

# Effectively Engaging with Men



**ConnectGroups**  
helping support groups & individuals



# Contents

2	<b>Introduction</b>
4	<b>Barriers to Effective Engagement</b>
10	<b>Collaborative Practices</b>
14	<b>Marketing and Communication Strategies</b>
19	<b>Talking the Language</b>
21	<b>Effective Referral Pathways</b>
25	<b>Group Engagement</b>
30	<b>Data Analysis</b>
32	<b>References</b>



# Effectively Engaging with Men



## Introduction

The resource is a direct result of a **need** identified by ConnectGroups members – Support Groups - and a reflection of the organisation’s ability to respond. The project would not have been possible were it not for those individuals, Support Groups, and service providers who are committed to improving pathways for men’s health and mental wellbeing.

This resource has been developed with the aim of assisting Support Groups and service providers with tips about how to effectively engage with men. The overarching intent is to provide men-focused best practice protocols and procedures. This resource is about “**opening the conversation**”.

Although men may face challenges that are both common and exclusive to them, the solutions are undoubtedly context-specific. Historically, Support Groups have played a pivotal role in early intervention, prevention and recovery of health and mental ill health in individuals and families.

Research, however, suggests that the *traditional* peer support models utilised by Support Groups may not be as effective in engaging with men

and in supporting their ongoing participation. In fact, the unique challenges that men face can prevent them from seeking help in times of need. If Support Groups are to have an impact on this target group, a paradigm shift in approach is necessary to address cultural and gender barriers.

### ***Change is necessary and most certainly possible.***

In order to influence a shift, ConnectGroups held, in 2015, its inaugural “All About the Blokes” Topical Forum – a discussion centred on men’s health and mental health. Along with approximately 30 participants, including members of Support Groups, service providers and consumers, the Forum provided an opportunity to share experiences, challenges, and successful models for effectively engaging with men. The success of the Forum led to the development of a Blue Print that clearly articulated the way forward. In 2016, a working party made up of consumers, Support Group members and partner organisations was formed to provide needed insight, connection to a broader network of consumers as well as NGO’s, and assistance in ensuring the resource was relevant.

The content of this resource has been informed by an extensive literature review and from the collation of data from two targeted surveys: one aimed at individual men and the other at Support Groups and service providers in WA.

This resource attempts to capture the experiences of men from diverse walks of life as well as represents their views on seeking assistance, and navigating existing support networks and services. It looks to provide ideas of how Support Groups can address these issues from a grassroots, bottom-up perspective. The Blue Print identified the following questions; this resource provides the contextualised answers:

- Why are some men hesitant to seek support?
- Why do some men struggle to find support?
- Why, at times, does asking for help seem more of a burden than the issue itself?
- What can be done to disrupt, or even prevent, these perceptions?

#### ***ConnectGroups acknowledges:***

- The ‘All about the Blokes’ Working Group for their knowledge, experiences, input and support
- Kang Tam - Volunteer Researcher and Co-author UWA student
- Claudia Flores - Volunteer Graphic Designer
- Lotterywest

While this resource should not be treated as an absolute answer to these questions, it hopes to shed light on characteristics from men’s perspective when seeking support. This resource promotes the use of solution-focused approaches through a continuum of support by Support Groups and service providers working collaboratively.

There is a need to acknowledge the diversity of existing needs and available approaches before wisely selecting the best course of action – to think **beyond** the square, rather than settling for convenient conventions. This resource hopes to further the discussion regarding the persistent challenge of engaging men and work towards destigmatising those barriers that hinder men from reaching out for support. It should be a catalyst for dialogue to better and more effectively engage with men.





# Barriers to Effective Engagement

## 1. Masculinity

One of the largest challenges preventing men from seeking help is the **culture of masculinity**. For a majority of men, being a man means embodying the ideals of masculinity, including stoicism, independence, control, and perseverance. Essentially, seeking help runs counter to being a man; it exhibits vulnerability, reliance on others, and a lack of control and endurance needed to face an ‘ordeal’. Unfortunately, it can be difficult to change perspectives. After all, masculinity has been ingrained into men’s core identity. Instead of being taught to be open about themselves, boys are taught the opposite from a young age – to ‘be a man’ and ‘toughen up’. These statements may seem insignificant but they can have a profound impact on how men grow to view the world and themselves.

**“People rely on me, if they think I can’t cope they may not ask me for the help they need.”**

It is beneficial to think beyond the square when developing an engagement tool for men.

Many men neglect seeking support because of intrinsic personal challenges (e.g, feeling uncomfortable, ashamed, embarrassed or unmanly), which may persist even if help has been sought in the past. A study by O’Brien et al. (2005), conducted across different groups of men, revealed that there is a strong desire to persevere through pain and ‘push their limits’, instead of seeking help. In fact, many described their capacity to endure pain and suffering as an accomplishment. Despite being aware of the apparent flaws of overvaluing their masculinity, many still admitted they were unlikely to seek help (either by choice or external pressures). Interestingly, younger men had much more rigid views on how men should address their personal problems – views likely shaped by their upbringing.

**“During high school. I would have benefitted greatly accessing support services early on.”**

Despite the large body of work done to address this issue, men’s preference for self-reliance remains relatively unchanged. This preference, particularly in stressful situations, might be one explanation why it may be difficult to engage men at the precise time that they need the support. The period of interaction between a preference for self-reliance and social support provision is often narrow and difficult to predict, but has important implications for engagement. There needs to be a more focused approach in terms of marketing and communication strategies that can identify these windows for engagement.

*It is beneficial to think*

**‘beyond the square’**

when developing an

**engagement tool for men.**



## 2. Perception and Stigma

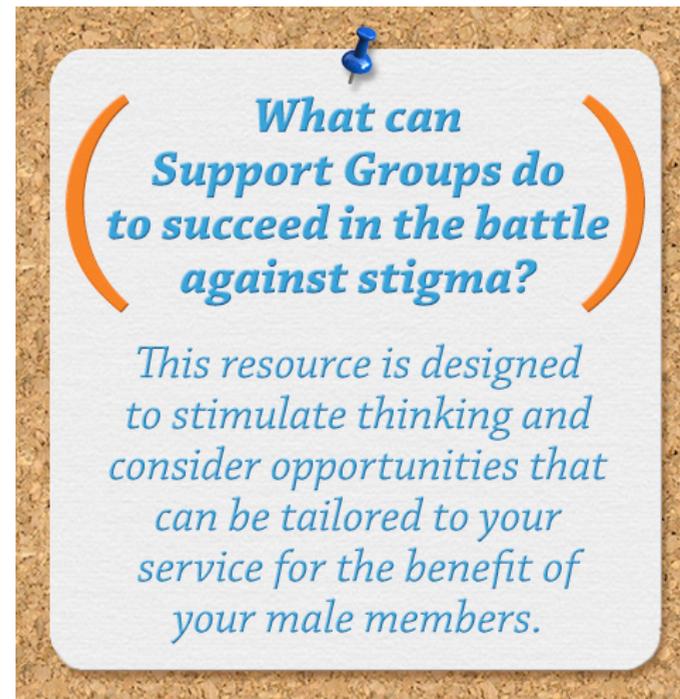
Support Groups have traditionally been viewed as female-oriented services, providing a safe space for conversations. While this has been known to be effective, some men feel alienated and uncomfortable when placed directly in a position of potential vulnerability. Emotionally driven conversations do not help maintain men's masculine image of control and independence; rather, it only serves to make their perceived shortcomings increasingly apparent to themselves and others. A paradigm shift is necessary in the models and approaches applied to engaging with men to meet needs that are driven by masculine values.

Similarly it may appear that many service providers (particularly in primary health care) are predominantly designed to accommodate women and children, portraying an environment that may discourage, rather than engage men. In addition, men worry about the **confidentiality** of disclosing to their family's health professionals, due to the risk of being exposed or judged. Others have reported that they have felt that GPs may not be as resourced in men's mental health or time poor and unable to give focus to their needs. The risk is equally present when they are surrounded by strangers in a Support Group.

These points represent missed **intervention** opportunities, as men value the advice of experts and professionals, though **family and**

**friends still play a vital role** in the continuum of support. It is important to be aware and raise awareness around men's matters in the wider community.

Stigma may prevail when some men are coming to terms and making decisions around their mental ill health, physical conditions or diagnosis which may be adversely impacting their lives. Combating the social stigma that remains prevalent in society is an ongoing issue and needs to be considered when developing men-focused programs.



