

Long-term Impacts of Menslink Counselling and Mentoring

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Author note

This study was conducted by the Centre of Applied Psychology, School of Health Sciences, Faculty of Health, University of Canberra.

The research team included five undergraduate psychology students (Brittany Brown, Jessica Downes, Emma Hamilton, Lauren l'Anson, and Yael Karin) who were each participating in 120-hour undergraduate internships. These students were involved in developing the interview questions, conducting, transcribing and coding the interviews.

Menslink assisted with many aspects of this study, including pre-contacting past clients, however never sought to bias or prejudice results.

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Executive summary

Adolescent and young adult men are often reluctant to seek out professional help for psychological and social difficulties, even though such problems typically peak at this time. Barriers to young men's help-seeking include unwillingness to share emotions, distrust of mainstream help services, and a desire to remain in control.

Menslink has offered free support services tailored to the needs of young men in the Australian Capital Territory region since 2002. The two main support services provided by Menslink since that time are Counselling and Mentoring. This report describes an independent follow-up study of past Counselling and Mentoring clients and carers (mostly mothers).

Semi-structured telephone interviews were conducted with a representative sample of 43 past Menslink clients or their carers (29 from Counselling and 14 from Mentoring). Interviews were recorded, transcribed, and thematically analysed. Carer's (n = 31; 72%) and client's (n = 12; 28%) ratings and perspectives were similar.

Young guys were referred to Menslink through a variety of sources including family members, health services, school, police, friends, and the internet. The most common referral source was single mothers who were seeking positive male support, communication, and role modelling for their sons.

Clients were engaged with Menslink, on average, over a period of for 12 months, with shorter periods for Counselling (average of 8 months) than for Mentoring (average of 24 months). The follow-up period since last formal engagement with Menslink was, on average, two to three years.

Clients engaged with Menslink at critical, difficult periods in their lives, usually characterised by more than one of depression, anxiety (particularly social anxiety), social isolation,

bullying, domestic violence, suicidality, anger, and behavioural conduct problems. Menslink services appealed because they were free, readily available (short waitlist), focused on young males, were outside the school and mainstream health systems, and had a good reputation.

The most commonly reported value of Menslink services was simply being able to talk through troubling issues in a non-judgemental setting with a positive male role model. Young guys were supported in developing better problem-solving and emotional coping skills, improved self-confidence, and better communication and relationship skills, all of which contributed to the young guys emerging with greater resilience and more positive outlooks on their future.

Substantial well-being benefits were evident, based on retrospective ratings and interview responses. Positive long-term changes in life satisfaction were reported for 94% of Menslink participants, with no reports of deterioration in life satisfaction despite the often very challenging circumstances faced by the young guys. The effects on relationship satisfaction were positive, but more nuanced: relationships improved for **79% of participants in the short-term, and for 52% in the long-term (with no long-term change for *27% and some deterioration for *21%).

The impressive short-term benefits were not only maintained, but continued to improve during the follow-up period. This ongoing improvement is notable because, more commonly, immediate gains from brief interventions tend to dissipate in the longer-term. So, the evidence indicating that Menslink participants experience post-intervention growth, on top of very substantial short-term benefits, is particularly noteworthy. It appears that young guys engaged with Menslink become sufficiently empowered to make ongoing positive changes, independently, in their own lives.

Reflecting on their experiences of Menslink services, *80% of participants and carers rated the services 7 out of 10 or higher for worthwhileness and *97% rated Menslink 7 out of 10 or higher for net promotion (i.e., were likely to recommend to others).

Introduction

This report seeks to understand the long-term impacts of Menslink Counselling and Mentoring services for adolescents and young men in the Canberra region.

Help-seeking and support for young males

Adolescence and young adulthood are crucial developmental stages, with increasing incidence of mental health problems, including suicidality (ABS, 2018), during these periods (Rickwood, Deane, Wilson, & Ciarrochi, 2005). However, young people, especially young males, may not recognise their mental health problems, preferring to cope by themselves, and often being reluctant to seek professional help. Boys, in particular, need ways to express their internal world to others in ways that are empowering rather than disempowering (Rickwood et al., 2005). Support services that embrace healthy, prosocial conceptions of masculinity and mateship are needed.

A systematic review (of 41 studies) of the factors associated with men's low rates of medical and psychological help-seeking found that the most prominent barriers were disinclination to express emotions or concerns about health, embarrassment, anxiety and fear, and poor communication with health-care professionals (Yousaf, Grunfeld, & Hunter, 2015). Men tend to be reluctant to acknowledge weakness, sceptical of mental health professionals and therapy, and to normalise feelings around depression and anxiety (Addis & Mahalik, 2003; Rochlen et al., 2010; Wendt & Shafer, 2016). Thus, men's approach to identifying and expressing emotional concerns can be in contrast to traditional therapeutic approaches, resulting in feeling misunderstood and unwanted as clients (Addis & Mahalik, 2003; Wendt & Shafer, 2016; Yousaf et al., 2015).

This broader context of mental health help-seeking challenges for young men is highlighted in recent ABS causes of death data (2018). Suicide is the leading cause of death in Australia for 15 to 44 year olds, accounting for over one-third of deaths (36%) among people aged 15 to 24 years. Furthermore, Australian males are most at risk, being three times more likely to die from intentional self-harm than Australian females (ABS, 2018). Mood disorders, including depression, were the most common condition associated with intentional self-harm (in 43% of suicides), followed by drug and alcohol disorders (in 29.5% of suicides).

