence before conceiving a child, they are at greater risk of mental health difficulties as fathers.[25] They are also at risk of continuing patterns of intergenerational family violence, which may peak during pregnancy and in the early years of parenthood, posing significant risk of harm to mothers and children.[26-29]

This set of recommendations focuses on supporting boys and men to establish and navigate quality relationships and social connections in the preconception years.

| **Fostering quality connections** |
|---|
| **Public health policy and investment recommendations** |
| 3.1 Public health investments should be made in data collection that monitors the development of boys' and men's relational skills and wellbeing, including their experiences of care and connection within families, schools, workplaces, and physical and online communities. Data should be available to communities for targeted responses to local needs. |

| **Fostering quality connections** |
|---|
| **Education and care recommendations** |
| 3.2 Parents and carers should have access to co-designed evidence-based programs that build trust and open, meaningful communication between boys and young men, and their mothers, fathers, parents, carers and other parenting figures. |

| |
|---|
| 3.3 Community services, schools and tertiary education settings should have access to co-designed evidence-based programs that foster open and meaningful communication between boys and young men, and their peers. |
| 3.4 If men are partnered and considering fatherhood, they should have access to evidence-based relationship education programs and resources, co-designed with couples with lived experience of parenthood, to support their partner relationship in preparation for the perinatal period. |
| 3.5 Healthcare practitioners should be aware of the links between preconception experience of intimate partner violence perpetrated against boys and men and the increased risk of men's mental health difficulties in the perinatal period. When working with boys and men who have experienced domestic, family or sexual violence, trauma-informed guidelines for care designed for boys and men should be followed. |
| 3.6 Healthcare practitioners should be aware of the links between preconception perpetration of intimate partner violence and the increased risk of men's mental health difficulties in the perinatal period. When working with boys and men who have perpetrated domestic, family or sexual violence, trauma-informed guidelines for care designed for boys and men should be followed. |

## Promoting self-care and growth

The physical and psychological development of boys and young men predicts future mental health outcomes. For example, men who increasingly or persistently engaged in physical activity from childhood and adolescence through to adulthood had a reduced risk of depression around the peak age of first-time fatherhood compared to those who were inactive.[30] Psychologically, men who develop identity clarity, perspective-taking and empathy, and who experience greater wellbeing in the years before becoming a father, may have better outcomes in the early years of parenting.[8,31] Importantly, boys and men differ in the individual factors or characteristics that may increase their vulnerability to mental health difficulties as fathers.[32]

This set of recommendations focuses on individual characteristics and behaviours where preconception support may reduce the risk of future mental health concerns.

| **Promoting self-care and growth** |
|---|
| **Public health policy and investment recommendations** |
| 4.1 Strengths-based policies and strategies should be adopted across community services, schools, tertiary education and clinical settings to support diverse constructions and expressions of boyhood and manhood. |

| Promoting self-care and growth |
|---|
| **Education and care recommendations** |
| 4.2 Healthcare practitioners should be aware of evidence that men who report low levels of emotional stability, agreeableness, extraversion and conscientiousness prior to conception may be at an increased risk of mental health difficulties in the perinatal period. This knowledge could inform which boys and men may be particularly in need of preconception care. |
| 4.3 Healthcare practitioners delivering preconception care to boys and men should include opportunities to promote psychological wellbeing. This could include strengthening the development of identity, empathy or perspective taking. |
| 4.4 Preconception information delivered to boys and men across community services, schools, tertiary education and clinical settings should include information about the benefits of physical activity for current and future mental health. |

## Reducing risk for boys and men under stress

Stressful contexts in the preconception period can increase risk for mental health difficulties in fatherhood. Financial difficulties, even before becoming a parent, are linked to mental health difficulties in men once they become fathers.[25] Major life upheavals such as migration, trauma related to asylum seeking, or the loss of family members, including prior pregnancy loss or birth trauma, can increase risk of later mental health difficulties without adequate and responsive care.[33-35] In the context of rapidly declining sperm count for men globally,[36] the need for some couples to engage in assisted reproduction to conceive can be particularly stressful and is also linked to risk of anxiety, depression and psychological distress in the early years of fatherhood.[37-41] When healthcare practitioners support boys and men under stress, and refer them to specialist services when needed, they may be improving the lives of future fathers and their children.