## 3. Cultural and Social Context

In a review, Galdas et al. (2005) attributed the lack of male engagement in support services to the lack of contextualised approaches. There is not one universal solution to such a complex challenge, so services should not try to enforce one. While 'exercising daily and eating more fruit' can be beneficial to health, it is general advice that is painfully simple and easily dismissible. On the other hand, solutions that cater to specific individuals will be more motivational, especially if they are practical and can be incorporated into daily situations.

Context is important because men are a diverse group of people. For example, some men find it easier to talk to other men while others prefer a female listener. It would be beneficial for Support Groups to consider factors such as age, ethnicity, cultural background and rurality.

Different actions can be attributed to diverse cultural traditions. For example, in some cultures, seeking outside help for personal issues can be seen as shameful by others in their community or within their family unit.

Men in rural communities may also feel that seeking help is stigmatised due to the social expectations of masculinity being exaggerated when faced with adversity. This is perhaps best demonstrated in the high rates of male farmer suicide,

### **Strengthening Connection With Indigenous Men**

#### **Respect and Keep Culture Strong:**

- Connection to country.
- Connection to culture: story telling, ceremony, and lore
- Connection through elders of the community
- Culturally secure locations/venues
- Understanding the impact of intergenerational trauma and colonization.
- Strengthening the individual through community and family
  - More receptive to direct communication – face to face
- Strong culture = protective factor against mental distress

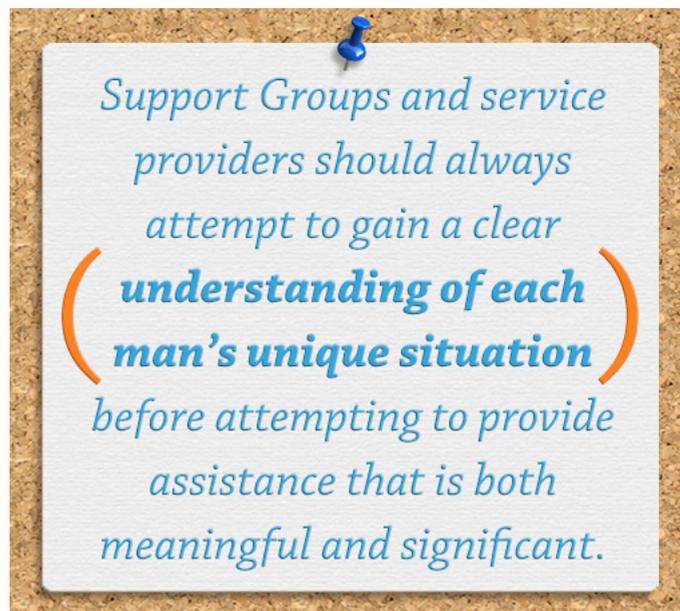
**The health of a man is determined by his connection to culture, country, language, family, and knowledge of traditional ways.**



and compounded by the lower number of service providers in rural regions. Similarly, it can be difficult to engage at-risk Aboriginal and Torres Strait Islander men to utilise primary care services due to a lack of culturally sensitive approaches.

These examples provide a snapshot of the complexities and diversity of men's matters. A strengths-based approach should be used when communicating with men.

Support Groups and service providers should always attempt to gain a clear understanding of each man's unique situation before attempting to provide assistance that is both meaningful and significant.



#### 4. Accessibility of Information

It needs to be noted that those who are genuinely interested in seeking help are not always successful in their search. This was best reflected in one of the surveys, where a large proportion of men (70%) either experienced difficulties identifying potential avenues for support or chose not to access available services because they did not address their specific circumstances. This suggests that Support Groups may be unsuccessful in reaching their target audience or that gaps in service provision could not be filled due to resource limitations.

***“Didn’t realise there was anything available that males could use.”***

Mirroring this, a large proportion of Support Groups in WA (80%) cited a lack of awareness of available resources as the primary barrier preventing men from accessing their services. Resource constraints (e.g, opening hours, location, staffing, and finances) were also consistently noted as challenges, and contributed to an inability to narrow the accessibility gap. Therefore, it is essential that Support Groups increase their visibility in order to improve their reach. Strong collaborative partnerships may present an effective solution to this issue.

The core message is not to focus on changing men's way of thinking, or the culture they grew up in but to work with those characteristics.

Men need to be encouraged to critically evaluate their own identity and what masculinity means to them in order to recognise opportunities for help-seeking behaviours. O'Brien's et al (2005) study found that firefighters had counter-normative perspectives on masculinity. To them, seeking help – to ensure their occupational performance was not compromised – was a way of preserving their masculinity, rather than undermining it.

**The core message**  
do not focus on changing men's *way of thinking*, or the *culture* they grew up in but to *work with those characteristics*.



# Collaborative Practices

*It is important to consider leveraging collaboration in service provision. Whether it is working one on one with an individual, Support Groups working with other Support Groups and service providers, primary care services with secondary etc. Inevitably collaborative practices result in a more effective and broad support process. Capturing the intricacies of the individual's needs whilst providing more simplicity during the key window of help-seeking.*

With over 600 Support Groups in WA (inclusive of men-focused Groups) and numerous service providers in WA, there is unprecedented potential for partnership and collaboration. Collaborating with different Support Groups (not necessarily just men-focused) or services with a common goal can be an efficient and powerful tool for all parties when conducted strategically.

## What is Collaboration

**Collaboration is about working jointly towards a common aim.**

Collaboration between two parties can take many forms, from simple information sharing; to joint event planning; strategic alliances and organisational mergers. While collaboration in this context refers to working with other Support

Groups, it is also encouraged that partnerships be formed with other stakeholders within the community, including local city councils, service providers, and industry professionals.

Simple, low-risk forms of collaboration present a feasible option for most Support Groups who may not possess the necessary resources for more elaborate collaborations.

Activities such as information sharing, client referrals, and inter-organisational brainstorming are some common examples that most organisations can participate in. After several successful and sustained collaborative efforts, Support Groups may decide to develop more complex forms of collaboration, such as joint service delivery.

Support Groups are well positioned to develop partnerships and work collaboratively in a co-design model. Improved outcomes can be achieved for individual members and the wider community.

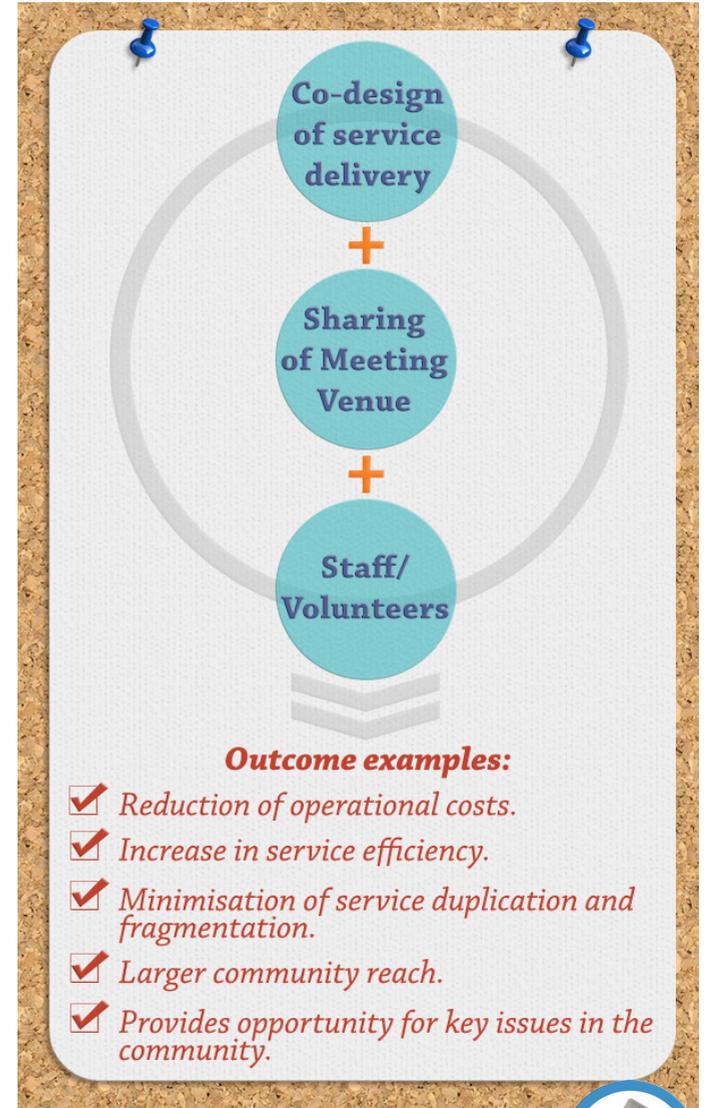
## Collaboration Opportunities

- Information sharing
- Joint marketing campaigns
- Joint awareness events
- Resource development
- Joint referral pathways

## Potential Outcomes

- Improvement in service delivery
- Accessibility of diverse target audience
- Cost efficiency
- Increase in visibility of Support Group sector

**Well-executed collaborations confer benefits that can sustain and expand a Support Group's service delivery and strategic initiatives.**



## Keys to Successful Collaboration

The underlying criteria for any successful collaboration is **trust** and **mutual respect**. Trust can be defined as the understanding that one's partner would not act opportunistically and exploit the collaborative relationship. Trust is crucial in partnerships because it diminishes the instinctive competitiveness between organisations to succeed. It is recommended that partnerships be formed where relationships already exist.