Menslink

[Menslink](#) is a not-for-profit organisation which has been providing free support programs for male adolescents and young men in the Canberra region since 2002. Menslink targets support of young males who are experiencing, or at risk of, personal, family, and/or school problems. The two main services offered by Menslink are Counselling and Mentoring.

Counselling

Menslink provides counselling for clients are aged between 10 and 25 years, servicing 2,547 young guys (June 2006 - June 2018), with an average of three sessions per client. The Menslink Counselling service provides a confidential, safe, and non-judgmental environment for the young person to talk. Counselling sessions take place at Menslink's premises or at

schools. Clients may be referred by themselves, family, friends, schools, community agencies, government, and other services. Clients generally seek support to work through a range of issues such as with depression, anxiety, stress, bullying, anger, social inclusion, relationships, truancy, unemployment, impulsivity, domestic violence, low self-esteem, and behavioural conduct.

Mentoring

The Menslink Mentoring program offers two years of support to young guys aged between 10 and 18 years. Volunteer male mentors are matched with young guys who come to Menslink seeking a positive male influence in their lives. Mentors are selected based on an interview to assess their level of engagement, commitment, and emotional intelligence, and are screened out for unhealthy behaviours such as current drug and alcohol misuse and extreme views. Mentors are provided with 16 hours of training, including an intensive weekend residential. Ongoing training and match support is also provided over the two year engagement period.

The Mentoring program offers an opportunity for young guys to have a positive role model take an interest and spend some time with them, as well as experiencing how men interact with each other in a group setting. After being matched, mentees and mentors start a friendship for two years where they catch up one-on-one and can participate in Menslink's monthly Linkup group activities including a summer camp. Example activities are BBQs, movie and pizza nights, ten-pin bowling, obstacle course, policing session about driving, cooking, gardening for people who need assistance, and an annual camp (involving a ropes course, bushwalks, and inspirational talks around the fire at night). In addition, a separate multi-day personal and social development expedition with Outward Bound Australia is offered to all mentees each year, with around 10 to 15 participants taking up the challenge.

Through the Mentoring program it is hoped that mentees build resilience and confidence, recognise the outcomes of the choices they make, and enhance their positive potential in all aspects of life. It is hoped that the mentor-mentee friendship continues beyond the two-year scope and supervision whilst in the program.

Current study

Menslink conducts ongoing, internal surveys about the short-term impacts of their services, however there is a lack of data about the longer-term impacts. Thus, the current study conducted follow-up telephone interviews with past Menslink Counselling and Mentoring clients and carers. The interviews sought to develop a better understanding of how clients became engaged with Menslink, what help they were seeking, the nature of their experience of Menslink Counselling or Mentoring, and the services' short- and long-term impacts, particularly on life satisfaction and relationship satisfaction.

Method

Participants

A representative sample of past Menslink Counselling and Mentoring participants and/or carers was sought. The goal was to pre-contact (via email or SMS) all past clients or their carers, so that everyone had an opportunity to participate, with the aim of identifying at least 20 Counselling and 20 Mentoring past clients or carers willing to be interviewed.

Menslink pre-contacted the most recent 196 past Counselling and 176 past Mentoring clients or carers (client if currently over 18 or carer if client was still under 18 or if that was the only contact on record) to enquire whether they were willing for their details to be passed on to the researchers. Counselling contact details were available for clients who had physically attended the Menslink premises at either Griffith (2002 to 2016) or Holder (2016 onwards) but not for clients who had used Menslink counselling on school premises (~50% of clients since 2013).

Of the 196 Counselling pre-contacts, 43 agreed to further contact, 22 did not want their contact details passed on, and there were 131 non-responses (including from no longer valid phone or email contact details). Of the 176 Mentoring pre-contacts, 21 agreed to further contact, 11 did not want their contact details passed on, and there were 144 non-responses.

Thus, there were 65 initial acceptances (43 from Counselling and 21 from Mentoring), with two-thirds being for carers ($n = 46$ (71%) and one-third for participants ($n = 19$ (29%)). The greater proportion of carers reflected the nature of Menslink's primary contact details, which were most often for carers (parent/guardians) and also because interviews were not sought with male clients currently under the age of 18 years.

Upon contact from the researchers, two-thirds (42 out of the 65; 65%) of the initial contacts subsequently went on to participate in interviews. Of the 23 contacts on the initial list who didn't provide interviews, 10 indicated that they weren't interested, 9 didn't reply to the three SMSs sent requesting to arrange an interview time, and 4 made interview appointments but didn't answer their phone.

The 42 interviews consisted of two-thirds from Counselling ($n = 28$; 67%) and one-third from Mentoring ($n = 14$; 33%). One additional Counselling interview was conducted, but the recording was lost. Just over two-thirds of the interviews were conducted with carers ($n = 30$; 71%; 17 for Counselling and 13 for Mentoring) and just under one-third of the interviews were conducted with clients (i.e., young guys) ($n = 12$; 29%; 11 for Counselling and 1 for Mentoring).

The earliest initial engagement with Menslink was in 2004 and the most recent was 2017. Active engagement with Menslink had ceased as early as 2006 and the most recent was 2018. The average time since active engagement with Menslink (i.e., the follow-up period) was 2.5 years, ranging from 6 months to 12 years.