This set of recommendations focuses on the preconception support of boys and men who experience or have experienced stressors known to increase risk for perinatal mental health difficulties.

| Reducing risk for boys and men under stress |
|---|
| **Public health policy and investment recommendations** |
| 5.1 Social and commercial determinants of health are also determinants of fathers' mental health in the perinatal period. Governments should continue to recognise social and commercial determinants of boys' and men's health and wellbeing as priority areas for public health policy and investment. |

| **Reducing risk for boys and men under stress** |
| --- |
| **Education and care recommendations** |
| 5.2 Healthcare practitioners should be aware of the links between preconception financial strain and the increased risk of men's mental health difficulties in the perinatal period. Healthcare practitioners delivering preconception care to boys and men should include assessment of environmental stressors (e.g., those relating to finances, food security, employment and housing) and provide referrals to appropriate services. |
| 5.3 Healthcare practitioners should be aware of evidence that men undergoing assisted reproductive technology treatment to conceive may be at an increased risk of mental health difficulties in the perinatal period. When working with men using assisted reproductive technology treatment to conceive, guidelines for specific contextual care should be followed. |
| 5.4 Primary and reproductive care practitioners should inquire about the reproductive history of men including their experiences of pregnancy loss, high risk pregnancy and still birth. Healthcare practitioners should consider how grief and loss may interact with masculine identities and roles, and provide referrals to services for grief and trauma support when appropriate. |
| 5.5 Healthcare practitioners should be aware that boys and men who arrived in Australia as asylum seekers or refugees may have experienced trauma, which can carry forward repercussions for their future mental health and the health and wellbeing of future generations. Long-term and intergenerational risk may be mitigated with specialist trauma support. Healthcare practitioners should provide referrals to specialist trauma supports with as much information as possible to minimise re-traumatisation. |

# PRINCIPLES OF CARE

The following principles should be foundational in the preconception care of boys and men.

| Principles of Preconception Care of Boys and Men | Description |
|---|---|
| **A. Care should be responsive to the gender specific needs of boys and men.** | Care should be responsive to the many ways that individuals may understand and express what it means to be a boy or man. Healthcare organisations should provide training to healthcare practitioners and implement proactive strategies to reach, respond and retain boys and men in care.[42] Healthcare practitioners should recognise and reflect on their own gendered biases, beliefs, attitudes, assumptions, stereotypes and prejudices. In tailored, supportive environments, boys and men are more likely to seek help, communicate their concerns, disclose their emotions, and take interest in family planning and fatherhood. |
| **B. Care should be strengths-based.** | Healthcare practitioners should have the mindset that boys and men are experts in their own experiences and therefore care should be approached as an active partnership. Healthcare practitioners should focus attention on the strengths of the boy and man in their care, and understand that these will be informed, at least in part, by their personal constructions of boyhood or manhood[43]. Care should be motivating so that boys and men feel empowered in making informed decisions and continue to invest in their current and future health and wellbeing. |
| **C. Care should be tailored to life stage.** | Care should be developmentally appropriate to boys and men, consider key life transitions and include consultations regarding life goals, priorities, motivations and preferred timing of fatherhood. See Appendix A for a detailed description of preconception life stages. |

| | |
|---|---|
| **D. Care should be culturally safe and responsive.** | Care should be tailored to community and individual needs and should be culturally safe. For culturally safe and responsive care of boys and men, care should recognise that experiences of masculinities, masculine norms, and mental health are likely to be culturally contingent. Healthcare practitioners should engage in ongoing critical reflection of their own biases, beliefs, attitudes, assumptions, stereotypes and prejudices related to a person's culture or socialisation, as well as the practitioner's own culture or socialisation, that may affect the care they provide. Culturally safe and responsive care should work to remove barriers to effective therapeutic care (including institutional racism and discrimination) and should respect and learn from cultural knowledges.[44,45]<br><br>In Australia, culturally safe and responsive care includes respect for and learning from Aboriginal and Torres Strait Islander Peoples ways of Knowing, Being and Doing.[46] |
| **E. Care should consider the whole boy or man.** | Care should treat the whole boy or man[47] (i.e., consider their emotional, social, psychological, physical, cultural, spiritual and lifestyle needs and expectations, and consider contextual stressors). An holistic approach not only serves to mitigate risk, but to also strengthen protective factors and ultimately promote positive development and thriving. |
| **F. Care should be available where boys and men are and accessible when needed.** | Care should be accessible, visible, inclusive and timely. It should be conspicuous and available as close to a boy's or man's home as possible in health, community, school and/or workplace settings, or available via e-health options. Care should be visibly and explicitly inclusive and welcoming of boys and men.[48] |