Collaborations should begin on a small scale with low-risk projects, which can foster trust incrementally. Many of the following tips are related to either building or sustaining trust between Support Groups but can equally be applied to service providers.

**1. Common goals and interests** – Choosing partners is the crucial first step. Collaborations are more likely to succeed if two Support Groups have similar or complementary objectives. This not only makes it easier for the two organisations to relate to each other, but also opens up more avenues for a long-term partnership. It is pointless for a Support Group to collaborate without purpose; the benefit of collaboration must be clear for both sides.

**2. Communication** – Effective communication is an important mediator for trust between partners. It is important to clearly outline and agree on several aspects of the collaboration to avoid misunderstandings and breakdown of relationships. These include the purpose of collaboration, roles, and responsibilities of each partner, as well as collaboration guidelines and any financial commitment including in-kind support. While these conditions are flexible in simple collaborations (e.g, information sharing), they become increasingly important as the level of collaborative risk and cost rises (e.g, joint campaigning). This is when big questions such as “who gets ownership of the project?” and “how much autonomy are we losing?” need to be addressed and answered with clarity.

**3. Leadership** – Behind every successful collaboration are competent leaders. By setting goals, progressing actions and leading by example, leaders must demonstrate equally strong commitment to the collaborative process, and the values that represent their Support Group.

## Collaboration in Rural Areas

**Support Groups and services operating in regional and rural areas face unique challenges due to the wide scale of their services, along with physical and geographical isolation.**

These challenges can provide additional incentives for Support Groups to form partnerships. A study by Snavely and Tracy (2003) found that there was greater potential for collaboration between rural Not for Profits for the following reasons:

1. It alleviated the constraints of having limited resources through simple collaborations: information sharing and client referrals.
2. There were fewer Support Groups compared to urban areas, which led to less competition and service overlap. Belonging to a small, local community made it easier to form relationships with the few existing Groups and services, and to slowly develop the trust necessary to form partnerships.
3. It was easier to collaborate with other Groups and services. For example, organisational staff were familiar with the people in their community, and were well-positioned to provide direct and personal referrals. Similarly, it was easier for leaders of Groups and services to network and discuss issues within their community.
4. The uniqueness of regional and rural Groups and services provided opportunities for making the collaborative process less formal and encouraged innovation and cross-sector opportunities.





# Marketing and Communication Strategies

*'It is essential to make the invisible VISIBLE.'*

## Awareness Campaigns

Two of the biggest challenges faced by Support Groups and services in general are:

1. **What should the 'word' contain?**
2. **How to get the 'word' out?**

Adding communication strategies specific to men introduces another layer. Answering the above two fundamental questions is the first step to increasing the potential to engage men. There are several possible strategies keeping in mind that it takes time for information to diffuse into the community, and that a delay between promotion and response is normal and expected.

Lack of awareness leads to men not being able to access the required services within a timely manner, increasing their level of vulnerability.

*"Was unemployed for a period of over a year and had no one I could talk to or confide in."*

*"Didn't realise there was anything available that males could use."*

*"In seeking guidance on where to go for a medical condition I did not consider a Support Group."*

Men will likely approach family members and friends before making decisions to reach out to Support Groups and services (see *Effective Referral Pathways*). Acknowledging this reality, awareness campaigns should also consider third parties who can influence men (influencers).

## Marketing

- ✓ Consider **gender neutral language**.
- ✓ Incorporate within promotional strategies, **third party influence**.
- ✓ **Research community areas** that target your audience.

- ✓ **Tailor awareness campaign to specific mediums** Social media mediums vs brochures and flyers may have a different reach.
- ✓ Key words in promoting awareness; **Think Informative** who – how – history - future.
- ✓ **Be Inclusive** and consider different perspectives ie CaLD, Indigenous community members.

## 1. What Should the Word Contain

Promotional material should have messages that get men thinking about their current situation and acknowledge the need to seek external help. What is important is to get them to reflect.

Words are important, but remember that there is only so much that can be squeezed into a page before its core message is lost. **Pictures** are said to be worth a thousand words and are more instantly captivating! When targeting men, the use of other men in an image can act as an **'anchor'** allowing them to better relate to the message. It is crucial that men are portrayed positively at all times, and that negative emotions and thoughts are not the primary focus.

### Example:

*The **Better Out Than In** campaign, encouraging men to talk about their stories, provides the how and the potential outcomes of the action. It is a campaign that provides the perspective that sharing and listening to everyday men's stories is the most effective and powerful way to reducing stigma and isolation.*



The use of relatable metaphors also assist in capturing the key audience. For example, The Men's Shed Association drew parallels between a man's need for medical check-ups with a motor vehicle's need for maintenance. For some men, the connection can be instant.

**Gender-neutral words** are more effective than those which target a specific stakeholder group. The benefits are:

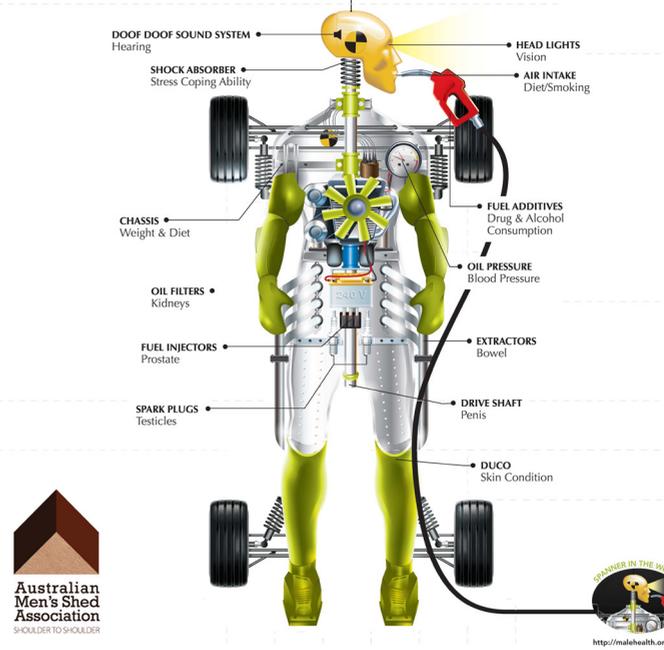
The benefits include breaking the preconceived stereotype that something (e.g, Support Groups) is 'feminine', and engaging others, regardless of gender, to be more aware of the risk to the men in their lives.

## 2. How to Get the Word Out

Be strategic when considering promotion based on the individual characteristics and needs of your Support Group or service.

***"I think the support is there but it's up to the individual to make contact. A lot of men are too shy or embarrassed to ask."***

# SPANNER IN THE WORKS? WHEN WAS YOUR LAST SERVICE?



Unless we can find a way to get the conversations flowing naturally, men may be hesitant to speak in an environment where others are watching. A gender-appropriate and engaging message is essential.

## 'Seek out those in need, go to their environment.'

Taking this step further, don't wait for men to come to the Support Group or service, go to places where men gather (e.g, pubs, gyms, agricultural shows, 4WD clubs, and sport venues.) The benefit of promoting in these environments is that men may be more receptive and open because they feel safer in a male dominated space. Promote the message in their territory.

More than anything, messages should be easily understood and succinct. This can take on various forms, depending on the type of promotional channel used – a motto in a poster,

a short summary at the end of a blog post or a 30-second pitch for face-to-face encounters. In particular, a message needs to briefly highlight the Group's purpose and the audience they are reaching. Men want to be able to quickly assess if seeking help can help them recover.