On average, participants reported 13 months of engagement with Menslink, however this ranged from those who had experienced a single counselling session to one client who had more than 50 sessions over a 5 year period. On average, Counselling participants were actively engaged with Menslink for 8 months, whilst Mentoring participants were engaged for 24 months.

The average age at first engagement with Menslink for the young male client was 16.3 years (range 12 to 25 years), with Counselling participants tending to be older ($M = 17.4$ years) than Mentoring participants ($M = 14.2$ years). The average age of the client at the time of interview was 20 years (range 13 to 31 years).

Materials

Semi-structured interview questions were developed in conjunction with Menslink and structured into three sections (see Appendix):

1. **Engagement:** How clients got engaged with Menslink (including what was going on for them at the time and what they were seeking assistance with)
2. **Experience:** Client's experiences of the Menslink counselling or mentoring service (including how they got along with the counsellor or mentor)
3. **Impact:** The short-and long-term impacts of the Menslink service

During the interviews, participants were asked to rate their (or the client's) life satisfaction and their relationship satisfaction retrospectively, at three time-points, on a 10-point Likert scale (1 = *completely dissatisfied* to 10 = *completely satisfied*):

1. **Pre:** at time of initial engagement with Menslink
2. **Post:** at end of active use of Menslink counselling or mentoring)
3. **Follow-up:** (at time of interview).

These were overall life and relationship satisfaction ratings, so if respondents indicated variability across domains (e.g., different levels of satisfaction at home, school, or with peers), they were asked to take all these into consideration and provide an overall rating.

Participants were also asked to rate the Menslink counselling or mentoring program on a 10-point Likert scale for:

1. **Worthwhileness** (1 = *useless / waste of time* to 10 = *extremely beneficial*)
2. **Net promoter:** how likely they would be to recommend Menslink (1 = *not very likely* to 10 = *very likely*)

Procedure

This research study was approved by the University of Canberra (UC) Human Research Ethics Committee (#20180217). A team of four undergraduate UC psychology students conducted and transcribed the interviews, under supervision, as part of a work-integrated learning internship. The student researchers received interview training based on the steps suggested by Goodell, Stage, and Cooke (2016). A fifth undergraduate researcher was involved in coding and analysis.

Participants were contacted via SMS to schedule a phone interview time. Up to two SMS reminders were sent if there was no reply. Interviews typically lasted between 15 and 30 minutes. Interviews were electronically recorded via mobile phone, auto-transcribed with the assistance of Google Speech-to-Text technology, and then transcriptions were manually checked and corrected.

Final interview transcripts were triple-coded - by the interviewer, a student researcher, and the lead researcher. Based on the three codings, final codes were developed and then thematically analysed, based on steps suggested by Braun and Clarke (2006). Numeric ratings were entered into a spreadsheet for descriptive and inferential analyses.

Results and discussion

This section presents and discusses the quantitative and qualitative results from the 42 interviews with past Menslink counselling and mentoring clients and their carers.

Life and relationship satisfaction

Overall, there were very large improvements in life and relationship satisfaction during the period of engagement with Menslink, plus there were small to moderate, ongoing improvements during the follow-up period.

Life satisfaction

Life satisfaction ratings (out of 10) for participants at pre, post, and follow-up were completed during 36 (86%) of the interviews; the other 8 interviewees completed some but not all of the life satisfaction ratings either because they didn't provide a clear answer, the interviewer did not ask, or the recording failed. Life satisfaction went up substantially during time of engagement with Menslink, with moderate, continued improvement afterwards (see Figure 1):

- **Pre:** $M = 3.21$ ($SD = 1.92$)
- **Post:** $M = 6.49$ ($SD = 2.65$)
- **Follow-up:** $M = 7.43$ ($SD = 2.18$)

Inferential tests, using paired-sample *t*-tests, showed that all contrasts were statistically significant ($p = .05$). Effect sizes (d) indicated very large overall short- and long-term change:

- **Pre to Post:** $t(34) = 8.36, p = .00, d = 1.71$
- **Post to Follow-up:** $t(34) = 2.63, p = .01, d = 0.49$
- **Pre to Follow-up:** $t(34) = 11.57, p = .00, d = 2.20$

For life satisfaction, between Pre and Post (the period of engagement with Menslink):

- **Deterioration:** 0% of participants reported deterioration
- **No change:** 19% of participants reported no change
- **Improvement:** 81% of participants reported improvement

For life satisfaction, between Post and Follow-up (the follow-up period, after engagement with Menslink):

- **Deterioration:** 14% of participants reported deterioration
- **No change:** 22% of participants reported no change
- **Improvement:** 64% of participants reported improvement

*For life satisfaction, between Pre and Follow-up (i.e., overall, long-term change):

- **Deterioration:** 0% of participants reported deterioration
- **No change:** 6% of participants reported no change
- **Improvement:** 94% of participants reported improvement

The proportion of participants with life satisfaction ratings in the lower half of the measurement scale (i.e., 5 out of 10 or below) reduced considerably over time:

