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The Men's Table – Model of Care, 2020

FOREWORD



Sometimes in life, we can feel very alone.

Whether we're in the depths of our darkest moments or grappling with the challenges of our day-to-day, it's easy to believe the path ahead is ours to walk alone.

With men making up six of the eight daily suicides in Australia, it's clear that many men in Australia are struggling with their mental health; most likely silently and in the shadows.

Men are less likely to ask for help, less likely to have male friendships, and less likely to have conversations where they feel comfortable talking about their feelings.

But it doesn't have to be this way.

Simply knowing that there's a safe place to go, a group of people you can share with, and an opportunity to be heard can loosen the burden and make the world seem just that little bit brighter.

That's why the work of The Men's Table is so vital.

The Men's Table has shown that it is possible to create groups for men to form positive and supportive relationships with other men; where they are free to express themselves and their feelings, without judgment or stigma.

As a preventative, low-cost, community-led initiative and endorsed by The Mental Health Commission, The Men's Table's aspiration of creating a national network of Tables will not only help individual men but have a cascading effect into their families, communities and Australia at large.

I commend The Men's Table Model of Care and look forward to seeing the growth of this great initiative across our nation.

Malcolm Turnbull

29th Prime Minister of Australia

OVERVIEW

Research and policy have been shining a spotlight on men's mental health and suicide risk for more than 20 years. Males in **Western countries experience** poorer health and well-being than females (Salzman and Wender, 2006). One concerning disparity is the rate of completed suicides in males in Australia. Of the eight suicides that occur each day in Australia on average, six of those will be men (ABS, 2019). The situation is serious enough to support broad prevention and early intervention as priorities to improve men's health (Beyond Blue, 2019; Men's Health Strategy, 2019).

This report explores the evidence for some of the factors in men's lives that are driving the development of mental health issues and suicidal behaviours with a particular focus on social isolation.

For men, a contributing factor to increasing isolation may be difficulties in forming meaningful male friendships, especially in mid-life. Men who conform to narrow gender stereotypes, such as self-reliance, emotional repression and competitiveness, often find it harder than others to form supportive friendships and share feelings, and this makes it harder for them to negotiate life's challenges successfully. The consequences include loss of relationships, increasing social isolation, physical and mental health problems, and increased suicide risk.

Everyone has to deal with stress at different times in relation to employment and finances, health, aging, relationships and family. Many men who seem competent in their working lives have not developed the skills and protective factors needed to handle emotional issues and the big changes of life. These difficulties create a ripple effect through families, workplaces and communities. The pain of one man can negatively influence others,

including their families, colleagues – and the next generation of men who are also trying to learn how to cope with life issues.

Offering mental health services to men who are already struggling to share feelings and accept help may not be the solution. For prevention and early intervention to be effective for these men, initiatives need to take a more indirect and gender specific approach. Intervening early requires an investment in services that are outside the health system, and in community initiatives that promote well-being and preventative mental health outcomes.

Relationships with family, friends and community provide a key to resilience and thriving. This is true for men from all social contexts. When men have an opportunity to share their challenges and build relationships based on honest and constructive self-disclosure, there are positive ripple effects that can strengthen the resilience of the whole community.

The Men's Table is a preventative men's mental health and community-building initiative that provides a simple and low-cost approach to support men to form positive and supportive relationships with other men, and foster community belonging. The Men's Table works to improve men's mental health, by helping men build meaningful male friendships and community belonging as safe places to share, overcoming the stigma that men don't talk.

Our evaluation findings demonstrate that when men make a commitment to meet regularly with the same group of men to share through mutual self-disclosure and listening without judgement, important outcomes and impacts arise. These men foster social connection and community belonging, build positive relationships and relationship skills, express feelings and ask for help – which all contribute to men's mental health and well-being. The benefits of these meetings extend beyond

"When one man shares feelings and vulnerability, he opens the door for another man to walk through it with his own sharing of authentic feelings" - Ben Hughes, The Men's Table

the individual men and the small groups they form to be experienced by their families, their workplaces and their communities.

This report explores the evidence behind this deceptively simple approach and puts forward a model for preventive men's mental health that sits outside the healthcare system, building protective factors into the lives of men and their families before health interventions are needed. It builds on the socially normative, and low-cost behaviours of a shared meal in a community location. This ordinary action coupled with a simple structure that creates a safe place for mutual sharing and listening – creates observable positive ripple effects through all areas of a man's life and into the wider community.



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PURPOSE AND SCOPE OF REPORT

The Men's Table is a preventative men's mental health initiative that commenced in 2011 with one group of men. The experiences of this first informal group led to the development of a guide on how to form a successful group, called The Men's Table Fundamentals.

From the beginning of 2019, when The Men's Table was offered to men in the community, introductory sessions called Entree meetings were held to encourage more men to form or join their own local Table groups. In one year, between January and December 2019, the number of Table groups expanded from one to 15 Tables with a total of 148 members (see Appendix A for Table Locations).

The Men's Table is rapidly developing from an informal 'self-help' strategy to a national network of Tables. This growth provided an opportunity to evaluate the experience of the men who are Table members, focusing on their motivation to join and the perceived impact that participation had on their lives and relationships. We also wanted to gather evidence on the effectiveness of the Table

approach by exploring how The Fundamentals were implemented in practice, how they contribute to outcomes for participants, and the extent to which the model is robust.

The outcomes of this investigation are The Men's Table Model and an evaluation tool, establishing a foundation for the growth of the network of Tables, the ongoing fidelity of the model, and directions for future development, evaluation and research.

This paper presents The Men's Table Model and explores the underpinning evidence.

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- Lesley Cook, Partners in Practice; for her professional, expert and patient guidance through the end-to-end journey of this project.
- The Men's Table Advisory Board for their diverse and supportive input every month.
- The Men's Table Women's Advisory Board for their care, intuition and honest feedback from women's perspectives of our men's work.
- And last, but not least, all the men at Tables, who continue to inspire us with their compassion, commitment and courage to showing up for themselves, each other and their wider communities.



WELCOME TO THE MEN'S TABLE

It's the first Tuesday of the month and twelve men are getting together in a private room at their local pub for dinner. They will share a simple meal and maybe have a drink - but that isn't why they came together. Each month this group of men choose to meet to share their highs and lows, the challenges of their daily lives. They are building safe relationships where emotions can be aired, and each man is heard and accepted as a valued part of this small community.

We don't just talk about 'footy and shit'

The Men's Table enables adult men to meet on a monthly basis with the same group of men who they come to trust and respect. They share a meal and talk openly about their feelings, and about the issues that are impacting on their lives and well-being. This approach creates a sense of belonging, community, peer support and camaraderie that is lacking for many men. Each group is locally initiated and organised by its members, with support and networking provided through a central office ('The Kitchen'). Membership is open to anyone identifying as an adult male with an interest in participating intentionally in supportive peer activities. Leadership is shared between members in a mutualhelp model.