Not only is awareness essential to communicating a message into the community, but it is also key to the sustainability of your Support Group or service. Remember – **Support will not exist, if your Support Group or service is not seen to exist.**

## Social Media

Social media (e.g. Facebook, Twitter, Instagram) is a popular platform for campaigning and promoting health messages. Compared to traditional marketing methods, social media has lower upfront cost and possesses greater potential to reach a wider, more diverse audience. This is especially true for 'hard-to-reach' groups, both demographically (e.g. teenagers) and geographically (e.g. men in rural towns).

While social media relies on frequent maintenance and strategic timing for updates to continue engaging its audience, this presents unique opportunities to offer bite-sized chunks of information and minimise the risks of content overload.

Additionally, social media provides an outlet for relevant information from other sources (e.g. YouTube, other Facebook pages, external websites) to be curated and shared. This provides greater incentive to return to a page to learn more, which may eventually translate to greater engagement with the audience and increased credibility for the Support Group or service.

Finally, social media confers a greater amount of anonymity. Men can come and go from the page with virtually no trace of their visit. They won't feel judged by others, allowing them to get a taste of the Support Group or service without feeling exposed or obliged to join.

That being said, social media can be a fickle tool. There is no guaranteed path to success, though its wide-reaching impact in promoting men's health has been apparent. Campaigns such as Movember and #ItsOKToTalk have reached an audience today that was beyond the scope of the project when it began.

A major factor was the clever use of social media, engaging people, then mobilising them to spread the word. Unfortunately, there is no 'standard formula' for such virality as luck plays a huge role. Nevertheless, these examples were able to showcase the potential that social media possesses as a platform for communication and outreach.



## Talking the Language

**Communication is key.** Effective communication is imperative when engaging men and may be quite challenging because at times there is only a small window of opportunity where they can be receptive to seeking support. Some men are more attuned to making quick decisions and poor communication can quickly lead to a lack of trust and disconnection between both parties.

In order to have effective engagement, it is best to **avoid a deficit-based approach.** Deficit assumptions can portray men as lazy, disinterested in families, emotionally stunted, and at worst, abusive.

**Building trust with men begins with respect and honesty.** Entering a conversation with a non-judgmental mindset ensures that one does not subconsciously shift into a deficit-based mindset.

Language should be relatable to gender. Men respond to words that are **concrete and technical**, without an overreliance on emotive language, using terms that clearly outline the nature of services and benefits when seeking information. These include words

such as **support, assistance, professional, wellbeing, peer support, physical health.**

More emotive and descriptive words (e.g. feelings and emotions) tend to be less favoured. Regardless, emotive language **does** play a complementary role in enhancing men's experience; and it is important that **positive words** are used, particularly when targeting their wellbeing status. Using such words as trapped, insecure, embarrassed, desperate, and hopeless may result in a negative response.

*Men prefer words that are*

**'Concrete and Technical'**

*which outline the nature of services and benefits, such as:*

- ✓ **Support**
- ✓ **Assistance**
- ✓ **Professional**
- ✓ **Wellbeing**
- ✓ **Peer Support**
- ✓ **Physical Health**



Certain words may also have positive or negative connotations. For example, men appear to be more comfortable with words such as '**peer support**' because they represent values of equality and mateship.

Most men are able to differentiate 'peer support' from 'counselling' and therefore 'counselling' and 'therapy' may not be perceived as favourably. These words initially can be perceived by men as signs of weakness and failure.

Additionally, men may sense a greater power relationship between themselves and counsellors, which represents a loss of control and independence. Choose words carefully when developing a message or pitch.

The use of technical information that clearly communicates tangible benefits, as well as citing medical terms and evidence, are likely to be well-received. Other considerations include:

**Gender-neutral language** can be utilised to avoid bias towards a particular gender, resulting in broader communication and reach.

**Nonverbal cues** are also crucial as they complement verbal communication.



Facial expressions, body language, eye contact and vocal tone play an important part in effectively communicating; it can contribute to building a stronger sense of trust and rapport. For example, a simple handshake can be perceived as a sign of mutual respect. However, if nonverbal cues are poorly executed, the opposite may well lead to tension and confusion. Nonverbal cues that contradict words can quickly become detrimental, particularly, if a deficit assumption is retained.



## Effective Referral Pathways

### The Value of Referral Pathways

Referral pathways traditionally operate on the basis of efficient communication between health professionals and services to direct an individual towards supports that meet their needs. Referrals are typically of a case management nature, have a clear purpose, and are intended to provide comprehensive support. However, these traditional pathways (service to service) do not represent the only avenues to support for an individual. Support Groups represent clear pathways both from services, and, to services as part of the continuum of support.

Pathways into Support Groups or services can come from a number of early intervention sources including family, friends, health professionals, and the workplace.

Understanding the importance of a **collaborative** based approach is beneficial to providing an effective referral pathway. This may result in more effective outcomes.

Collaborative referral pathways not only

strengthen effective engagement and support provision but can also address **comorbidity**.

While it is possible to reach out to men directly, they are typically more receptive to those they trust, rather than unfamiliar individuals or organisations. Creating relationships can assist in substantiating credibility in any linking referrals. For example, if one service has already effectively engaged with a man, then his trust in future referrals is strengthened.

Referrals can come from a GP recognising the value of participation in a Support Group or service as part of the individual's recovery plan. Another referral pathway can come from 'word of mouth' or 'accidental recommendation' when an acquaintance has had a positive experience with a Support Group or service.

Overly complex referral pathways can discourage men from seeking further assistance. It is important to ensure that they are simple and direct.



## 1. Family and Friends

Research has shown that targeting **key influencers** can also encourage men to seek help.

Acknowledging the importance that family and trusted friends can have on a man seeking assistance, it is essential to highlight the importance of raising awareness in these influencers.

**‘My wife is good at chasing things up.’**

Programs such as Mates in Construction indirectly target men through their peers. However, some men may not consider taking action until they are approached directly. Advice and support from influencers can act as a form of legitimacy to their help-seeking behaviour. Legitimacy enables some men to be more open to seeking help without compromising their masculine values (e.g, men are only doing this for and because they were advised to).

**Raising awareness** in family and friends is crucial because as key influencers in men’s lives, they possess just as much potential to discourage men from seeking help, as they do to encourage them. Their understanding of the situation will influence their ability to respond.

Studies have found that while some families can promote self-help and facilitate help seeking, others may impede this process. For example, men may be hesitant to discuss their problems in the presence of family due to concerns around privacy or the possibility of being perceived as a burden. Alternatively, family members may hold stigmatised views of certain illnesses, which can discourage men from seeking or adhering to treatment. It is important to consider the above when developing strategies for key influencers.



## 2. Health Professionals

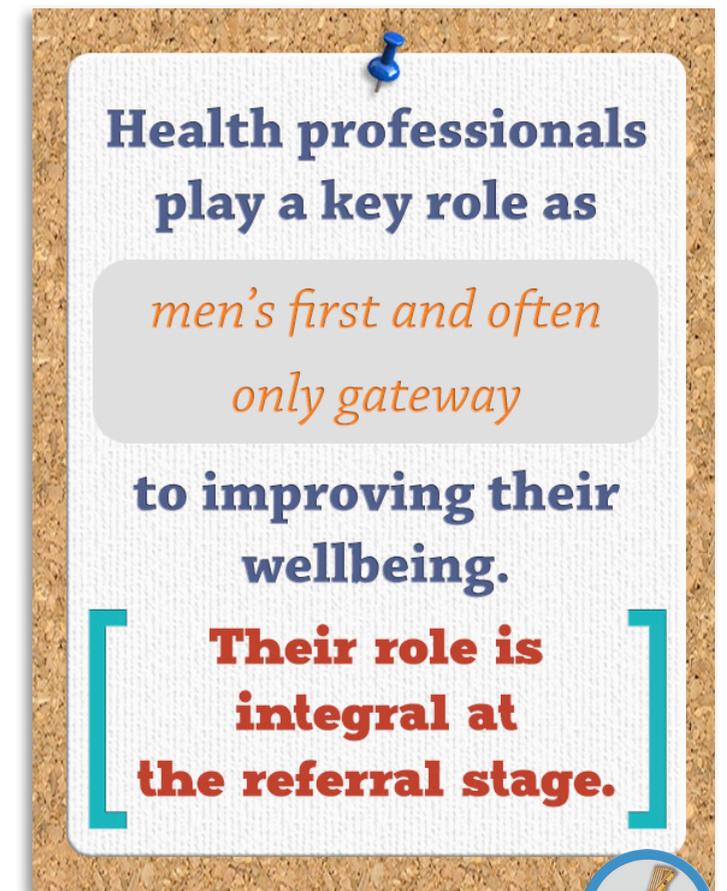
Some men are hesitant to bring up certain issues within a clinical setting because they believe it is not worth mentioning (e.g, a waste of the doctor’s time) or they lack the confidence about how it may be interpreted. A contributing factor is that at times the issues are not of a physical nature (e.g, there’s nothing to show for sadness). Other reasons may include concerns about patient confidentiality or a lack of confidence in the health professional or service provider. Some professionals may fall into gender stereotyping (e.g, all men don’t like to talk about their feelings) and fail to present themselves as willing listeners.