- **Pre:** 89%
- **Post:** 33%
- **Follow-up:** 14%

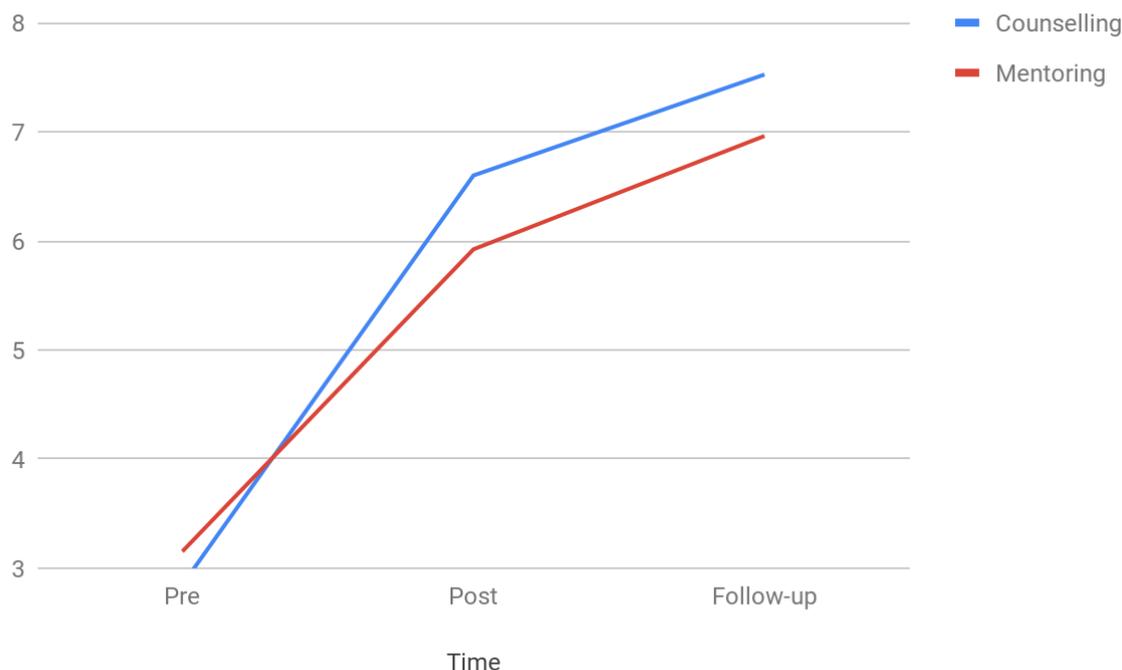


Figure 1. Line graph showing average life satisfaction ratings (out of 10) for Menslink Counselling and Mentoring participants over time.

There was no significant difference between Counselling and Mentoring programs in terms of the amount of change in life satisfaction over time (2 (Program) x (3) (Time) mixed ANOVA, $F(2, 68) = 0.87, p > .05$). There was also no significant difference between carers and young guys in terms of the amount of change in life satisfaction over time (2 (Role) x (3) (Time) mixed ANOVA, $F(2, 68) = 2.14, p > .05$), although the trend was towards greater change perceived by young guys.

Relationship satisfaction

Relationship satisfaction ratings (out of 10) for participants at pre, post, and follow-up were completed during 32 (76%) of the interviews; the other 10 interviewees completed some but not all of the life satisfaction ratings either because they didn't provide a clear answer, the interviewer did not ask, or the recording failed. Relationship satisfaction went up substantially during time of engagement with Menslink, with small to moderate, continued improvement afterwards (see Figure 2):

Average relationship satisfaction ratings (out of 10) went up substantially during time of engagement with Menslink, with a positive trend afterwards:

- **Pre:** $M = 4.11, SD = 2.46$
- **Post:** $M = 6.80, SD = 2.61$
- **Follow-up:** $M = 7.53, SD = 2.00$

Inferential tests, using paired-sample t -tests, showed that all contrasts were statistically significant ($p = .05$). Effect sizes (d) indicated very large overall short- and long-term change:

Inferential tests showed that all contrasts were statistically significant. Effect sizes indicated very large overall short- and long-term change:

- **Pre to Post:** $t(31) = 6.16, p = .00, d = 1.09$
- **Post to Follow-up:** $t(31) = 1.99, p = .06, d = 0.30$
- **Pre to Follow-up:** $t(31) = 6.69, p = .00, d = 1.39$

For relationship satisfaction, between Pre and Post:

- **Deterioration:** 6% of participants reported deterioration
- **No change:** 9% of participants reported no change
- **Improvement:** 85% of participants reported improvement

For relationship satisfaction, between Post and Follow-up:

- **Deterioration:** 22% of participants reported deterioration
- **No change:** 31% of participants reported no change
- **Improvement:** 47% of participants reported improvement

For relationship satisfaction, between Pre and Follow-up:

- **Deterioration:** 3% of participants reported deterioration
- **No change:** 3% of participants reported no change
- **Improvement:** 94% of participants reported improvement

The proportion of participants with life satisfaction ratings in the lower half of the measurement scale reduced considerably over time:

- **Pre:** 59%
- **Post:** 25%
- **Follow-up:** 19%

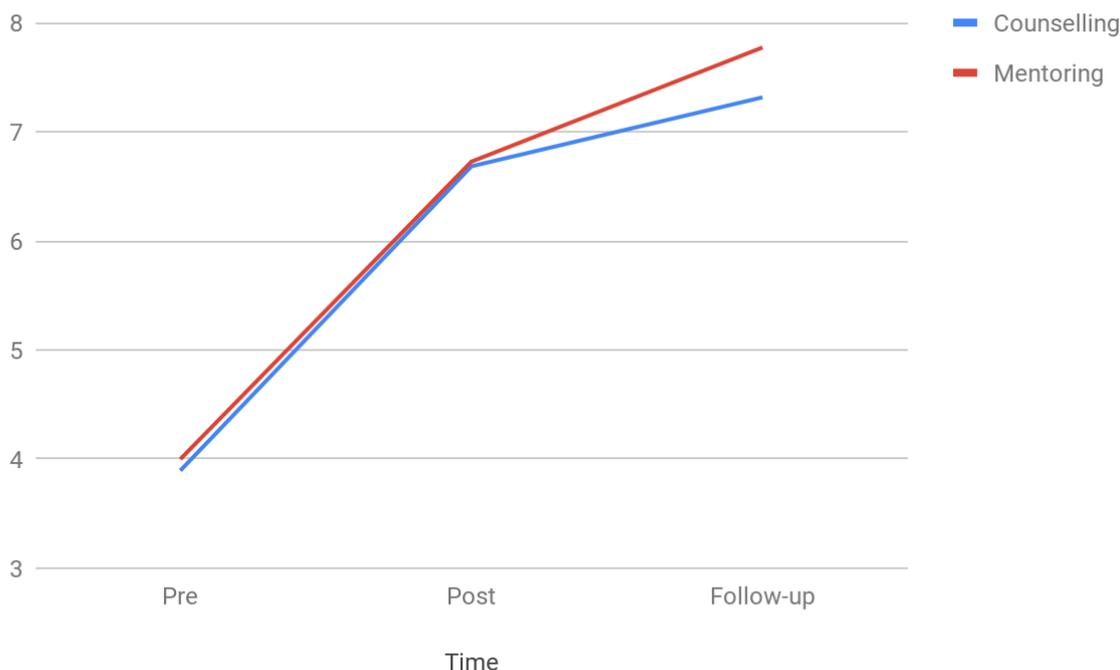


Figure 2. Line graph showing average relationship satisfaction ratings (out of 10) for Menslink Counselling and Mentoring participants over time.

There was no significant difference between Counselling and Mentoring programs in terms of the amount of change in relationship satisfaction over time (2 (Program) x 3 (Time) mixed ANOVA, $F(2, 60) = 0.09, p > .05$). There was also no significant difference between carers and young guys in terms of the amount of change in relationship satisfaction over time (2 (Role) x 3 (Time) mixed ANOVA, $F(2, 60) = 3.03, p > .05$), although the trend was towards greater change perceived by young guys.

Program ratings

Overall, interviewees very strongly endorsed the worthwhileness and recommendation of Menslink Counselling and Mentoring services.

Worthwhileness

The average rating of Menslink counselling and mentoring worthwhileness was 7.98 out of 10 ($Mdn = 9; n = 42$):

- **10 out 10:** 43% of respondents rated the service 10/10
- **7+ out of 10:** 93% of respondents rated the service 7/10 or higher
- **5 or lower:** 7% of respondents rated the service 5/10 or lower

There was no significant difference in worthwhileness ratings between counselling and mentoring ($t(40) = 0.72, p > .05$).

Net promoter

The average rating of how likely interviewees would be to recommend Menslink counselling and mentoring to others was 9.67 out of 10 (Mdn = 10; $n = 41$):

- **10 out of 10:** 54% of respondents recommended the service 10/10
- **7+ out of 10:** 98% of respondents recommended the service 7/10 or higher
- **5 or lower:** 0% of respondents recommended the service 5/10 or lower

There was no significant difference in net promoter ratings between counselling and mentoring ($t(39) = 0.03$, $p > .05$).

Thematic analysis

Results from thematic analysis of the interviews are summarised in this section.

Initial engagement

Clients and their families heard about Menslink through a wide variety of sources including via a family member, schools, health services, friends, internet, and the police. Engagement with Menslink generally arose through a combination of a young guy experiencing some difficulties in life, lacking positive adult male support, and referral usually via the young guy's mother but often with encouragement from friends, family, school, or other support services. Overwhelming, though, the key referral source was single mothers seeking positive male support and/or role model from outside family and school in their son's lives.

For example, a mother who referred her son to Menslink mentoring explained:

“He has ADHD and a learning disability, and we had lots of issues with anger management with no father figure in his life since he was about 4 and he had a stepdad who was not very interested in trying to guide him as a male. I just thought he would benefit from having some peer engagement and some guidance on how to be a fella.”

A mother who referred her son to Menslink mentoring explained that:

“The need arose because he didn't really have any regular male role models in his life at that time. His father had passed away, and so having some extra adults who are there to provide some guidance and support and fun and just do things with him was probably something that I thought might be useful.”

Another mother of a mentee similarly commented that:

“He needed a male role model, and because he has social anxiety and has for quite some time, my thinking was along the lines of it’s a good environment for him, and to socialise a bit more.”

Some clients referred themselves after learning more about Menslink through a school talk:

“I got involved with Menslink because they happened to actually come to my school on the day that I was actually looking at killing myself. Menslink came in and did the talk at our school, and [name] pulled me aside and we had a quick chat. The school didn’t really have any involvement in the referral process. After having a chat to [name] he referred me to Menslink.”

Another example of a self-referral to Menslink mentoring through school was:

“The Menslink guys went out to his school and at the time he was a very very keen Raiders fan, so the fact that the Raiders were involved made it particularly attractive to him, and then he came home from that and said to me he wanted to do this. At home his older brother has some issues, and at the time was quite violent and obviously we were trying to deal with that but [name]’s life was a bit rough and I thought well what a great thing to be able to do something not involving the family at the moment, and have another source of support.”