Belonging to a Men's Table contributes to mental, emotional and social well-being, whilst being a powerful support to individual members negotiating life challenges.

"Sometimes I've had tough things happen that I don't feel I can voice professionally or personally. Getting these things off my chest is very helpful. **Knowing I have a** support group outside my existing friends is very comforting as well. If I've had a great month and I'm super happy then I come back to support my friends at the Table."

- Frank, MT2

(all names of Table members have been changed to retain anonymity)

The first Men's Table (MT1) began in June 2011 when men from a business networking organisation decided to meet once a month for dinner. In the first few months membership fluctuated, however, this settled into a group of 12 core members who have been meeting once a month ever since. From the outset, these founding members consciously made the commitment to learn from their experiences, including some points of conflict that arose in the group, and this informed some guidelines that support the Table's core purpose. These were documented as a 2-page set of practical principles called 'The Fundamentals'.

"We've worked our way through conflict several times and it has made us stronger. This has given us deep roots in our commitment and the trust in the Table."

- Jon, MT1

Early in 2019, two of the members of MT1 took The Men's Table concept to the wider community to find out the level of interest from other men. The Fundamentals were introduced to new men and other Tables began to form.

The original model for the Men's Table Fundamentals included the following elements:

- Monthly Meetings
 Each Table meets in-person on the same day each month, 12 times a year.
- Perpetual Membership
 The Table becomes a closed group once they settle at approximately 12 members.
- "I" Statements About Feelings
 The invitation is for men to
 share about how they feel, from
 first person experience.
- Listening, not Fixing
 Listening is the primary mode
 of support; 'fixing' other men
 is actively discouraged, unless
 advice is specifically asked for.

• Everyone Leads

There is no designated leader. Everyone is encouraged to take responsibility for the group's functioning.

- Being Part of a Community
 A commitment to serving
 the Table as a community is
 encouraged, not just serving
 one's own needs.
- Ongoing Commitment
 Once a Table has formed and settled, its members are encouraged to consider committing to 'growing old together'.
- Locally initiated Tables
 Two or more men from a local community work to initiate a new Table.

The Men's Table is a preventive strategy, promoting the health and well-being of members throughout their life journey. Prioritising peer support, the approach seeks to help men before 'things get too tough', putting

peers before professionals. It provides a sustainable low-cost approach to health promotion and prevention for men that integrates well with different cultures – and has the potential to meet the varying levels of men's needs for social connection across all socioeconomic groups.

The approach aligns with priorities of the National Male Health Policy (Commonwealth of Australia, 2010) in the areas of optimising health outcomes for men, improving health at different life stages, and preventive health strategies. It has the potential to contribute longitudinally to an evidence base on male health. A key focus is mental health and resilience at all ages consistent with the National Men's Health Strategy 2020 to 2030 (Commonwealth of Australia, 2020).

The role of The Kitchen in The Men's Table

The Kitchen is The Men's Table's central office, providing a coordinating, developmental and governance role to support the growth and fidelity of the model.

The core activity of The Men's Table program is conducted by the men who meet monthly at their Tables. However, this activity is not something that would happen without organisation or guidance. The Table groups need support to get started, so they can learn and apply The Fundamentals effectively, develop skills, and leverage the learning and experiences of other Tables in support of their ongoing evolution as groups (e.g. conflict resolution). Men at Tables also benefit through opportunities for additional skills development in areas relating to men's mental health (e.g. ASIST suicide intervention training).

The Kitchen activities relating to the Table Program delivery include;

- Launch of new Tables: through public Entree activities, focussed support of co-hosts who initiate Tables, Table Entrees introducing additional men to new Tables.
- Table Care of existing Tables: including regular whole-of-network communications, regular dedicated communications with each Table, support to Tables to resolve any specific issues, a Table Care visit within the first six months of formation paired with annual Table Care visits to each Table thereafter.
- Men's Care: including support and services to ensure that men at Tables identified or identifying as needing professional help for mental health issues including depression, anxiety and suicidal thoughts are supported to obtain professional health care.
- **Model of Care development:** ongoing management of the fidelity of the Model, with feedback received from Tables built into updated versions of the Model, development of additional tools and resources to support men at Tables to engage with the Model, training and development activities for men at Tables relating to the Model, such as the Men Serving Men development project, conduct of annual assessments of the Tables in accordance with the Model of Care Assessment Tool.
- Other development activities: coordination, planning and conduct of activities beyond the Table to extend the skills and capacities of men at Tables, including programs about suicide intervention, conflict resolution and accidental counsellor.

• Table network building:
coordination, planning and
conduct of activities to support
the relationships and connective
tissue between men of all
Tables, including an annual
workshop/conference/retreat,
an end of year party, and other
events, as relevant.

Other activities such as governance and strategy, marketing, partner development and fundraising are also required to support the organisational and program management requirements.



Communicating and promoting The Men's Table

Communications and promotion of the Men's Table to new men focus on the benefits of social connection, community building, and having a safe place to share feelings.

This approach is based on market testing and feedback from men who have joined Tables, as well as male and female supporters, and revealed that talking directly about mental health issues is not as appealing as the social connection aspects of the approach. Advocates of the 'health by stealth' approach (e.g. Golding, 2011) suggest that for programs in which health promotion is stated overtly as an outcome it would reduce the likelihood of these services being taken up by men.

Over time, our key promotion and outreach messages have moved away from mental health issues, loneliness and suicide, to encompass the following, more positive and affirming messages:

- A life of belonging through a trusted group of peers
- Men Serving Men
- We don't just talk about footy and shit
- A safe place to talk

"Over the years at
The Men's Table I have
been supported through
the highs and lows of
relationships, parenting
and business. It's now
like a second family
to me."

- Neville, MT1

CASE STUDY 1

I was attending my business networking breakfast group one morning when the idea was floated of a Men's Table: a place for men to be able to meet on a monthly basis and share a few personal things that you would not mention to anyone in the world.

As we started, we had in excess of 12 men come through. As we developed some rules of listening without comment unless invited, the men who were only there to deepen business relationships dropped away. This was when The Men's Table really began to start as we had a committed group of 12 members.

We then started to really introduce ourselves; not who we are professionally or who we are perceived to be, but to really talk about ourselves personally and drop some of the masks we wear, and show a deeper more authentic version of ourselves.

I remember being asked initially how many children I had as a simple question and the emotion welled up inside me. I had always wanted to be a father, however my wife and I at the time were unable to produce a child and then in my fifties I could feel the grief of a life ambition that had drifted away. For this first time at the Table I struggled to speak and my eyes watered as I had never shared this feeling with anyone else in my life, including my wife.

This was a beginning for me to let it go! A place where I was no longer a senior corporate man or a successful small business owner. I began to share things at the

Table I would never say even to schoolmates who I had stayed in contact with over many decades. The important point for me was the absolute privacy! It was 'in the vault' of the Table where I could ask for advice if I wanted it. Or just simply share, get things off my chest and drive home after a good meal and a glass of wine - knowing that what was said at the Table remained at the Table. I've left the Table sometimes feeling uplifted, but drained. But afterwards, that offloading has really helped because I'd unburdened myself. It was better than confession, with no judgement!