# GLOSSARY

- **Reproductive lifespan**
  - The period of the life course following puberty in males when boys and men are biologically capable of conceiving a child (spontaneously or with assisted reproductive technology treatment).
- **Preconception (including Interconception)**
  - The reproductive lifespan of a boy or man, from puberty to the conception of offspring. It also includes the time between two separate conceptions, referred to as interconception. More broadly, the preconception period may span all of life, from birth to parenthood.
- **Man/Men**
  - In this document, man/men refers to any adult of reproductive age (18+ years) who identifies or describes themselves as a man.
- **Boy/s**
  - In this document, boy/s refers to any adolescent of reproductive age (typically 12 – 17 years) who identifies or describes themselves as a boy.
- **Father/s or Fatherhood**
  - In this document, father refers to biological fathers as well as other types of fathers and father figures who parent a child.
- **Perinatal**
  - The period covering pregnancy and the first year following birth.
- **Antenatal**
  - The period covering the birthing parent's pregnancy.
- **Postpartum**
  - The first year following birth.
- **Early years of parenthood/parenting**
  - The extended perinatal period, up to the child's age of 5 years.
- **Internalising symptoms**
  - Symptoms of mental health difficulties that are processed and directed inwards towards the self, which may include psychological distress, depressive and anxiety symptoms, post-traumatic stress, suicide ideation, and self-harm.

- **Externalising symptoms**
  - Symptoms of mental health difficulties that are behaviours or actions directed outwardly, which may include anger, irritability, risk-taking, impulsivity, antisocial or aggressive tendencies, alcohol or substance misuse, violence, abuse, and assault.
- **Masculinities**
  - The practices positioning men within a gender order. There are multiple complex masculinities which may vary across individuals, and cultural and historical contexts.[49,50]
- **Family planning**
  - Planning and achieving the desired timing and number of children, if any, using contraceptive methods and infertility treatments.[51]
- **Social and commercial determinants of health**
  - The forces and systems shaping the conditions of daily life, including private sector activities, as well as people's access to power, money and resources, that affect health.[52]

## ACKNOWLEDGEMENTS

The draft guidelines form part of the project 1 in 10 Men: Prevention and Treatment of Paternal Mental Health Problems, funded by the Australian Government's Medical Research Future Fund (MRFF) Million Minds Mental Health Research Grant (MRF2026823). Led by Deakin University, the guidelines have been developed in partnership with Healthy Male, Movember, the Australian Fatherhood Research Consortium, and stakeholder groups of healthcare professionals and men from diverse backgrounds.