Whilst another client discussed being referred to Menslink counselling through police:

“I had a bit of anger issues at school, so I got into a little bit of trouble and I got into a fight, so I had to go to court and it was a mandatory thing from the judge that I had to do counselling sessions.”

Presenting issues

The most common presenting client issues were often described along the lines of “having a hard time” or “being in a dark place”. On further probing, there was usually more than one of the follow issues: low self-esteem and self-confidence, depression, anxiety, autism spectrum disorders, attention deficit disorders, learning difficulties, social issues (e.g., social isolation, being bullied at school, and/or family tension/conflict or domestic violence), anger management problems, feelings of not coping, hopelessness, suicidality, and struggling to make sense of lived experience.

The range of presenting issues for Counselling and Mentoring clients were generally similar, but were often more specific for Counselling clients (e.g., bullying, domestic violence, not coping, suicidality) whereas for the Mentoring clients the need was often more around getting engaged in positive social interaction and activity in order to improve self-esteem and learn social skills.

Client experiences

Almost all interviewees report that Menslink counselling clients quickly developed very positive rapport with counsellors. The relationships were described as relaxed, open, down-to-earth, non-judgemental, mate-based relationships with male counsellors. For example:

“He had a really good rapport with his counsellor and he would just make contact with him again because he felt really comfortable with him and he helped him. He’d just talk to him and gave him more techniques and, while he had a few little techniques of his own that he used because he struggles with anxiety from when he was little, he just got along really well with him and he felt it was really good for him having someone else to go and talk to and he was a really good male figure for him as well that was not his father.”

The young guys’ relationships with their Menslink counsellor was often contrasted with more formal experiences with mainstream health service psychiatrists and psychologists, school psychologists and counsellors, and/or other mental health services such as Headspace. For example:

“The counsellor only missed an appointment once and that was when his daughter was really sick, whereas with other psychologists I’m used to getting sessions canceled because someone else is a priority which puts you in the headspace that you are just not worth it.”

It was often noted that the young guys felt comfortable with Menslink counsellors because they had been through similar issues. For example, another counselling client’s experience was:

“We had great communication and it was really good to communicate with someone that had also been through something similar in their life. So it wasn’t like I was going into it just going “alright I’m the only one that feels like this, I’m all alone in this situation”. Whereas when I went in it was like “oh wow, this person understands what’s going on, this person has been through this, and they know what it feels like to be stuck in a situation where you can’t get out of”. So, we got along very well.”

Clients with milder problems tended to find that Menslink suited their needs, whilst clients with more severe problems were often involved in sequentially or simultaneously utilising multiple services.

Relationships with mentors were more varied. Most interviewees reported that mentees were well matched and got along well with their mentors and developed valuable, even life-transforming relationships over the two year period and beyond. For example:

“His mentors were always there supporting him. If they knew it was a serious situation over the phone they would be at the front door within half an hour to an hour and let me know by text you know [mentee] is having it pretty rough, we are on a way we are going to do a few things or just go for a drive and talk. Those things were really helpful.”

However, there were also instances where mentees did not feel sufficiently connected with assigned mentors either because there was a mismatch in personality or interests, the mentor lacked sufficient time, or the mentee was unwilling to engage. The group Linkups were an important aspect of most mentee’s experience, providing positive contact with peers and other mentors.

Notable strengths of Menslink counselling relationships included that young guys felt that they were treated non-judgementally and were spoken to as equals. The young guys also really appreciated being in a non-clinical, non-medical environment and one which they felt was stigma-free (e.g., as opposed to seeing a psychologist or medical professional). Young guys appreciated being able to relate to counsellors who often seemed to have been through similar issues themselves.

Carers were particularly appreciative that Menslink counselling services were affordable (free), available (short wait times), and flexible (e.g., counsellors would talk with young guys on the phone if there was a crisis, the young guy had moved interstate, or as a long-term check-in). Communication with Menslink (e.g., between appointments) seemed to be down-to-earth and to meet client needs. One mother commented that:

“I’m really grateful for it and the fact that it helps people who don’t have a lot of money to seek psychologists or psychiatrists and a service that is just really important.”

Impacts

The main reported benefits arising from counselling were improved self-confidence, coping skills, problem-solving skills, maturity (more likely to think before acting), and psychological resilience. The ways in which these changes were expressed was often around “getting head right” (or “looking at things differently”) which was about cognitive reframing by challenging young guy’s perspectives and assumptions about themselves, others, and the world. For example, a counselling client who struggled with self-blame and social anxiety found that:

“I just sort of let go of that stuff and focus on my own life and just don't emotionally attach myself to other people's actions.”

Another counselling client commented that:

“It definitely made a positive difference ... it definitely made it a lot easier for me to process what I’d been going through and to cope with some of the challenges I had going on. Even if I didn’t have a meeting or session for say three weeks, just knowing it was sort of available and that would be a space to talk.”

For some clients, their contact with Menslink was attributed as the difference between life and death. For example one guy said “well, it kept me alive quite frankly” and a mother commented that “he doesn’t seem to be suicidal anymore ... so that makes me happy.”

Several clients found that the counselling process went further than they had initially anticipated:

“It was anger issues at first but then when I met with the counsellor we started going through like just why I was always angry and like what triggered my anger and so at first it was like for anger management issues then it was like we actually went through why I was getting angry and what was triggering all my anger. So, it went from anger management issues to realising that there was stuff going on at home that was triggering why I was so angry and all of that sort of stuff.”