From when I first joined the Table, my marriage was troubled. By sharing about it I got to move through different ways of seeing what was happening. For a time, I got clearer that I should really give it my all and try to make it work.

By having the Table and the monthly opportunity to get real, this helped me make a decision that could have taken me 10 years longer.

When, later, my new partner was diagnosed with a terminal illness that took her from me in four months, I could let go of my emotions, and cry and sob at the Table without fear. Recently when I found one of my staff had been sabotaging my business I could feel the empathy of the other men, I could say "F***!" and drive home relieved.

Each and every member has had their own roller-coaster ride. We have seen it all from divorce, losing children, losing partners and parents, to our work or businesses thriving and crashing. There have been a few wins along the way for us all, however, the roller-coaster ride continues.



We all have diverse backgrounds, education, interests, faiths, beliefs and outlooks on the world. I do not agree with all men at our Table all the time, however, this is a very unique space where we get to be the people we are as individuals, irrespective of social standing or life circumstances.

We're now almost nine years on, and if I had to endure on my own the trials and tribulations of what has happened in that time, life would have been much more difficult and I fear would have resulted in me having a much harder outlook than I do today. Instead my outlook is more calm and considered, and I feel privileged to be part of my Men's Table.

Brock, MT1



THE SPECTRUM OF MEN'S WELLBEING APPROACHES

There are a number of different approaches to men's preventive mental health. This project explored where the Men's Table approach sits in the spectrum of other programs both in Australia and overseas.

A brief review of 14 men's mental health initiatives identified seven dimensions in which groups may be compared; each occurring across a spectrum, with the highlighted category in Table 1 indicating The Men's Table positioning for each (see Appendix E for details of this review).

Positioning of The Men's Table in key dimensions of preventatives men's health organisations						
Needs	Preventative	Troubled	Crisis			
Sharing	Indirect	Encouraged	Explicitly invited			
Purpose	Social	Activity	Peer group			
Organisation	Self organised	Integrated	Trained guidance			
Structure	Loose	Guidelines	Tight			
Membership	Open group	Levels	Closed group			
Commitment	Casual	Time limited	Ongoing			

The purpose of men's well-being programs ranges from a focus on social interaction (e.g. Retired Old Men Eating Out), specific activity based (Mr Perfect's BBQs), to mutual peer support. Programs occur at all stages of individual need, from prevention to meeting the needs of men in crisis or with mental health issues (e.g. Men's Helpline). The invitation to share feelings as a key dimension of the model varies from an indirect opportunity (The Men's Shed, The Man Walk), to one that is explicit (Pathways to Manhood).

Similarly, the structure of programs varies across a spectrum from informal and self-organised approaches to increasing levels of formal agency facilitation (e.g. anxiety peer support groups). Some have loose structure, making groups highly variable in practice. Others provide a structure that is adopted by each group (e.g. Tough Guys Book Club), while some are held more tightly, often by trained

facilitators or professionals (e.g. Mankind Project).

An agency-organised peer support group may be scheduled to meet for a specific period of time in a private location such as a hospital or community centre as an adjunct to a recovery program. In between these ends of the spectrum are a number of variations including casual drop-in groups that meet in the same specific purpose location each time (e.g. Men's Sheds); men's well-being programs that meet intensively for defined periods of time (e.g. Common Ground Men's Groups lasting nine weeks); and longer-term mutual peer-support groups where member's share a specific life challenge such as mental illness.

The Men's Table is self-organised with support from the central Kitchen. It provides an opportunity for men to pursue a number of purposes including social interaction, mutual self-disclosure

and community building. Meetings may be held in public spaces (such as restaurants or pubs) or in private homes. No special purpose premises are required. The Men's Table is guided by The Fundamentals, giving a foundation structure that can be taken up amongst the men at Tables without specific training.

A key difference to the range of other initiatives identified in this review is the intention of growing commitment within each Table. The Men's Table seeks to develop a community of men who are committed to mutual support for the long-term. To achieve this, each Table starts as an open group but moves to a closed group as relationships develop and the group has moved past their forming stage.

INVESTIGATING THE CASE FOR MEN'S PREVENTIVE MENTAL HEALTH SUPPORT

The Men's Table started informally to meet the needs of a small group of men. As the concept is adopted by more groups there is a need to ground the model in evidence. The current project enabled The Men's Table to identify and review evidence from research and from the lived experience of men participating in Table groups.

Information from a number of sources was qualitatively reviewed using a deductive approach, comparing identified themes with the expectations of The Men's Table Model. The mixed methodology included:

- A scan of the literature investigated the evidence for the key problems that the Table seeks to address: restrictive masculine norms, help-seeking reluctance, social isolation and suicide risk; and loneliness and lack of meaningful friendships with other men
- A more targeted search investigated each of the key inputs of The Men's Table Model: shared meals, regular face-to-face contact, intentional emotional sharing, selforganising mutual peer support, ongoing commitment and guidelines learned from other groups.
- Four databases were used: The University of Notre Dame Australia, Summon, Google Scholar and EBSCO. Additional articles were identified through citation tracking. References selected for review were specific to adult males in community (i.e. non-institutional) settings and were dated from 2000 to 2019. Preference was given to peerreviewed articles, however, selfpublished program evaluations and policy papers were also reviewed. References specific to women, children, specific minority groups (e.g. African American men) and programs delivered in institutional settings such as hospitals were excluded from the review. Titles and abstracts were reviewed, and key words and conclusions extracted for thematic analysis.
- Semi-structured focus group discussions were conducted with existing Table members and with prospective members

- during regular Table Care meetings and Entree sessions (see Appendix B for participant comments). Results of these discussions were compared with the starting model for The Men's Table (The Fundamentals) and informed the design of a survey.
- An anonymous self-report survey of existing members received 75 responses (see Appendix C for survey questions). This survey provided a first opportunity to compare The Men's Table Model with the experience of participants and to identify the best approach to securing feedback.
- A facilitated Women's Focus
 Group was conducted seeking
 women's perspectives on the
 benefit of the Table for men and
 for women, ways of engaging
 other men in participating at a
 Table, and other opportunities
 (see Appendix D for focus group
 outputs).

The Men's Table – Model of Care, 2020

A CASE FOR PREVENTATIVE MEN'S MENTAL HEALTH SUPPORT

Men's health and well-being have attracted increased focus from researchers, health professionals and policy makers over the last twenty years. Men and boys experience poorer health and well-being than women and girls, when morbidity and mortality rates in Western countries are compared by gender (Wilson and Cordier, 2013).

Reasons suggested for these differences include restrictive male gender stereotypes, lower rates of help-seeking and engagement with health services for men, and limited health literacy for some vulnerable groups (Smith, 2007).