# REFERENCES

1. Paulson JF, Bazemore SD, Goodman JH, Leiferman JA. The course and interrelationship of maternal and paternal perinatal depression. *Archives of Women's Mental Health*. 2016/08/01 2016;19(4):655-663. doi:10.1007/s00737-016-0598-4
2. Le Bas G, Aarsman SR, Rogers A, et al. Paternal Perinatal Depression, Anxiety, and Stress and Child Development: A Systematic Review and Meta-Analysis. *JAMA Pediatrics*. 2025;179(8):903-917. doi:10.1001/jamapediatrics.2025.0880
3. World Health Organization. Regional Office for South-East Asia. *Preconception care*. 2014. https://iris.who.int/handle/10665/205637
4. National Men's Health Strategy 2020–2030 (Commonwealth of Australia) (2019).
5. Patton GC, Sawyer SM, Santelli JS, et al. Our future: a Lancet commission on adolescent health and wellbeing. *The Lancet*. 2016/06/11/ 2016;387(10036):2423-2478. doi:https://doi.org/10.1016/S0140-6736(16)00579-1
6. Kings CA, Knight T, Ryan D, Macdonald JA. The "sensory deprivation tank": An interpretative phenomenological analysis of men's expectations of first-time fatherhood. *Psychology of Men & Masculinity*. 2017;18(2):112.
7. Baldwin S, Malone M, Sandall J, Bick D. Mental health and wellbeing during the transition to fatherhood: a systematic review of first time fathers' experiences. *JBI Database System Rev Implement Rep*. Nov 2018;16(11):2118-2191. doi:10.11124/jbisrir-2017-003773
8. Macdonald JA, Collins S, Greenwood CJ, et al. Parenting orientations in young adulthood: Predicting timing of parenthood and quality of postpartum caregiving. *Journal of Personality and Social Psychology*. 2023;124(4):812.
9. Barker M, Dombrowski SU, Colbourn T, et al. Intervention strategies to improve nutrition and health behaviours before conception. *The Lancet*. 2018;391(10132):1853-1864. doi:10.1016/S0140-6736(18)30313-1
10. Hall J, Chawla M, Watson D, et al. Addressing reproductive health needs across the life course: an integrated, community-based model combining contraception and preconception care. *The Lancet Public Health*. 2023;8(1):e76-e84. doi:10.1016/S2468-2667(22)00254-7
11. Macdonald JA. What about the dads? Building a system of care for fathers [Keynote address]. presented at: Perinatal & Infant Mental Health Conference; 2025; Melbourne, VIC, Australia.
12. Smith I, O'Dea G, Demmer DH, et al. Associations between unintended fatherhood and paternal mental health problems: A systematic review and meta-analysis. *Journal of Affective Disorders*. 2023/10/15/ 2023;339:22-32. doi:https://doi.org/10.1016/j.jad.2023.06.065
13. Maximova K, Quesnel-Vallée A. Mental health consequences of unintended childlessness and unplanned births: Gender differences and life course dynamics. *Social Science & Medicine*. 2009/03/01/ 2009;68(5):850-857. doi:https://doi.org/10.1016/j.socscimed.2008.11.012
14. Smith I, Youssef GJ, Shatte A, Teague SJ, Knight T, Macdonald JA. "You are not alone": A big data and qualitative analysis of men's unintended fatherhood. *SSM - Qualitative Research in Health*. 2022/12/01/ 2022;2:100085. doi:https://doi.org/10.1016/j.ssmqr.2022.100085
15. Spry E, Giallo R, Moreno-Betancur M, et al. Preconception prediction of expectant fathers' mental health: 20-year cohort study from adolescence. *BJPsych open*. 2018;4(2):58-60.
16. Thomson KC, Romaniuk H, Greenwood CJ, et al. Adolescent antecedents of maternal and paternal perinatal depression: a 36-year prospective cohort. *Psychological medicine*. 2021;51(12):2126-2133.
17. Rice SM, Fallon BJ, Aucote HM, Möller-Leimkühler AM. Development and preliminary validation of the male depression risk scale: Furthering the assessment of depression in men. *Journal of Affective Disorders*. 2013/12/01/ 2013;151(3):950-958. doi:https://doi.org/10.1016/j.jad.2013.08.013
18. Bilsker D, Fogarty AS, Wakefield MA. Critical issues in men's mental health. *The Canadian Journal of Psychiatry*. 2018;63(9):590-596.
19. Brinkley A, Jorgensen S, Swartz M. Responding to a Population Mental Health Crisis. *Psychiatric Services*. 2020;71(11):1095-1095. doi:10.1176/appi.ps.711103
20. Seidler ZE, Wilson MJ, Kealy D, Oliffe JL, Ogrodniczuk JS, Rice SM. Men's Dropout From Mental Health Services: Results From a Survey of Australian Men Across the Life Span. *American Journal of Men's Health*. 2021;15(3):15579883211014776. doi:10.1177/15579883211014776
21. Seidler ZE, Wilson MJ, Benakovic R, et al. A randomized wait-list controlled trial of Men in Mind: Enhancing mental health practitioners' self-rated clinical competencies to work with men. *American Psychologist*. 2024;79(3):423.
22. Macdonald JA, Mansour K, Evans-Whipp TJ, et al. Preconception predictors of next generation early relational health: A living review of prospective cohort studies. 2025.
23. Biden EJ, Greenwood CJ, Macdonald JA, et al. Preparing for Future Adversities: Lessons From the COVID-19 Pandemic in Australia for Promoting Relational Resilience in Families. Original Research. *Frontiers in Psychiatry*. 2021-August-04 2021;Volume 12 - 2021doi:10.3389/fpsyt.2021.717811
24. Macdonald JA, Greenwood CJ, Letcher P, et al. Parent and peer attachments in adolescence and paternal postpartum mental health: findings from the ATP Generation 3 Study. *Frontiers in psychology*. 2021;12:672174.
25. Giallo R, Wynter K, McMahon G, et al. Preconception factors associated with postnatal mental health and suicidality among first-time fathers: results from an Australian Longitudinal Study of Men's Health. *Social psychiatry and psychiatric epidemiology*. 2023;58(8):1153-1160.