This disconnect represents missed opportunities where men could have been engaged with alternative referrals or supports including Support Groups and services.

Health professionals play a key role as men’s first and often only gateway to improving their health. Their role is integral at the referral stage. The ability of health workers to tap into their professional networks and provide referrals is highly regarded by men and legitimises their help-seeking actions (e.g, the doctor suggested I should come).

The network can be diversified through collaboration with other existing services.

This is where marketing material exchange, networking, community interaction and information sharing between Support Groups, service providers and health professionals becomes imperative to creating a **continuum of support** for men. Allowing the individual to find the type of support that best suits their needs.



### 3. Workplace

Work spaces are areas where men spend a large part of their lives. The workplace is also where men may demonstrate the first signs of needing support, and is an opportunity to engage men in conversation of potential support options.

Workplaces can play an integral role in early intervention.

- Employee/or colleague approach HR or designated third party seeking information or support.
- Colleague communicates with their mate through conversation and may notice a change in habits or character.

A mentally healthy workplace may offer:

- Employee education and awareness of support opportunities internal and external.
- Mental Health First Aid or other mental health literacy.
- Employee Assistance Program (EAP).
- Employer Wellness Program



*Overly complex referral pathways*

[ tend to discourage men. ]

Keep the pathways

**simple and direct.**



## Group Engagement

**By definition a Support Group is two or more persons who interact with each other, accept expectations and obligations as members, and share a common identity or cause.**

Support Group leaders play a fundamental role when considering group engagement and development. Group settings provide an opportunity to harness the leadership qualities of each participant, resulting in **the group running the group**. This provides a methodology that creates a sustainable, unbiased, community environment.

Peer-run Support Groups are widely documented as a successful method of intervention, information and experience sharing, and for improving wellbeing. Support Groups can provide emotional and informational support, as well as validate self-worth and reduce social isolation. Support provided from the Group is

unique compared to clinical services, friends or family because it is based on interactions with peers sharing similar experiences.

### Engagement strategy:

1. Provide clarity of groups purpose + benefit.
2. Provide evidence of effectiveness of group activities.
3. Create a safe space.
4. Foster ownership.



Mutual understanding can lead to acceptance, reciprocal care, positive role modelling, a sense of belonging, and ownership. Other benefits found in the literature include (but are not limited to) reaffirmed identity, resilience, empowerment and education.

In spite of this, men remain underrepresented in Support Groups, partly due to perceived conflict with masculine values (see *Barriers to Effective Engagement*). Men may see attending a Group as a challenge that risks their masculinity. Therefore, in order to retain members, it is essential for Groups to create a favourable environment. There are several aspects that must be considered when trying to engage with men.



### 1. Creating a safe space

***The physical surroundings are the first thing men assess when they attend a Group.***

***What sort of atmosphere does the location have? What are the people like?***

While the definition of a 'safe space' differs between men, they generally prefer locations that focus on masculine values (e.g, sport centres) or gender-neutrality (e.g, community centres, parks). A recurring concern is the fear of being judged by others.

In practice, this could translate into having a male-exclusive space. Consider, therefore, the opportunity for spaces that allow for confidential exchanges. An example of men-focused group practice is the WA Men's Shed Association, which has been successful in reaching out to a diverse community of men. Another example where space was considered, was Gapuwiyak (NT) health service, which established a local male clinic resulting in an increased utilisation of 600%.

***Always ask the question:  
"Is this really a place men can  
feel comfortable in?"***

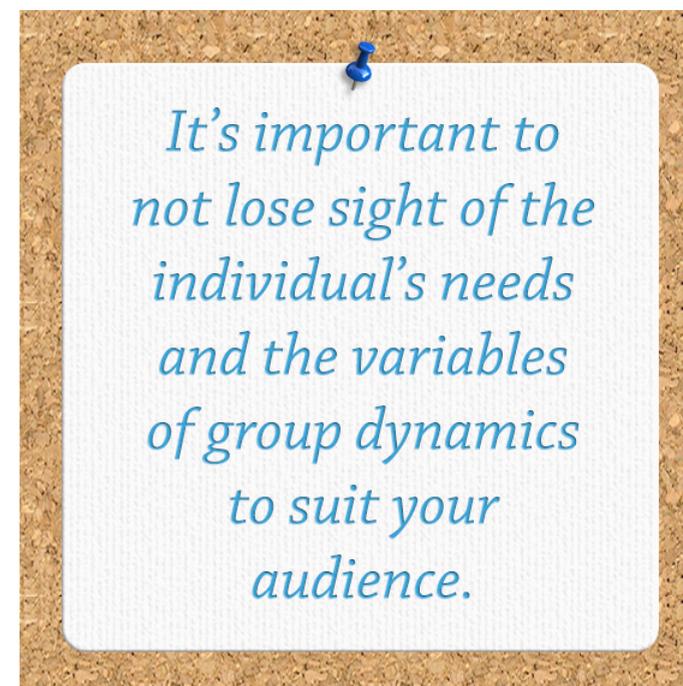
Some men may prefer male-only groups, led by a male facilitator. If possible, having male 'front of house' staff could also assist in putting their minds at ease as soon as they enter.

A common reason cited for men's disengagement in *traditional* Support Groups settings is that they feel obliged to speak about their feelings.

Again, this issue can be exacerbated by the presence of women or people they know. Men should be encouraged, but not feel obliged to speak about their own experiences.

#### Good Practice:

- a. Solidarity can be a form of emotional support.
- b. Set discussion topics which may deviate from the intended topic; this is fine if members stay engaged.
- c. To better steer the direction of the conversation, it is useful to have a trained peer as the facilitator.
- d. Have a confidentiality policy in place



e. Encourage men to participate without judgement.

***Having a male-only environment creates a bond*** with other men who are having similar experiences, and a buffer from judgement.

Although a Support Group may have dedicated group practices and guidelines that work on a whole, it is important to not lose sight of the individual's needs and the variables of group dynamics.



## 2. Understand their needs

Traditionally, emotional, rather than informational, support has been perceived as a heavier component in Support Groups. With men-focused groups, the scales are likely to be tipped the other way.

Men tend to prioritise information and education from Support Groups over emotional support. It is thought that by educating themselves, men can take the necessary steps to solving their problems and regaining the sense of control over their lives that was lost.

Support Groups should consider structuring their sessions to follow a solution-based approach that aims to produce tangible differences for men. A solution-based approach can provide men with the tools to feel better equipped to manage their situation.

**Peer learning** has been identified as a recurring theme in men-focused Support Groups, because it is a source of trusted information. A peer environment allows information, often experiential, to be exchanged between individuals.

Discussion can focus around health tips, coping techniques or disease management, rather than emotions. (That is not to say emotional support has no place in men-focused Support Groups, rather, it should be used to complement the information provided.)

**Case Study**

*A mixed-gender cancer support group identified Support Groups as an opportunity to explore unconventional issues in relation to their illness. For example, members benefitted from honest discussions surrounding the progression of their illness and coming to terms with the realities of their illness. This candid type of support contrasted those provided by family and friends, which attempted to normalise or sugarcoat their problems. Both types of support were seen as important, but it was reported that the former was a rarer form of support and was much appreciated by participants.*

*Uscher et al. 2001.*

Anecdotes can validate others' experiences. These exchanges may empower men, as they are able to support others, while also being supported in the process.

However, do not treat all men with a cookie-cutter solution. Men will engage Support Groups or services for various reasons: listening to others speak may satisfy their needs; as an avenue to talk about their feelings in a non-judgemental space; or as a place to network to source direction.

Some men may actively want to involve their families in managing their problems or may prefer speaking to women because they are perceived as more empathetic listeners.

## 3. Diversify activities

**Being adaptive and flexible is imperative to meeting their needs**

Men prefer taking a **solution-based approach**. Therefore, having frequent similar discussions may quickly become unengaging and be perceived as a lack of progress. In contrast, proactive strategies shift the focus away from the problem itself and redirects it towards regaining their lost sense of control. For example, exercise and meditation sessions with chronic disease-related Support Groups (e.g, Prost! Exercise 4 Prostate Cancer Inc.) promote adherence to public health recommendations. Even a casual barbeque allows for a less-structured social bonding experience, enabling informal discussions across different topics. Men need not be defined by their problems.