The literature has consistently identified that perceived social isolation, loneliness and lack of meaningful male friendships, restrictive masculine gender identities and help-seeking reluctance are related to each other. These causal factors lead to negative health and social consequences including physical and mental health issues, relationship issues, and suicidal thoughts.

The literature scan confirmed that there is extensive research on the relationship between mental health, social isolation and disconnection and suicide. Similarly, there is an extensive literature on the drivers of social isolation for males including narrow gender stereotypes and how these influence the way in which men form relationships and self-disclose. A search for both masculine norms and social isolation yielded 128,000 results. A search for men and supportive relationships yielded in excess of 300,000 results, some of which were duplicated in the first search.

The number of references was too large for in-depth analysis in this project. There have however been a number of systematic reviews and policy reviews in recent years and these have consistently identified the inter-relatedness of restrictive masculine norms, social isolation and loneliness, and lack of meaningful friendships amongst men with mental health issues.

"The men at my
Men's Table have helped
save my mentality
through difficult and
dark times concerning
family, business and
relationships. The group
of 12 really diverse guys
has also helped me to
overcome the isolation
that afflicts so many
men after life-changing
events."

- Phil, MT1

Men's mental health and suicide risk

Males have a higher rate of completed suicide than females throughout the Western world. Based on data collected by the Australian Bureau of Statistics in 2017, approximately 45 men will die by suicide each week. This pattern is consistent with the high rate of male suicide in other Western countries in Europe (Freeman, Mergl, et al., 2017) and the UK (Thompson, 2018).

Suicide has a significant social and economic impact. Using the World Health Organisation's calculation that 45 years of life is lost on average per suicide, this equates to 105,300 years of men's life lost. The cost per suicide to Australia is \$709,000 (Suicide Prevention Australia, 2019). Suicide rates increased between 2016 and 2017 with the largest increase in the 45-54 year old male group. In 2017 there were 599 deaths in this age category. This is the age group with the highest representation at Men's Tables.

Social isolation is a risk factor for male suicide. Isolation appears to produce a 'cascade of negative events' including depression, poor decision making, and further isolation, contributing to a risk of suicidal thoughts (Oliffe, Broom et al., 2019). The sense of being isolated, not from superficial contact with others but from deeper and more supportive relationships, has been identified as a 'primary source of psychological suffering' for men (Vasquez, Newman et al., 2014).

The range of common risk factors for suicide includes the inability to form or sustain meaningful relationships. For men, this is influenced by restrictive male gender roles that emphasise emotional repression, competitive relationships and control. Traditional masculine roles contribute to rigid coping strategies which are not flexible enough to adapt to major life changes

(Coleman, Feigelman and Rosen, 2020). The same factors influence suicide risk for men (Thompson, 2018).

Canetto (2015) found that older white males have a higher risk of suicide than men from other ethnic backgrounds, and yet they are usually regarded as privileged and less vulnerable than other groups. Masculine gender roles and fewer life opportunities to develop the emotional resilience to cope with life challenges may contribute to this level of risk (Canetto, 2015).

"This is my only opportunity to share my issues at this level and not feel alone. This sharing makes me happy"

- Norm, MT3

Social isolation, loneliness, and lack of meaningful male friendships

The importance of social connections and support networks for men's mental health and well-being has been extensively documented. A number of meta-analyses and systematic reviews have identified the association between loneliness and social disconnection and health problems including cardiovascular disease and mental illness.

Being socially connected is associated with improved mental health (Dias, Geard et al., 2018), as well as improved physical health and reduced risk of relational violence and suicide (Leigh-Hunt, Bagguley et al., 2017). It seems that being socially connected and supported by peers can mediate the impact of stressful life events and improve problem solving and help-seeking (McKenzie, Collings et al., 2018).

Quality in social connection is associated with physical and mental health, and improved management of health issues when they arise. Social disconnection and loneliness, in contrast, has a negative effect on health and is associated with premature mortality (Martino, Pegg and Frates, 2017). Disconnection from peer social relationships reduces life satisfaction and health, and increases negative social behaviours including violence (Olds and Schwartz, 2009).

Loneliness seems to be an outcome of contemporary lifestyles, characterised by greater geographic mobility, longer working hours, more fragmented work including multiple part time jobs or working from home, longer periods of retirement, constant feelings of stress and fewer relationships outside the family (Olds and Schwartz, 2009).

A review by Beyond Blue (2018) found that only 40% of men in Australia felt a satisfactory sense of belonging in their community, and 25% had no quality relationships with other men in their local area, apart from family relationships. The study estimated that around 1.1 million men are insufficiently socially connected to support their well-being. Despite this, the problem remains largely unvoiced as men do not speak about this need (Arbes, Coulton and Boekel, 2014).

Research has shown that the number of close friends ('confidants') for men in the USA had reduced over the 20 years to 2004 by 44% (McPherson, Smith-Lovin and Brashears, 2006). As men who have confined their social interaction to work and family grow older, their social connections diminish: 'there's a lot of rebuilding that has to be done' to help them to establish supportive peer relationships, perhaps for the first time since childhood (Olds and Schwartz, 2009).

Longitudinal studies (e.g. Vaillant, 2002) demonstrate that the role of positive relationships in healthy ageing is as important as, if not more important than, physical activity, avoidance of smoking and alcohol abuse, and maintaining a healthy weight. Taking care of relationships early in life and developing problem solving capabilities can reduce the negative consequences of life stress and ageing.

This relational deficit is often lost amongst the more familiar and seemingly more concrete risks for suicide such as drug use, divorce, trauma, mental illness and unemployment. Part of the answer already appears on the lists of proactive responses to suicide reduction that appear on suicide prevention agencies websites, namely teaching men coping and problem-solving skills and 'creating opportunities for groups to come together to form social connections'.

"I keep coming back to the Table each month because of the developing friendships and the increasing instances of men 'opening up'."

- Bob, MT11

Intimacy between friends, usually characterised by the ability to selfdisclose and mutual support of each other, has been investigated as an important factor promoting psychological and emotional well-being. Typically, studies have found that relationships between women have a higher level of intimacy than is found in relationships between men (Bank and Hansford, 2000). Valuing and maintaining friendships have been shown to improve long-term health outcomes for men (Chopik, 2017). "Satisfying social relationships are vital for good mental and physical health," state Heinrich and Gullone (2006).

Self-disclosure, namely how much you are willing to share with someone else about yourself and your life, is an essential foundation for intimacy. The ability to form successful relationships is to some extent dependent on how well you are able to self-disclose (Sprecher, Treger et al., 2013). Men choose what to reveal about themselves, particularly in relation to stressful life events, as a way of being seen to conform to masculine norms and protecting themselves and their status in the group (Schwab, Addis and Reigeluth, 2015). This often results in more casual relationships that are hard to sustain as life changes (Olds and Schwartz, 2009).

