The Mental Health of Men:
Profiles and Life Trajectories of Urban American Fathers

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With only scant knowledge of the mental health conditions of the male population, policymakers in the United States search, nonetheless, for effective and politically feasible remedies to address the needs of men and their families. Policy formulation, ranging from active labour market strategies and child support enforcement to more recent welfare and marriage dicta, often ignores mental health or is hampered by a dearth of theoretically guided research based on empirical evidence. Current studies point to gender-specific disparities in mental health. However, while the requirement for gender-sensitive research focused on women's mental health is well recognized, the imperative for studies into male-specific conditions and barriers to care is evolving more slowly. Furthermore, a lack of available data, especially with respect to poor men and men of colour, presents a major challenge in addressing the mental health status of males.

This paper takes advantage of a unique opportunity to utilize an enriched set of previously unavailable data from the Fragile Families and Child Wellbeing Study (FFCWS). The FFCWS is an ongoing longitudinal study of urban American fathers and mothers, some of whom report mental disorders (depression, anxiety and substance abuse). Both parents are interviewed upon the birth of the focal child and subsequently when the child is 1 year and 3 years of age. The male participants consist of a representative sample of unmarried fathers and a comparison group of married fathers who live in U.S. cities with populations over 200,000. The unmarried fathers are of significant interest because there is reason to hypothesize that they are systematically

different from married fathers in their mental health conditions, and in the concomitant predictors and consequences of their mental health status. They are also the fastest growing contingent of fathers, the group of fathers about which the least is known, and a population of men which public policy often targets. Additionally, a large proportion of the participants are members of racial-ethnic minority groups and are relatively poor - a population whose mental health is deeply disparate compared to the rest of the male population in the United States.

To facilitate a better understanding of the mental health status of men and to inform the development of targeted and effective policies and programs for fathers, this paper:

1. provides a detailed mental health profile of fathers by determining the prevalence and co-morbidity of depression and substance abuse at three time periods (baseline, 1-year and 3-year follow up), and of anxiety at two time periods (1-year and 3-year follow up); and examines the similarities and differences in mental health profiles by race, poverty status and father-mother relationship status; and

2. investigates the extent to which depression, anxiety and substance abuse reported at 1-year follow up can be thought to cause employment status and earnings at 3-year follow up, and determines if the relationship between these mental disorders and outcomes differs by race, poverty status and father-mother relationship status. Establishing the effect of the presence of mental disorder in observational studies is complex because groups with different mental disorder(s) can systematically differ in important ways other than the observed disorder. Because these differences may exhibit complex correlations with the outcome variable, the causal effect of the disorder may be difficult to ascertain. Additionally, it may be problematic to determine the direction of the causal effect. This

paper attempts to disentangle the causal effects of mental disorder on the outcomes of interest by employing three identification strategies: ordinary least squares regression; instrumental variable methods; and propensity scores methods.

One of the most favourable features of the FFCWS is the exceptionally high response rate – over 78 percent of fathers at baseline, 69 percent at 1-year and 68 percent at 3-year follow up. Nevertheless, missing data due to non-response and attrition is a complication in this study, one that is common to studies with human subjects and that especially beleaguers research concerning men. Traditional approaches to missing data, such as complete case analyses, can lead to biased estimation even when missingness occurs in relatively small proportions. These analyses use multiple imputation (MI) to predict missing values based on observed values. MI allows for the retention of the original sample size and helps to properly account for uncertainty about imputed values.