By bringing these activities to the forefront, Support Groups can present themselves more openly to men by providing options. Reading “*come along for X activity*” on an invitation can be perceived as more inclusive than “Support Group session”. These activities also serve to legitimise men’s involvement with the Support Groups – a man’s masculinity is less likely to be challenged when telling others he is going for a

...a man's masculinity

is less likely to be

[ **challenged** ]

when telling others he is going for a

**particular activity,**

rather than

**emotional support**

which may expose

a supposed weakness.

particular activity, rather than emotional support which may expose a supposed weakness.

However, due to the intrinsic nature of Support Groups (the gathering of people with similar conditions), men are still likely to experience a sense of belonging and be emotionally supported.

The opportunity to volunteer for roles within Support Groups may also legitimise men’s continued involvement. Involvement can range from simple (e.g, front of house volunteer) to more complex tasks (e.g, establishing contact with recently-diagnosed men or facilitation of a Group). These responsibilities can solidify their sense of belonging and ownership, and satisfy their cultural role as ‘providers’, which can be particularly significant for those struggling with employment.



# How have Support Groups helped you?

In relation to group environment and being in a safe space:

*'By sharing my own experience to encourage others.'*  
*'There is a teaching aspect to the group work where men experience different learnings through an experience rather than through verbal information.'*  
*'Collective experience and sense of wellbeing from hearing about the similarities I have with others.'*  
*'There's a kind of synergy that occurs in men's group when it comes to problem solving and support.'*  
*'The camaraderie and shared stories of the members of the exercise group is making a palpable positive difference in their mental and physical wellbeing.'*

*'Men like to be able to belong to something rather than just attend... If a service has a feeling of membership, then men...trust that the provider won't belittle their feelings [and] they are willing to expose themselves.'*  
*'We just offer empathy from having been in the same place of grief after a suicide.'*  
*'It allows my mind to leave/reduce the power of some negative thoughts so I am not overwhelmed by sadness for that period of time.'*  
*'I gained a huge amount from men's work about the different joys and challenges of different ages and stages in life...'*

In relation to receiving information and satisfying their desire for education:

*'Exchanging information, opinions, interests, or even stories is very beneficial.'*  
*'Sharing, learning and supporting each other in surviving and living after prostate cancer surgery.'*

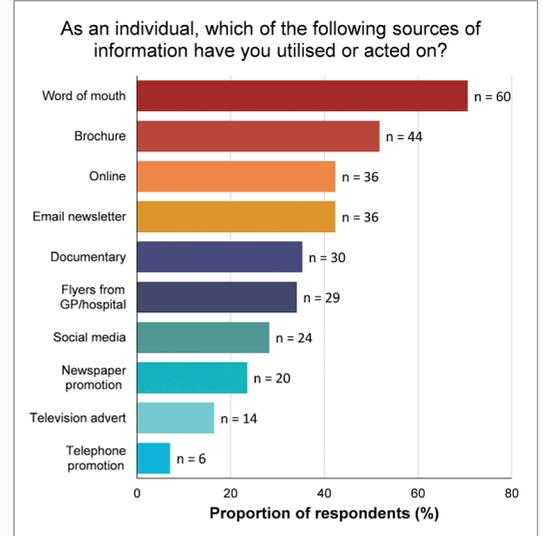
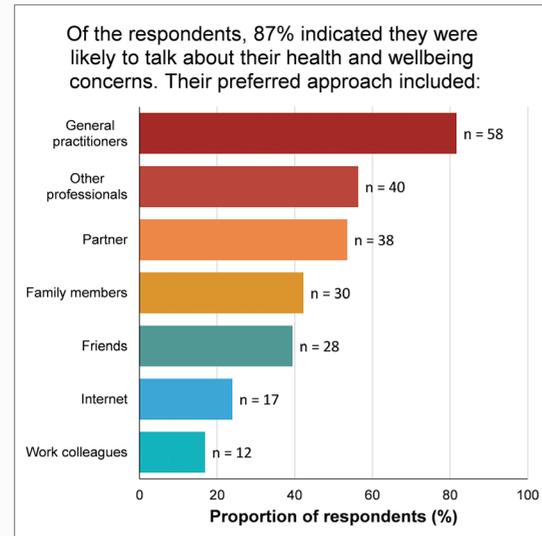
*'Realising that you are not alone and frank discussions about current worries/concerns or the after effects, their duration, impact and severity.'*

In relation to ancillary activities in Support Groups:

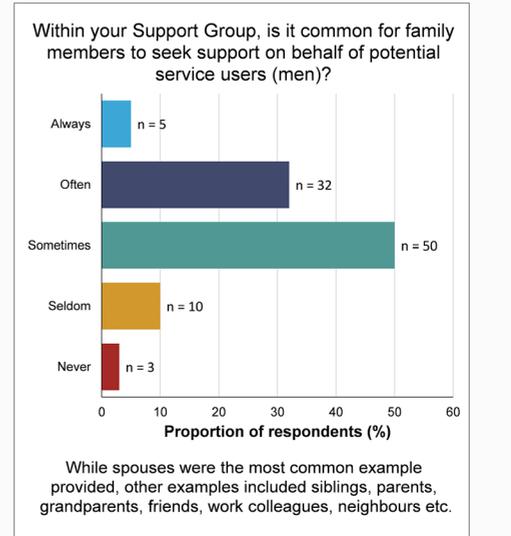
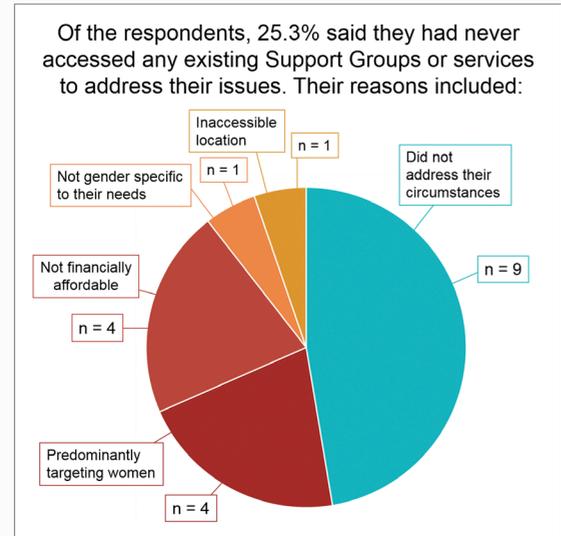
*'We hold quarterly café lunches which are purely social. The lunches tend to be better attended by men.'*  
*'Group exercise gives men the opportunity to have a chat between exercises. We also have the opportunity to meet after the gym session on a Thursday, which leads to important discussions about prostate cancer issues.'*  
*'Participating and engaging in any shared activity (especially something that aids the community...) helps to develop a greater understanding and value in one's own capabilities and self-worth.'*

*'Neither my activities are specifically men's groups, however, participation in any group activity on a regular basis builds self-confidence and makes one feel part of a community, relieves stress and reduces anxiety.'*  
*'Life perspective and activity. Men don't automatically seek to meet others in the same boat the way women do. Men attend our social events more than our friendship and information meetings. Men seek support if it is parallel to some other activity, not if the support is the focus.'*