Difficulties with self-disclosure have been identified as a common barrier to help-seeking for mental health and relationship issues (Heath, Brenner et al., 2017). People who are lonely or feel socially isolated are less likely to self-disclose than people who are in close relationships (Sheldon, 2013), which can make it harder for them to form meaningful friendships. Stress and anxiety can also reduce willingness to self-

disclose, particularly in potentially competitive environments where social comparison is expected (Zhang, 2017). Enabling men to meet others in a non-competitive and non-judgemental environment in which at least some men are role-modelling meaningful selfdisclosure may assist men to overcome some of the barriers to forming close same-sex relationships in adult life. In addition, "active listening is likely to encourage disclosers to express difficult feelings," as per Emlet and Moceri (2012).

Open sharing between male friends does occur, and may be influenced by increasing closeness over the course of a friendship and by having role models who openly disclose (Bowman, 2009). "Men in recent studies have reported that friendships they experience as more emotionally intimate and verbally self-disclosing are stronger and more enjoyable than those friendships with lower levels of these attributes," states Vásquez

(2014). Contrary to the masculine stereotype, men have described more emotionally supportive relationships as stronger and more likely to persist than relationships formed around less intimate connection (Vasquez, Newman et al., 2014).

Some literature suggests that the patterns of male relationships are changing; increasing in perceived value and involving more emotional expression, sharing and cooperation (Arbes, Coulton and Boekel, 2014).

Dias, Geard et al., (2018) suggest three ways in which social connection and mental health may be linked:

- Emotional support may moderate the effects of stress or loneliness.
- Engagement with others and role modelling may facilitate healthy behaviours.
- Access to material support may increase through social connection.

The Men's Table – Model of Care, 2020

Restrictive masculine norms

Innovative prevention programs have been called for to reduce the negative consequences of rigid adherence to masculine norms (Gerdes, Alto et al., 2018). The Australian Psychological Society has been promoting awareness of the 'quiet crisis around men's mental health' since 2012.

Men internalise beliefs about how men should and should not behave, observe behaviours in other men, particularly leaders, and adapt their own beliefs and behaviours to these standards (Boettcher, Mitchell et al., 2019).

Conformity to a strong masculine identity is a predictor of social isolation (Bank and Hansford, 2000). Masculine norms are socially

"I first came here because I recognised my social circle was shrinking. Now I count you all as friends."

- Charles, MT7

constructed and develop from early childhood. Participation in activities such as employment or sport with groups of men who rigidly conform to masculine norms strengthens conformity to social expectations (Schwab, Addis and Reigeluth, 2015). "Traditional masculine ideology has been shown to limit males' psychological development [...] and negatively influence mental health," (APA Guidelines, 2018).

One characteristic of Western masculine norms is inhibition of emotional experience. Males learn to hold back emotions rather than expressing them. The emphasis is on rational and impersonal action rather than emotional response or vulnerability. This is particularly concerning in times of loss and grief, such as divorce or unemployment, when men may not be able to express their anxiety and grief in constructive ways (Clayton, 2015).

Belief in the masculine norm of self-reliance has been identified as the strongest predictor of poorer mental health and reduced help-seeking (Milner, Kavanagh et al., 2018) and as a risk factor for suicidal thinking (Pirkis, Spittal, Keogh et al., 2017).

"This is a safe zone. What gets shared here stays here. Guys normally only share openly when they're pissed, but here we're allowed to be open. You can see we have similar issues, similar problems." – Harry, MT7

Help-seeking reticence

Men are generally less likely than women to seek help (Addis and Mahalik, 2003).

Belief in traditional masculine norms may make men reluctant to seek help when they are facing stressful life events or health issues (Seidler, Dawes et al., 2016) and this has consequences for health and well-being. What men believe about their social roles has been shown to contribute to their sense of self-worth and the way they seek or avoid health care (Himmelstein and Sanchez, 2015). Men who conform to masculine norms and have low general self-efficacy are less likely to seek help (Boman and Walker, 2010).

Barriers to help seeking for men include conformity to masculine norms, self-stigma (Vogel, Heimerdinger-Edwards et al., 2011), over-valuation of self-reliance and consequent embarrassment (Gulliver, Griffiths and Christensen, 2010), minimizing problems,

distrust of service providers and emotional control (Mansfield, Addis and Courtenay, 2005).

We hypothesise that mutual sharing and emotional support in male groups can reduce the impact of these beliefs about restrictive male norms. Learning to self-disclose in a safe environment may contribute to early help-seeking when it is needed.

"The Men's Table
helps me get things
off my chest in a nonjudgemental space.
I can expunge without
fear of retribution."

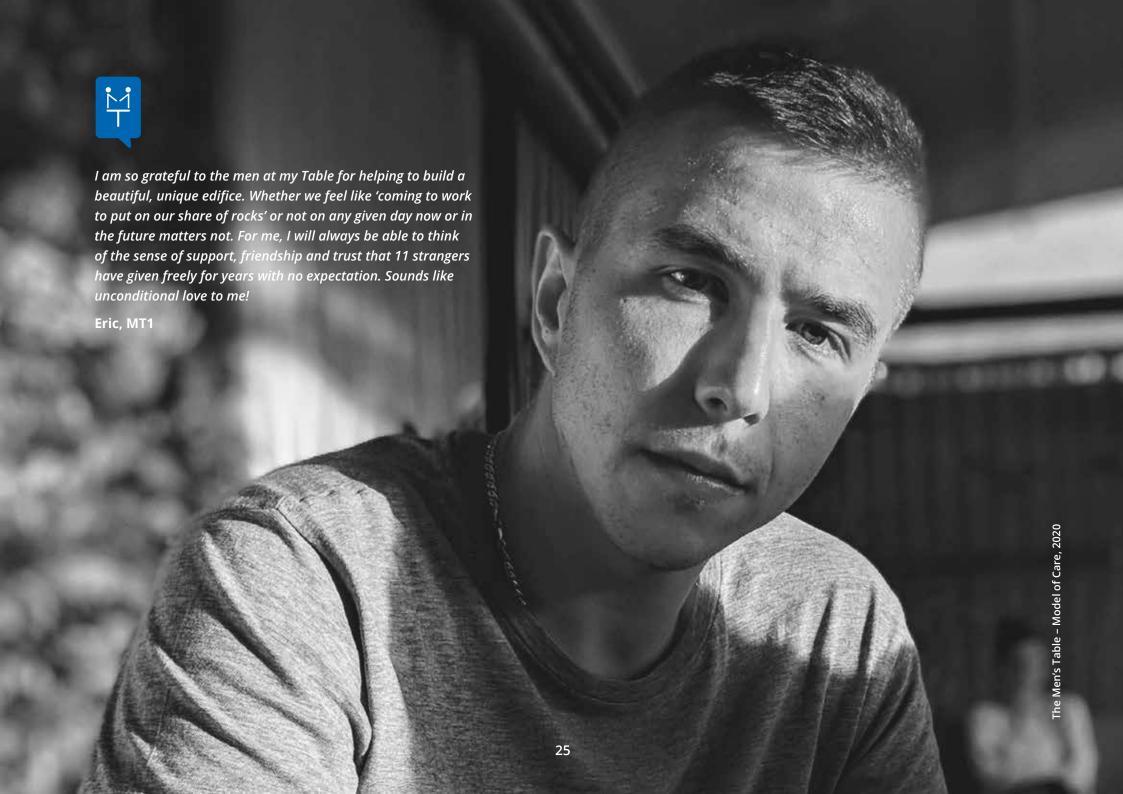
- Derek, MT4

CASE STUDY 2

When Ned told me about The Men's Table years ago,
I remember thinking "Wow, I wish I had a group of friends
like that - just to 'blurt' to with no judgement, no fixing or
expectations." And it occurred to me that is something I have
had at various times in decades past, when I was a great
deal less inhibited. Often that was aided by various forms
of self-medication, but nonetheless, I did bare my soul
from time to time (on occasion to unsuspecting strangers!).
And sometimes it gave me no solace but at other times it did
- a few times it saved my life.