26. Langevin R, Marshall C, Kingsland E. Intergenerational cycles of maltreatment: A scoping review of psychosocial risk and protective factors. *Trauma, Violence, & Abuse*. 2021;22(4):672-688.
27. Osborne K-l, Munasinghe S, Page A. The Intergenerational Transmission of Emotional Intimate Partner Violence: a Systematic Review and Meta-Analysis. *Journal of Family Violence*. 2025/04/05 2025;doi:10.1007/s10896-025-00871-8
28. Herrenkohl TI, Fedina L, Roberto KA, et al. Child maltreatment, youth violence, intimate partner violence, and elder mistreatment: A review and theoretical analysis of research on violence across the life course. *Trauma, violence, & abuse*. 2022;23(1):314-328.
29. Román-Gálvez RM, Martín-Peláez S, Fernández-Félix BM, Zamora J, Khan KS, Bueno-Cavanillas A. Worldwide Prevalence of Intimate Partner Violence in Pregnancy. A Systematic Review and Meta-Analysis. *Front Public Health*. 2021;9:738459. doi:10.3389/fpubh.2021.738459
30. McKercher C, Sanderson K, Schmidt MD, et al. Physical activity patterns and risk of depression in young adulthood: a 20-year cohort study since childhood. *Social Psychiatry and Psychiatric Epidemiology*. 2014/11/01 2014;49(11):1823-1834. doi:10.1007/s00127-014-0863-7
31. O'Connor EJ, Zajac IT, Brindal E, Kakoschke N. Transitioning to fatherhood: Prospective effects of wellbeing on future depression symptoms. *Journal of Affective Disorders*. 2025/02/15/ 2025;371:147-155. doi:https://doi.org/10.1016/j.jad.2024.10.102
32. Spry EA, Olsson CA, Aarsman SR, et al. Parental personality and early life ecology: a prospective cohort study from preconception to postpartum. *Scientific reports*. 2023;13(1):3332.
33. McKay MA-O, Cannon M, Chambers D, et al. Childhood trauma and adult mental disorder: A systematic review and meta-analysis of longitudinal cohort studies. 2021;(1600-0447 (Electronic))
34. Handiso D, Belsti Y, Boyle JA, Paul E, Shawyer F, Enticott JC. A Systematic Review and Meta-Analysis of Longitudinal Studies on Posttraumatic Stress Disorders in Refugees and Asylum Seekers. *International Journal of Mental Health and Addiction*. 2025/04/01 2025;23(2):1347-1369. doi:10.1007/s11469-023-01172-1
35. Vallin E, Nestander H, Wells MB. A literature review and meta-ethnography of fathers' psychological health and received social support during unpredictable complicated childbirths. *Midwifery*. 2019/01/01/ 2019;68:48-55. doi:https://doi.org/10.1016/j.midw.2018.10.007
36. Levine H, Jørgensen N, Martino-Andrade A, et al. Temporal trends in sperm count: a systematic review and meta-regression analysis of samples collected globally in the 20th and 21st centuries. *Human Reproduction Update*. 2022;29(2):157-176. doi:10.1093/humupd/dmac035
37. Cohen J, McMahon C, Tennant C, Saunders D, Leslie G. Psychosocial outcomes for fathers after IVF conception: a controlled prospective investigation from pregnancy to four months postpartum. *Reproductive Technologies*. 2000;10(3):126.
38. Sälevaara M, Punamäki RL, Unkila‐Kallio L, Vänskä M, Tulppala M, Tiitinen A. The mental health of mothers and fathers during pregnancy and early parenthood after successful oocyte donation treatment: A nested case‐control study. *Acta Obstetricia et Gynecologica Scandinavica*. 2018;97(12):1478-1485.
39. Winter C, Van Acker F, Bonduelle M, et al. Depression, pregnancy-related anxiety and parental-antenatal attachment in couples using preimplantation genetic diagnosis. *Human Reproduction*. 2016;31(6):1288-1299.
40. Gameiro S, Moura‐Ramos M, Canavarro MC, Soares I. Psychosocial adjustment during the transition to parenthood of Portuguese couples who conceived spontaneously or through assisted reproductive technologies. *Research in Nursing & Health*. 2010;33(3):207-220.
41. Oftedal A, Tsotsi S, Kaasen A, et al. Anxiety and depression in expectant parents: ART versus spontaneous conception. *Human Reproduction*. 2023;38(9):1755-1760.
42. Galdas PM, Seidler ZE, Oliffe JL. Designing men's health policy: the 5R Framework. *The Lancet Public Health*. 2025/10/01/ 2025;10(10):e848-e854. doi:https://doi.org/10.1016/S2468-2667(25)00202-6
43. Seidler ZE, Benakovic R, Wilson MJ, et al. Approaches to Engaging Men During Primary Healthcare Encounters: A scoping review. *American Journal of Men's Health*. 2024;18(2):15579883241241090. doi:10.1177/15579883241241090
44. Curtis E, Jones R, Tipene-Leach D, et al. Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *International Journal for Equity in Health*. 2019/11/14 2019;18(1):174. doi:10.1186/s12939-019-1082-3
45. The Royal Australian & New Zealand College of Psychiatrists. Cultural Safety. RANZCP; 2021. Accessed 23 September 2025. https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/cultural-safety
46. Martin K, Mirraboopa B. Ways of knowing, being and doing: A theoretical framework and methods for indigenous and indigenist re‐search. *Journal of Australian Studies*. 2003/01/01 2003;27(76):203-214. doi:10.1080/14443050309387838
47. Seidler ZE, Sheldrake M, Rice S, et al. "Just Treat Me Delicately": A Qualitative Exploration of What Works to Engage Australian Men in Health Care Encounters. *American Journal of Men's Health*. 2025;19(2):15579883241311557.
48. O'Brien AP, Hurley J, Linsley P, McNeil KA, Fletcher R, Aitken JR. Men's Preconception Health: A Primary Health-Care Viewpoint. *Am J Mens Health*. Sep 2018;12(5):1575-1581. doi:10.1177/1557988318776513
49. Connell RW. The big picture: Masculinities in recent world history. *Theory and Society*. 1993/10/01 1993;22(5):597-623. doi:10.1007/BF00993538
50. Connell R. Masculinities. Accessed 10 November, 2025. http://www.raewynconnell.net/p/masculinities_20.html
51. World Health Organization. Contraception. Accessed 6 November 2025, https://www.who.int/health-topics/contraception#tab=tab_1
52. World Health Organization. Commercial determinants of health. World Health Organization. Accessed 1 December 2025, https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health