# Groups helped you?



**Survey Respondents:**  
 Individuals n= 106 / Support Groups + Services n= 118





## References

- Addis, ME & Mahalik, JR 2003, 'Men, masculinity, and the contexts of help seeking', *American Psychologist*, vol. 58, no. 1, pp. 5-14. Available from: <http://bit.ly/2vQlfIQ>.
- Andrology Australia 2014, *11. Engaging men in primary care settings*, School of Public Health & Preventative Medicine, Monash University, Melbourne. Available from: <http://bit.ly/1xK2Jlz>.
- Andrology Australia 2014, *12. Engaging Aboriginal and Torres Strait Islander men in primary care settings*, School of Public Health & Preventative Medicine, Monash University, Melbourne. Available from: <http://bit.ly/1xK2Jlz>.
- Apesoa-Varano, EC, Hinton, L, Barker, JC & Unützer, J 2010, 'Clinician approaches and strategies for engaging older men in depression care', *The American Journal of Geriatric Psychiatry*, vol. 18, no. 7, pp. 586-595. Available from: <http://bit.ly/2tD7qB7>.
- Arrington, MI 2010, 'Theorizing about social support and health communication in a prostate cancer support group', *Journal of Psychosocial Oncology*, vol. 28, no. 3, pp. 260-268. Available from: <http://bit.ly/2uXZw5i>.
- Ashfield, JA, Smith, A & Bain, L 2015, *Preventing male suicide: become part of the solution*, Australian Institute of Male Health and Studies, Whyalla Norrie. Available from: <http://bit.ly/2uotONf>.
- Australian Bureau of Statistics 2016, 4125.0 - *Gender Indicators, Australia, August 2016*, 31 August 2016. Available from: <http://bit.ly/2vzRqwX>. [21 July 2017].
- Australian Institute of Health and Welfare 2011, *The health of Australia's males*, Australian Institute of Health and Welfare, Canberra. Available from: <http://bit.ly/2uouDFV>.
- Australian Institute of Health and Welfare 2012, *The health of Australia's males: a focus on five population groups*, Australian Institute of Health and Welfare, Canberra. Available from: <http://bit.ly/2tT0Mlh>.
- Baker, P, Dworkin, SL, Tong, S, Banks, I, Shand, T & Yamey, G 2014, 'The men's health gap: men must be included in the global health equity agenda', *Bulletin of the World Health Organization*, vol. 92, no. 8, pp. 618-620. Available from: <http://bit.ly/1ygYKgn>.
- Barker, V 2009, 'Older adolescents' motivations for social network site use: The influence of gender, group identity, and collective self-esteem', *Cyberpsychology & Behavior*, vol. 12, no. 2, pp. 209-213. Available from: <http://bit.ly/2urqwac>.
- Big Lottery Fund 2012, *Engaging men in your project: a good practice guide*, Big Lottery UK, London. Available from: <http://bit.ly/2uorSV8>.
- Bunger, AC 2013, 'Administrative coordination in non-profit human service delivery networks: The role of competition and trust', *Nonprofit and Voluntary Sector Quarterly*, vol. 42, no. 6, pp. 1155-1175. Available from: <http://bit.ly/2wqGfdx>.
- Campbell, HS, Phaneuf, MR & Deane, K 2004, 'Cancer peer support programs - do they work?', *Patient Education and Counseling*, vol. 55, no. 1, pp. 3-15. Available from: <http://bit.ly/2eH4Fb8>.
- Capurro, D, Cole, K, Echavarría, MI, Joe, J, Neogi, T & Turner, AM 2014, 'The use of social networking sites for public health practice and research: a systematic review', *Journal of Medical Internet Research*, vol. 16, no. 3, e79. Available from: <http://bit.ly/2nIWgV8>.
- Capurro, D, Cole, K, Echavarría, MI, Joe, J, Neogi, T & Turner, AM 2014, 'The use of social networking sites for public health practice and research: a systematic review', *Journal of Medical Internet Research*, vol. 16, no. 3, e79. Available from: <http://bit.ly/2nIWgV8>.
- Carmack Taylor, CL, Demoor, C, Smith, MA, Dunn, AL, Basen-Engquist, K, Nielsen, I, Pettaway, C, Sellin, R, Massey, P & Gritz, ER 2006, 'Active for Life After Cancer: a randomized trial examining a lifestyle physical activity program for prostate cancer patients', *Psycho-Oncology*, vol. 15, no. 10, pp. 847-862. Available from: <http://bit.ly/2vzYVns>.
- Chambers, SK, Foley, E, Galt, E, Ferguson, M & Clutton, S 2012, 'Mindfulness groups for men with advanced prostate cancer: a pilot study to assess feasibility and effectiveness and the role of peer support', *Supportive Care in Cancer*, vol. 20, no. 6, pp. 1183-1192. Available from: <http://bit.ly/2vQ3FF2>.
- Clark, A, Jones, P, Newbold, S, Spencer, J, Wilson, M & Brandwood, K 2000, 'Practice development in cancer care: self-help for men with testicular cancer', *Nursing Standard*, vol. 14, no. 50, pp. 41-46. Available from: <http://bit.ly/2vzNM6b>.
- Dadich, A 2006, 'Self-help support groups: adding to the tool box of mental health care options for young men', *Youth Studies Australia*, vol. 25, no. 1, p. 33-41. Available from: <http://bit.ly/2uXKEEd>.
- Dennis, CL 2003, 'Peer support within a health care context: a concept analysis', *International Journal of Nursing Studies*, vol. 40, no. 3, pp. 321-332. Available from: <http://bit.ly/2tSZQ0k>.
- Department of Health and Ageing 2007, *Fact sheet 17: Suicide and men*, Commonwealth of Australia, Canberra. Available from: <http://bit.ly/2uOnKyl>.
- Department of Health and Ageing 2010, *National Male Health Policy: building on the strengths of Australia males*, Commonwealth of Australia, Canberra. Available from: <http://bit.ly/2eGVtU4>.
- Department of Health and Human Services 2015, *Engaging men in healthcare – practice and policy guide*, Victorian Government, Melbourne. Available from: <http://bit.ly/2vA5dDM>.
- Department of Social Services 2009, *Introduction to working with men and family relationships guide: A resource to engage men and their families*, Commonwealth of Australia, Canberra. Available from: <http://bit.ly/2vA7jTU>.
- Department of Veterans' Affairs 2014, *Men's health peer education: men's health report card*, Commonwealth of Australia, Canberra. Available from: <http://bit.ly/2uXZD12>.
- Dudgeon, P, Milroy, J, Calma, T, Luxford, Y, Ring, I, Walker, R, Cox, A, Georgatos, G & Holland, C 2016, *Solutions that work: what the evidence and our people tell us: Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project report*, University of Western Australia, Crawley. Available from: <http://bit.ly/2uXHlGf>.
- Fort, MP, Castro, M, Peña, L, Hernández, SHL, Camacho, GA, Ramírez-Zea, M & Martínez, H 2015, 'Opportunities for involving men and families in chronic disease management: a qualitative study from Chiapas, Mexico', *BMC Public Health*, vol. 15, no. 1, pp. 1019. Available from: <http://bit.ly/2gVFhPE>.