This whole consciousness thing is a lonely struggle. And while for those of us who have used isolation as a coping mechanism the current circumstances might feel deceptively reassuring, my experience has been generally being in the company of others is the most difficult, challenging AND rewarding aspect of my existence.

Since joining The Men's Table I have felt sometimes I'm just 'reporting in' because I feel I should, but as I think about 'peeling the layers of the onion of life' I realise that's what it's all about. By 'going through the motions' I am laying stones in the foundation of a building that I hope will give me and all of the men at our Table shelter for many years. Some stones are very small and some are f***ing big rocks. Some get forgotten and buried, others will be remembered for their awkwardness or ugliness, rawness or beauty. But they are all there, holding up the structure.



THE MEN'S TABLE APPROACH

The Men's Table hypothesis is that fostering social connection through participation in a Table is a preventative enabler of men's mental health. The model is based on regular interaction between men in an environment in which meaningful self-disclosure and mutual support are expected and role-modelled by at least some participants. This is expected to influence men's ability to form meaningful friendships with other men.

Social penetration theory suggests that as people self-disclose in relationships, they develop feelings of greater intimacy (Carpenter and Greene, 2015), and this is supported by the experience of the men participating in Table groups.

Evidence for The Men's Table Approach

By reflecting on the learning gained through the nine years of MT1 and the 14 Tables established during 2019, we hypothesised that there were six key elements that helped to address these problems and deliver preventative men's mental health outcomes. These are:

- **1. Communal meals** The Men's Table meets over dinner
- 2. Regular face-to-face meetings- Tables meet on the same day of the month, every month
- 3. Invitation to share feelings
 - the Table's purpose and function are geared toward creating a safe place where sharing can occur

- 4. Self-organising peer group – Tables are initiated, formed and run by men from local communities, not by professionals, or 'outsiders'
- **5. Ongoing commitment** the idea of 'growing old together' is seeded as a possibility from the initial formation
- 6. Guidelines learned from other groups – each Table and each member is introduced to The Fundamentals as a key way to establish all of the above elements

Our investigation suggests that there has been very little research into the helpful strategies that men use to prevent issues of social isolation and develop meaningful friendships with other men. The need for more well-conducted evaluations and research studies on how to most effectively reduce the risks of social disconnection and loneliness has been repeated in research findings and in policy documents (e.g. Dickens, Richards et al., 2011; Roberts, Bartlett, Ralph and Steward, 2019).

There is, however, some evidence that supports five of these key elements of The Men's Table approach.

The Men's Table – Model of Care, 2020

1. Communal meals

The evidence for shared meals as a mechanism for developing stronger social connections is limited. The research emphasis tends to be on family meals rather than social groups. However, there is evidence that social eating is related to developing trusting relationships, greater engagement in the local community, improved life satisfaction and positive self-perception. Sharing social meals, particularly an evening meal, helps people to be socially bonded (Dunbar, 2017).

Communal eating may have even evolved as a mechanism for humans to socially bond. Eating is a central part of social relationships across cultures as a universal expression of connection and group belonging. Sharing a meal provides a low-stress opportunity to talk, to strengthen attachments, and to learn from each other. Regular participation in group meals encourages reconnection with the group during periods of difficulty (Dunbar, 2017).

"We know from previous studies that social networks are important in combating mental and physical illness. A significant proportion of respondents felt that having a meal together was an important way of making or reinforcing these social networks. In these increasingly fraught times, when community cohesion is ever more important, making time for and joining in communal meals is perhaps the single most important thing we can do - both for our own health and well-being and for that of the wider community," states Dunbar (2017).

2. Regular face-to-face meetings

"As the months are going on, we are surprising even ourselves with the depth of sharing that we do"

- Terry, MT3

The Men's Table prioritises regular face-to-face connection as the most effective way to establish trusting and supportive relationships. The monthly cycle of meetings helps men develop familiarity, awareness of their feelings and fluency in sharing them. Regular practice of any unfamiliar social skill helps to normalise it, reduce discomfort, and increase capability.

"What sustains relationships over time is a regular rhythm of seeing each other. It's best to build a regular pattern of activities rather than having to make a special effort to see one another." (Olds and Schwartz, 2009). Meeting together regularly may contribute to a greater sense of purpose and connection, as per Kawamichi, Sugawara et al. (2016).

There is evidence that technology, including social media and video conferencing, can help to reduce the sense of isolation, particularly for older adults (Khosravi, Rezvani and Wiewiora, 2016). However, a review of interventions to reduce social disconnection for older people found that participatory and supportive in-person social activities consistently produce more beneficial effects than other approaches, including use of the internet (Dickens, Richards et al., 2011).

The Men's Table hypothesis is that the depth of relationships formed will likely be stronger when sustained through face-to-face contact.

3. Invitation to share feelings

"The Table is helping our men to move from transactional to emotionally connected relationships."

- Steve, MT6

The Men's Table Fundamentals encourage and facilitate sharing from a first-person perspective about how people feel about the circumstances of their lives. This is intended not as an overview of their life events, but instead how they feel about their life and what is real for them in the present moment. This supports men to share with more vulnerability and openness than they may normally have opportunities to, given that restrictive gender stereotypes contribute to men withholding feelings and relating more transactionally and superficially.

Active non-judgemental listening encourages people to share emotions and stressful life events.

Sharing in this way helps to reduce stress and improve mental wellbeing (Emlet and Moceri, 2012). A qualitative study of men in middle age with depression noted that the men actively sought emotional support but often did not know how to talk about feelings (McKenzie, Collings et al., 2018).

There has been considerable research into self-disclosure and its impact on quality of relationships and mental health. Most of this research was carried out between the 1970s and the 1990s. In more recent years, self-disclosure in online relationships has become the focus of research. The Men's Table can be considered a 'back to basics' approach, focusing on meeting and relationship building in a face-to-face setting.