# APPENDIX A: PRECONCEPTION LIFE STAGES

| Preconception readiness | Life course stage and intention | Future fatherhood as a motivation | Actions |
|---|---|---|---|
| **Pre-contemplation** | Adolescence.<br>The boy may or may not envisage himself as a father in the future. | The boy's behaviours and choices are, at this stage, unlikely to be motivated by future fatherhood. Nevertheless, he may be ready for seeds to be planted about possible future life roles including fatherhood. | Teach intergenerational processes in schools. Signpost evidence showing that healthy behaviours, relationships, and mental health matter for the future. Teach "The Triple Dividend", that a change now makes a difference to the boy's life now, into the future and, into the next generation (if he becomes a father). |
| **Pre-contemplation** | Adulthood.<br>At this point in time, the man is ambivalent or has no intention to be a father in the future. | Other life goals are more important to the man than parenthood. His health and behavioural habits are consolidating. His current health is likely to be the most salient priority, but he may be open to the triple dividend argument that improvements now make a difference for himself now, into the future, and possibly into the next generation (if he becomes a father). | Raise public awareness to increase broad community knowledge about long-term benefits of young men's physical, relational and psychological health particularly. Use education opportunities and healthcare consultations about contraception to promote the "The Triple Dividend" message. Offer individual support, social prescribing to build connections, and targeted referrals as needed. |
| **Contemplation** | Adulthood.<br>The man intends to be a father at some point in the future. | Regardless of motivation to make healthy life changes for himself, the man's motivation for changes and access to supports may be heightened with preconception education and supports. | Provide practical tools and strategies for physical, relational and psychological health embedded in "Triple Dividend" messaging. Offer individual support, social prescribing to build connections, and targeted referrals as needed. |
| **Preparation** | Adulthood.<br>The man is planning imminent fatherhood or is trying to have a child. | The man's motivation to engage in behaviours and to access supports that will benefit his physical, relational and psychological health may be heightened. He may be interested in changes that benefit his partner and future child. | Provide practical knowledge, tools and strategies for health and connection. Offer individual psychological support, mental health and relationship counselling referrals as needed. Share information about peer groups for dads (social prescribing) and fathering resources (role preparation). |
| **Re-contemplation** | Adulthood.<br>The man is a father planning to have another child (i.e., interconception). | The man is a father and planning another child. His motivation for healthy physical, relational and psychological preparation is informed by prior experience of preconception, pregnancy, birth, fatherhood, co-parenting and management of family and other life pressures. Previous behaviours may be embedded. | Provide opportunity for discussion and reflection on what went well and what was challenging.<br>Provide active support, practical tools, social prescribing and targeted referrals for changes tailored to his past experiences and goals for future fatherhood. |