In addition to helping young guys deal with personal issues, Menslink helped facilitate positive socialisation for many who had found themselves increasingly socially isolated. For example, one counselling client commented that:

“It helped me a lot with school and I was a lot more sociable with people at school because when I was at school I didn’t have many friends, I used to sort of just keep to myself. It helped me to be sociable with people and make friends.”

And a mother of a counselling client explained that:

“We started seeing much more verbal communication. His interaction with people around him at school certainly changed. He never really had a close knit group of friends and certainly since he was in early primary school he did not have any friends come home with him or to go home with but he has now established a group of friends through high school and now in college he’s continued with another group of friends so his ability to trust people has improved.”

Whilst, a mother of a mentee commented that:

“It taught [name] that he wasn’t the only one that had trouble with family, and also taught him how to relate and mix to other people from all walks of life, and just helped him mentally and physically as well because they did things together like camps and it was like having a father-son relationship even though it was just a good friend, and it was really good for [name], it helped him a lot.”

For clients where little change was evident, the most common explanation was that they weren’t ready to engage and explore the potential for change. For example:

“I don’t think there was any least helpful or worst aspects it’s just that my son refused help from anyone ... It’s just really sad for him it wasn’t really helpful ... I’d definitely recommend it, I think it’s really helpful for boys you know to be involved in something that’s all male, particularly when lots of boys are missing a father figure.”

A small number of clients had relatively brief engagement with Menslink for these reasons and also because they didn’t develop rapport, found the location difficult to access, or found alternative sources of support (e.g., Headspace, psychologist, or psychiatrist). For example:

“It was too hard for him to catch two buses to there and so I would drive him. And that made things are bit more limited, I had to leave work, wait the hour for the session and then drive back. It was just an awkward place for us to get to.”

However, most respondents recognised this issue as one of needing more funding and recommended expansion of the excellent services being provided. For example:

“It would be awesome if more counsellors joined in, more guys helped out, more fundraising, more everything, more government funding. It would be fantastic and these guys would have a big head start, more branches open and more people see them. It would be helpful for everyone.”

And:

“I think it is a really really good organisation and they do help a lot of teenage boys that are at crisis point.”

Some parents wanted more involvement, to better understand what was happening for their son. For example:

“As, as a parent or guardian, I would have liked to give more input and I know would’ve breached the privacy but, yes, as a parent I might have got more feedback. So that way I know I was happening and what my son is saying so I can adjust my behaviour to his.”

And another parent explained that:

“It’s hard for the family to support what’s been talked about or what messages they’re giving when we don’t know what they are. And I understand with privacy they’re in a no win situation there. But maybe they could bring families in and say to the person would you mind if your parents came in so we could talk about some of these things. Maybe that’s the way they could go moving forward.”

A longer story from a Counselling client in many ways encapsulated common aspects of many counselling clients’ experiences:

“I had quite a few sessions, it would have at least been a dozen to two dozen, which is more than what I did with any other program. I had him for a few years, I only really stopped talking to [name] after I moved away and on the odd occasion we even did some over the phone counselling when I really needed it, because I moved away to chase my career dream. I’m sure I spoke to him last year when things got tough again. I easily would have had more than 20 counselling sessions, which was huge for me because I never really had a good relationship with counselors, because I had a psychologist that ACT Health gave me and he really ruined my trust with counselors and the system. He is kind of what broke me. I probably had at least 50 counselling sessions. Some weeks we were going every week when I was in a really bad mindset. What we did during the counselling sessions varied. Some of the time we went through exercises and other times I just had a fatherly ear to just have a chat to, someone you could talk to that is kind of a fatherly figure that wouldn’t judge whatever you say, whereas your parents would.”

Another counselling client’s experience was:

“So I talked to one of the counsellors and the counsellors like alright so we’re going to start from the beginning we’re gonna come up with ideas or little bubbles in which where your anxieties and depression sits and we’re going to work on one of them at the time. So over the sessions we worked on one single one at a time, we drew up a list and then when I went home I had homework to do it was just simply combat each one personally and reach a

target by the end of the week or end of the day. It was small tasks but they created a bigger picture. It didn't cause me to rush or reach the goal in the shortest amount of time, it was take your time, be relaxed, be thoughtful, be mindful. It was better that way then trying to combat it myself."

Most clients developed more positive outlooks on their future and continued their engagement with Menslink until they felt that they were able to cope on their own. For example, a carer for a counselling client explained that:

"It just gave him confidence to not doubt himself and just little ways, little techniques to deal with his anxiety ... Just being able to talk to someone and build it up it definitely helped him get through like his schooling in that higher year level with those pressures of AST you know and getting enough points to get into university and do what he wanted to do, but generally socially as well like he had a little period at school with some friends that he fell out with so in that regard in that social regard as well just being able to talk to someone about those things that were going on to, so in all those ways I think socially and at school and then leading out of school as well just preparing him and dealing with those personal issues, definitely made sure he didn't fall into a darker place."

A mother of a mentee explained that:

"It gave him a way more positive future. When [mentee] first associated himself with Menslink it was all downhill, he wasn't even looking forward to school the next day let alone a future. Because of Menslink my son was now getting out and working, and that's a point that I need to make - because of Menslink he has worked nonstop ... because of Menslink he has looked forward to working and has gone and gotten every single qualification ... you need to be on a construction site. He got back into school, he wasn't exactly happy about it, but these guys gave him a future to look forward to."