People are most inclined to selfdisclose when the other person models this and discloses about themselves (Sprecher, Treger et al., 2013). Reciprocity, where each person takes the opportunity to share their feelings, plays an "I shared something with my Table last month that I've never shared with anyone else." - Peter, MT2

important part in the development of social connection. People who mutually self-disclose and listen to each other tend to report greater feelings of connection and liking each other. Taking turns to share and to listen increases the likelihood that strong positive relationships will develop (Sprecher, Treger et al., 2013). Self-disclosure strengthens relationship ties.

The more people are motivated by the need to belong, the more attention they will pay to emotional disclosure by others (Hackenbracht and Gasper, 2013). Using the belonging hypothesis, men who join groups in order to experience connection, belonging or 'camaraderie' are likely to be more willing to listen to group members share their feelings.

4. Self-organising peer group

"What's working well is the fluidity and our ability to shape the process, collectively, as we go."

- Kym, MT15

The Men's Table enables small peer groups to develop with a sharedleadership model. Membership is capped at 12 participants to facilitate the development of quality relationships of trust. The small size of groups reflects evidence from education and the business world that opportunities to contribute to discussion and build authentic relationships decrease as the group grows in numbers. Optimal sizes for problem-solving groups are defined as between seven and 15 members (Romano and Nunamaker, 2001).

This focus on building quality relationships is supported by evidence that belonging to a community, having a group of

peers close by (e.g. Dias, Geard et al., 2018) and a focus on relationship building (e.g. Pavey, Greitemeyer and Sparks, 2011) are indicators of strong social connection. Investigation of wellness recovery groups for people recovering from mental illness has demonstrated that mutual support and sharing from experience in a group improves self-awareness and perceived well-being (Pratt, MacGregor et al., 2013).

Men are not a homogenous group and there are variations in the way that men approach social relationships. However, evidence suggests that men typically focus on group relationships around mutual activities such as sport or work, rather than on one-to-one relationships. Group membership helps men to feel more integrated into their community.

Whilst Men's Tables are assisted to develop, each group is selforganised with leadership equally distributed between members. This is a mutual-support approach. Giving and receiving support in mutual self-help peer groups has been shown to improve psychosocial adjustment. The benefits are likely to increase when people feel a strong level of

connection with and integration

al., 1999).

into the group (Roberts, Salem et

Our hypothesis is that the selforganising nature of Tables and the shared leadership model are conducive to mutual self-disclosure and help seeking. However, there appear to be gaps in the literature exploring these connections.

5. Ongoing commitment

Table members are asked to participate in a minimum of nine out of 12 Table meetings each year. Continuity in participation contributes to the development of trusting relationships and an understanding of each member's life circumstances. Members are also asked to work towards developing an ongoing commitment to continue to support each other throughout life, by encouraging men at Tables to consider making a commitment to 'growing old together' after the initial stages of forming and settling.

Our hypothesis is that social connectedness is sustainable only when it is long-term (with relationships that can be relied on over long periods of time) and comprehensive (encompassing emotional, material, and informational support from a number of individuals). Evidence suggests that males focus on collective bonding in groups. These community networks or

"When everything feels like it's going to hell around me, one constant for me is The Men's Table. There, I'm heard, I'm seen, and I'm helped if I ask for it. I'm trusted with what's going on for others and there's accountability amongst close, constant and trusted men."

- Ed, MT 1

groups allow men to feel more comfortable and integrated in their communities (Pearce, Wlodarski et al., 2019).

Very little research was found in the literature that investigated the relationship between commitment and long term participation in a group, and levels of social connection, mutual self-disclosure and community belonging, nor the impacts on mental health and well-being of group participations. This appears to be an area of great opportunity for further research.

EVIDENCE FROM THE TABLE

Between February and April 2020, men participating in Tables were asked to answer a brief survey (see Appendix C) on their reasons for joining a Table, the motivators that sustained their participation and the impact that this had on their life. They were also asked about the relative importance and effectiveness of various aspects of The Men's Table Model.

The survey was initially handed out in hard-copy during face-toface Table meetings in order to encourage participation. Responses were mailed anonymously to The Kitchen and manually entered into a database for analysis. This approach was changed with the introduction of physical distancing requirements due to the COVID-19 epidemic and an online version of the same survey was introduced. Results from both versions of the survey were merged for analysis. 75 men responded to the survey, representing half of the total number of Table participants.

Who is at the Table?

Those who join a Table are typically in mid-life (aged 36-65); the majority are employed and either in a relationship or living with other people. 68% of the respondents are aged between 36 and 55 years, with half (49%) in the 46-55 age group. The majority are currently in a relationship (81%). Only seven respondents were living alone and single. Most are working (84%); 48% work as employees while 36% are self-employed. Only seven respondents were retired, and five identified as unemployed or under-employed in casual work. The majority of respondents had participated in a Table for less than 12 months, given the recent roll out of the Table program beyond the founding Table.

This group is not seen as disadvantaged, and yet the exploration of the core problems previously discussed related to men's mental health and suicidal tendencies indicate significant and concerning issues.

The expectation is that men in these circumstances are well placed to take care of themselves and they are less likely to be the focus of research than those with specific challenges. The research that is available indicates that they are more likely to feel disconnected and lacking in social support than women (Boreham, Stafford and Taylor, 2000). They are less likely to contact old friends or make new friends in their local community, and less likely to talk about issues with their families (Pevalin and Rose, 2003). There is a well-documented connection between relationship breakdown and deterioration in mood and the ability to problem solve. Factors that assist adjustment after

relationship breakdown include engagement in social activities and having opportunities to express feelings (Berman and Turk, 1981).

The stories of the men coming to Tables suggest a struggle to handle life stressors, share emotions and establish meaningful relationships in mid-life.

"I sit on the couch and listen to my wife on the phone arranging her social life while I watch TV."

- Entree participant

"I'm lonely. I've got mates, but we just talk about footy and shit."

- Entree participant

"When I went through my divorce, I looked around and found myself alone, again."

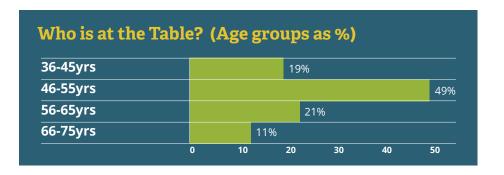
- Entree participant

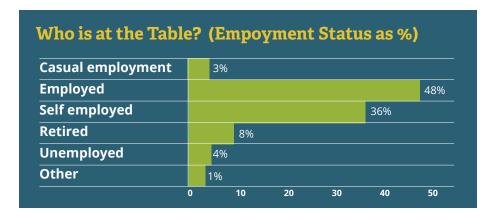
"Since I retired, I've found that I no longer have motivation. I just get in the way at home and feel lost."