- Galdas, P 2015, *How to engage men in self-management support*, Haynes & Men's Health Forum, London. Available from: <http://bit.ly/2uojXXG>.
- Galdas, P & Baker, P 2015, 'Engaging men with long-term conditions in self-management support', *Trends in Urology & Men's Health*, vol. 6, no. 5, pp. 16-20. Available from: <http://bit.ly/2tSRkhR>.
- Galdas, P, Darwin, Z, Kidd, L, Blickem, C, McPherson, K, Hunt, K, Bower, P, Gilbody, S & Richardson, G 2014, 'The accessibility and acceptability of self-management support interventions for men with long term conditions: a systematic review and meta-synthesis of qualitative studies', *BMC Public Health*, vol. 14, no. 1, pp. 1230. Available from: <http://bit.ly/2uqOB0V>.
- Galdas, PM, Cheater, F & Marshall, P 2005, 'Men and health help-seeking behaviour: literature review', *Journal of Advanced Nursing*, vol. 49, no. 6, pp. 616-623. Available from: <http://bit.ly/2vzQXuA>.
- Gold, J, Pedrana, AE, Stooze, MA, Chang, S, Howard, S, Asselin, J, Ilic, O, Batrouney, C & Hellard, ME 2012, 'Developing health promotion interventions on social networking sites: recommendations from The FaceSpace Project', *Journal of Medical Internet Research*, vol. 14, no. 1, e30. Available from: <http://bit.ly/2vQ35a4>.
- Goldenberg, SL, OBC, M, Skeldon, SC & Black, N 2015, *Personalized messaging: Communicating with men about their health*, Urology Times. Available from: <http://bit.ly/2tCB0q7>.
- Gregory, G 2008, *Focus on: the health of men living in rural communities and the challenge ahead*, School of Public Health & Preventative Medicine, Monash University, Melbourne. Available from: <http://bit.ly/2gVb975>.
- Harman, J 2008, 'Factors influencing successful collaboration: The case of dKnet', *Partnerships, Proof and Practice - International Nonprofit And Social Marketing Conference 2008 - Proceedings*, University of Wollongong Faculty of Social Sciences, Wollongong. Available from: <http://bit.ly/2eGZhFb>.
- Harris, M & Harris, J 2002, 'Achieving organizational collaboration in the nonprofit sector: An action research approach', *Organization Development Journal*, vol. 20, no. 1, p. 28-35. Available from: <http://bit.ly/2gVYIb7>.
- Hinton, L, Apesoa-Varano, EC, Unützer, J, Dwight-Johnson, M, Park, M & Barker, JC 2015, 'A descriptive qualitative study of the roles of family members in older men's depression treatment from the perspectives of older men and primary care providers', *International Journal of Geriatric Psychiatry*, vol. 30, no. 5, pp. 514-522. Available from: <http://bit.ly/2uPCf4H>.
- King, A 2000, 'Working with fathers: The non-deficit perspective', *Children Australia*, vol. 25, no. 3, pp. 23-27. Available from: <http://bit.ly/2uPrgsg>.
- Lintz, K, Moynihan, C, Steginga, S, Norman, A, Eeles, R, Huddart, R, Dearnaley, D & Watson, M 2003, 'Prostate cancer patients' support and psychological care needs: survey from a non-surgical oncology clinic', *Psycho-Oncology*, vol. 12, no. 8, pp. 769-783. Available from: <http://bit.ly/2uPudsL>.
- Malcher, G 2009, 'Engaging men in health care', *Australian Family Physician*, vol. 38, no. 3, pp. 92-95. Available from: <http://bit.ly/2uY5YJQ>.
- Marino, P, Simoni, JM & Silverstein, LB 2007, 'Peer support to promote medication adherence among people living with HIV/AIDS: The benefits to peers', *Social Work in Health Care*, vol. 45, no. 1, pp. 67-80. Available from: <http://bit.ly/2tsGTSH>.
- Martinez, O, Wu, E, Shultz, AZ, Capote, J, Rios, JL, Sandfort, T, Manusov, J, Ovejero, H, Carballo-Diequez, A & Baray, SC 2014, 'Still a hard-to-reach population? Using social media to recruit Latino gay couples for an HIV intervention adaptation study', *Journal of Medical Internet Research*, vol. 16, no. 4, e113. Available from: <http://bit.ly/2vQ03TI>.
- McGovern, RJ, Heyman, EN & Resnick, MI 2002, 'An examination of coping style and quality of life of cancer patients who attend a prostate cancer support group', *Journal of Psychosocial Oncology*, vol. 20, no. 3, pp. 57-68. Available from: <http://bit.ly/2uPu20I>.
- Men's Health Forum 2011, *Engaging with men to improve their health: a toolkit for the voluntary sector*, Men's Health Forum, London. Available from: <http://bit.ly/2ttgCUI>.
- MensLine Australia 2001, *Men and mental wellbeing*, MensLine Australia. Available from: <http://bit.ly/2vAcYK3>.
- Misan, G & Oosterbroek, C 2014, *Practitioners' Guide to effective men's health messaging*, Men's Health Resource Kit 2, Men's Health Information and Resource Centre, University of Western Sydney, Penrith. Available from: <http://bit.ly/2eGMx10>.
- Misan, G 2016, *Male health in Australia: A call for action*, Australian Men's Health Forum, Bondi Junction. Available from: <http://bit.ly/2urpISI>.
- Moorhead, SA, Hazlett, DE, Harrison, L, Carroll, JK, Irwin, A & Hoving, C 2013, 'A new dimension of health care: systematic review of the uses, benefits, and limitations of social media for health communication', *Journal of Medical Internet Research*, vol. 15, no. 4, e85. Available from: <http://bit.ly/2eGNlxs>.
- MWC Media Pty Ltd 2009, *Communicating men's health messages*. Available from: <http://bit.ly/2uPmzi1>.
- Nam, SK, Chu, HJ, Lee, MK, Lee, JH, Kim, N & Lee, SM 2010, 'A meta-analysis of gender differences in attitudes toward seeking professional psychological help', *Journal of American College Health*, vol. 59, no. 2, pp. 110-116. Available from: <http://bit.ly/2uoy9zV>.
- O'Brien, R, Hunt, K & Hart, G 2005, "It's caveman stuff, but that is to a certain extent how guys still operate": men's accounts of masculinity and help seeking', *Social Science and Medicine*, vol. 61, no. 3, pp. 503-516. Available from: <http://bit.ly/2uOo5S0>.
- Olsson, CA, Boyce, MF, Toumbourou, JW & Sawyer, SM 2005, 'The role of peer support in facilitating psychosocial adjustment to chronic illness in adolescence', *Clinical Child Psychology and Psychiatry*, vol. 10, no. 1, pp. 78-87. Available from: <http://bit.ly/2tSFynM>.
- Osborne, SP & Murray, V 2000, 'Collaboration between non-profit organizations in the provision of social services in Canada: Working together or falling apart?', *International Journal of Public Sector Management*, vol. 13, no. 1, pp. 9-19. Available from: <http://bit.ly/2v3CQkj>.
- Osula, B & Ng, EC 2014, 'Toward a collaborative, transformative model of non-profit leadership: Some conceptual building blocks', *Administrative Sciences*, vol. 4, no. 2, pp. 87-104. Available from: <http://bit.ly/2gVFcvk>.
- Proulx, KE, Hager, MA & Klein, KC 2014, 'Models of collaboration between nonprofit organizations', *International Journal of Productivity and Performance Management*, vol. 63, no. 6, pp. 746-765. Available from: <http://bit.ly/2vA7xue>.
- Robinson, M, Raine, G, Robertson, S, Steen, M & Day, R 2015, 'Peer support as a resilience building practice with men', *Journal of Public Mental Health*, vol. 14, no. 4, pp. 196-204. Available from: <http://bit.ly/2uoz97p>.



- Smith, JA, Braunack-Mayer, AJ, Wittert, GA & Warin, MJ 2008, 'Qualities men value when communicating with general practitioners: implications for primary care settings', *The Medical Journal of Australia*, vol. 189, no. 11, pp. 618-621. Available from: <http://bit.ly/2gVFfY2>.
- Snavely, K & Tracy, MB 2000, 'Collaboration among rural nonprofit organizations', *Nonprofit Management and Leadership*, vol. 11, no. 2, pp. 145-165. Available from: <http://bit.ly/2vzXYvr>.
- Sowa, JE 2009, 'The collaboration decision in nonprofit organizations: Views from the front line', *Nonprofit and Voluntary Sector Quarterly*, vol. 38, no. 6, pp. 1003-1025. Available from: <http://bit.ly/2uY78Fc>.
- Steginga, SK, Smith, DP, Pinnock, C, Metcalfe, R, Gardiner, RA & Dunn, J 2007, 'Clinicians' attitudes to prostate cancer peer-support groups', *BJU International*, vol. 99, no. 1, pp. 68-71. Available from: <http://bit.ly/2tsEck6>.
- Tehan, B & McDonald, M 2010, *Engaging fathers in child and family services*, Australian Institute of Family Studies, Melbourne. Available from: <http://bit.ly/2tCDuoC>.
- Ussher, J, Kirsten, L, Butow, P & Sandoval, M 2006, 'What do cancer support groups provide which other supportive relationships do not? The experience of peer support groups for people with cancer', *Social Science & Medicine*, vol. 62, no. 10, pp. 2565-2576. Available from: <http://bit.ly/2uPbMnQ>.
- Vogel, DL, Heimerdinger-Edwards, SR, Hammer, JH & Hubbard, A 2011, "'Boys don't cry": Examination of the links between endorsement of masculine norms, self-stigma, and help-seeking attitudes for men from diverse backgrounds', *Journal of Counseling Psychology*, vol. 58, no. 3, p. 368-382. Available from: <http://bit.ly/2uoDszw>.
- Wilkins, D & Kemple, M 2011, *Delivering male: effective practice in male mental health*, Men's Health Forum, London. Available from: <http://bit.ly/2uO8Bxg>.
- Wilkins, D 2015, *How to make mental health services work for men*, Haynes & Men's Health Forum, London. Available from: <http://bit.ly/1IGF9cF>.
- Woolcock, K 2012, 'Improving the health of Australian men', *Australian Pharmacist*, vol. 31, no. 4, p. 294-296. Available from: <http://bit.ly/2uOoXWA>.
- Zhou, ES, Penedo, FJ, Bustillo, NE, Benedict, C, Rasheed, M, Lechner, S, Soloway, M, Kava, BR, Schneiderman, N & Antoni, MH 2010, 'Longitudinal effects of social support and adaptive coping on the emotional well-being of survivors of localized prostate cancer', *The Journal of Supportive Oncology*, vol. 8, no. 5, p. 196-201. Available from: <http://bit.ly/2vQ6YMm>.





**ConnectGroups**  
helping support groups & individuals

[info@connectgroups.org.au](mailto:info@connectgroups.org.au)  
[www.connectgroups.org.au](http://www.connectgroups.org.au)

© ConnectGroups 2017

Kindly supported by lotterywest