Ongoing availability of Menslink support was important to many clients, even after they'd finished regular contact. This may help account for the ongoing improvements in life and relationship satisfaction. For example:

"He got himself really good but every now and then say to me that he was struggling or I might say to him, "Do you want to give a call to Menslink and pop back and visit them?" and he's done that few times over the years."

In addition, young guys felt that they learnt life lessons from the lived experiences of counsellor and mentors. In several cases, the young guys were inspired by their Menslink experiences to reach out as positive role models in their community and to support other guys as football coaches, mentors, and young fathers. For example:

“Now he has a son, and it has taught him to be more loving and caring towards his son than his father was to him.”

And:

“Now I coach footy for the Tigers, where I coach 41 kids every Wednesday”

The main reasons that clients ceased counseling were that they made significant progress in dealing with their problems, to the point where they felt like they could cope by themselves. For example, three counselling client experiences were:

“I thought I was right. I thought I was ready to live my life, and start again.

I grew up in a rough household, I never got taught important lessons and just getting taught by someone who guides you through it for so long I pretty much built my life up around it.

I just sort of just felt that I was in a good place in my life that I didn't need to keep going.”

Less common reasons for ceasing counseling included: Turning 25 (the maximum age limit), going to Headspace, a psychologist, and/or psychiatrist instead, change in life circumstances (e.g., getting a job, finding a partner, having a baby, moving interstate), and not feeling connected with a counsellor.

For mentoring, the main reasons that formal mentoring relationship ceased was that they graduated from the two-year program.

Reflections and suggestions

Relatively few interviewees had suggestions about what aspects of the counselling service could be improved. The main suggestions related to time limits (cutting off counselling services past the age of 25 years and the formal end of mentoring relationships after 2 years), difficulties in accessing the location via public transport, some mothers wanting to be better informed about what is going on for their son, and the need for greater resourcing and provision of services.

Amongst the best aspects of Menslink counselling and mentoring services were that they were free, which was particularly appealing, for example, for single parent families, and the short waitlist compared to mainstream mental health services. In addition, Menslink services were seen as appealing because they provided someone to talk to outside family, school,

and clinical settings. Just having someone to listen to the talk and share their problems was one of the most valuable aspects of Menslink counselling. For example:

“Really the most helpful thing for me was just having a time in the month I could sort of step outside of my day to day life and talk and someone would listen. Someone who listens to you is a real luxury, and I think it was a really useful place to self reflect and talk about it with someone else.”

Several parents and clients commented that they were net promoters. For example:

“I’ve already recommended it to 100 friends. Back in the day when I was going to sessions I recommended it to all my friends I was like go see them it’ll do you good. If you have anything on your mind or if you know of somebody, just go. It’s helpful, it’s beneficial to your mind, your physical health as well. It’s not only your mental health but your physical health as well. One can’t live without the other.”

At its best, Menslink was transformational not only for the young guy himself, but for his family and community. For example, an Indigenous mother concluded her interview by saying:

“From a mother’s perspective, from a family point of view, from the bottom of my heart, there are no words to describe how grateful I am. I am close to tears. The difference that Menslink made to my son’s life is a game changer. Honest to god, this one person you work with will have a ripple effect on people in my family and that all comes down to Menslink. And I cannot thank them enough. I will be grateful for these guys until the day I die.”

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Appendix - Summary of interview questions

1. Initial engagement

- a. [Name], could you please tell me about how [you/name] got involved in the Menslink Counselling/Mentoring program?
- b. What issues or support [were/was] [you/name] seeking help with when [you/he] came to Menslink for Counselling/Mentoring?
- c. How would you rate [your/name's] **life satisfaction** at the time [you/he] first got involved with Menslink (out of 10)?
(1 = *completely dissatisfied / very unhappy* to 10 = *completely satisfied / very happy*)
- d. How would you rate [your/name's] **relationships** at the time [you/he] first got involved with Menslink (out of 10)?
(1 = *completely dissatisfied / very unhealthy* to 10 = *completely satisfied / very healthy*)

2. Program experience

- a. Could you please tell us about [your/name's] experience of the Menslink Counselling/Mentoring program?
- b. While [you/name] were seeing the counsellor/mentor, what difference did it make at the time?
- c. Did [you/name] learn anything from Counselling/Mentoring that [you/he] is still using today?
- d. What do you think was the single, most valuable benefit of participating in Menslink Counselling/Mentoring for [you/name]?
- e. Is there anything you were hoping that Menslink would provide, but didn't?
- f. How do you think that the Menslink Counselling/Mentoring experience affected [your/name's] outlook on the future?
- g. How would rate [your/name's] **life satisfaction** just after [you/he] finished with with Menslink (out of 10)?
- h. How would rate [your/name's] **relationships** just after [you/he] finished with with Menslink (out of 10)?

3. Program impacts

- a. How would you rate [your/name's] **life satisfaction** now (out of 10)?
- b. How would rate [your/name's] **relationships** now (out of 10)?

- c. Overall, how worthwhile would you say the Menslink Counselling/Mentoring program was for [you/name] (out of 10)?
(1 = *useless / waste of time* to 10 = *extremely beneficial*)
- d. How likely it is that you would recommend Menslink to a friend or colleague (on a scale of 1 to 10)?
(1 = *not very likely* to 10 = *very likely*)
- e. Based on your experience, what improvements would you suggest for the Menslink Counselling/Mentoring program?
- f. Are there any other comments about your experiences of the Menslink Counselling/Mentoring program which you'd like to share?