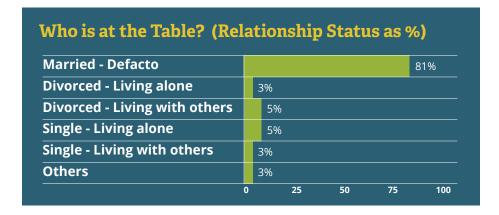
- Entree participant

Key themes arising from the survey include:

- 1. A significant number of men join a Table looking for a place to share. The overwhelming majority find the Table is a safe place to do so.
- 2. Friendship and connection is sought by some. The capacity to build better relationships through improved relating skills is an unexpected impact for many.
- 3. A significant number seek belonging to a group of men. For many more the sense of community belonging and commitment to others grow over time.
- 4. Over a third join looking for mental health support, and a significant majority find mental health benefits.







Why do men join a Table?

The key motivations for joining a Men's Table are a felt need for improved connections with other men in the community and current life challenges. Five of the respondents were just open and curious without other apparent motivations.

a. Loneliness and mental health challenges

Concerns about mental health, loneliness and stressful life events were identified by 28 respondents (37%) as reasons for joining a Table. The type of life challenges experienced were varied and included relationship issues, separation and divorce; work and financial stress; and new life roles including becoming a father and retirement.

"In [my] early forties [l] started struggling with mental health and was looking for ways to help myself."

"Had recently separated and was feeling depressed."

"Separated [for] 2.5 years and with a new partner for one year and going through a divorce and lack of motivation and sometimes sadness."

"Mental health issues that I felt I couldn't share outside of my family."

"Dealing with pending relationship issues, work stress and separation from son issues."

"I had lost the joy and was struggling with feeling up to it."

"Feeling of loneliness in the context of no longer having close, deep relationships that allow me to be myself, share my reality."

b. Sharing and being part of a men's group

A significant proportion of men (43%) identified a need for sharing feelings and being part of a men's group. This group recognised the value of sharing, of having a trusted group, and of giving back to support other men.

"Finished a testing part of my life where support really helped so wanted to give back and join in case needed help in future."

"Need to be part of a men's group to talk about men things that were challenging."

"Need some place that I can share my thoughts and feelings as all my friends are back (where I grew up)."

"To be able to share in a safe space like that is unique."

"Previous experience in a 'low place' in 2007 made me think that it could happen to anyone at any time.
Hoping to contribute to the Table."

"I came to be listened to without judgement or being dismissed. To offer support to other men."

"The knowledge that at some point I would need a forum to express myself emotionally."

"Attended previous circles. Jumped on the chance to have this type of format locally, and attend."

c. Seeking friendships and connection with other men

A desire to build friendships and connection with other men was identified as a motivator by 12 respondents (16%).

"A need to connect with other men in an environment where there were no expectations."

"I joined so that I could have social contact and maybe make new friends."

"Not many male friends, and very few outlets."

"Feeling of loneliness in the context of no longer having close, deep relationships that allow me to be myself."

"During my pathway into retirement I felt I needed to expand my circle of male friends."

"Had lots of transactional relationships, but wanted to foster deeper connection. Had difficulty connecting with certain types of men because of experiences growing up being shamed in the company of males."

The Men's Table – Model of Care, 2020

What keeps men coming back to the Table?

When respondents reflected on what keeps them coming back to the Table, the personal motivators to join a group had developed into commitment and accountability to the other men, and a significant valuing of open non-judgemental sharing and listening, as well as a reaffirmation of the benefit of friendships. Responses included references to multiple themes.

a. A commitment to the Table and the community of men

Giving back to others appears to grow in importance for participants, with 32 (43%) indicating that commitment to the group, and a sense of community and support for each other as a motivator for ongoing participation.

"Community and support. The Men's Table is for me, but also it is for the group of men I sit and listen to. It gives me a real sense that I am listening to and helping other men."

"Sense of community and new relationships that are developing."

"Commitment to the community – holding one of the threads that hold the trust and safety and reliability of the group."

"Moral commitment to do the right thing, because someone may be relying on me as part of the group."

"The connection with other men in the group keeps me coming back. Each month the connection grows."

"The camaraderie. The support.
The opportunity to be heard. The opportunity to provide support to my mates."

"Belonging. Safe environment/ principles of The Men's Table. Good men, genuinely wanting to support me."

b. Sharing openly and learning from others

The value of feeling heard without judgement, the open and honest sharing, and how this provides an opportunity to reflect and learn about life experiences was a key motivator for continued engagement for 40 men (53%).

"Ability to be heard and respected. No judgement in what we discuss."

"A chance to be open. Unload."

"It's healthy to get things off your chest regularly."

"Knowing I have my own safe space to share and that I am seen and heard by good men who value my turning up."

"I really get a lot from listening to other men discussing their life, their history, challenges and concerns. Being able to share your life story with others in a non-judgemental environment is a powerful motivator to keep attending."

"There's a feeling of connection and the usual social norms are avoided and men actually talk about what matters."

"The friendships, the vulnerability of the other men. There's a special vibe here. I also need to work through my thoughts and emotions openly."

c. Friendship and connection

The orientation toward meaningful friendships and trust building continued as a theme for 16 men (21%) as the reason they keep attending.

"Getting to know others. Trust. Security."

"The developing friendships and the increasing instances of men 'opening' up."

"Good men with like minds (good blokes)."

"Enjoying building bonds. Supporting each other."

"Strong rapport, the ability to talk openly and to support."

What impact does participation have on men's lives?

Asked about the impact that participation in a Table had on their lives in an open text field, almost half (45%) were able to describe positive mental health impacts, including more awareness or release of emotions and burdens.

One in three men (33%) noted positive impacts on relationships beyond the Table, including with partners and families, whilst a further ten (13%) found a greater sense of community belonging and contribution. Nine others (12%) reported a general positive impact including 'a massive change in me'. Seven men who had recently joined a Table did not feel able to identify an impact at this stage.

a. Improved mental health and awareness of emotions

45% of respondents described improved mental health through more awareness of emotions and thought processes as a key impact. This included better coping skills and stress release to address life challenges.

"It helps me release emotions safely."

"Better mental health. Expressing my feelings and not just bottling. My wife understands this is a positive thing."

"It is improving my mental health by giving me a new group of male friends to connect with."

"I feel I can take a step back from things and be more objective when I need to."

"There is a change occurring and my loved ones are noticing my mood and reactions are quietened."

"I am always able to get stuff off my chest and this helps me understand and move on."

"While I still have negativity coming, I am so grateful for all the reflections."

"It's helped me to open up and talk more about issues in my life and to understand my feelings more."

"Brings peace into my life after each meeting."

b. Improved relationships beyond the Table

Twenty-five respondents (33%) have experienced positive impacts on other relationships beyond the Table, with improved family relationships and a greater sense of belonging in the community.

"I have more ability to listen and share with other people in my life."

"Better relationships with my wife and kids."

"Improved and more relaxed relationship with my wife."

"I'm more open, honest and sane. I have a balance."

"Becoming a better listener (very positive effect on other relationships)."

"There is change occurring and my loved ones are noticing my mood and reactions have quietened."

c. Contribution, community and belonging

For 10 respondents (13%), one of the impacts is the feeling of contribution and purpose, and sense of belonging and community.

"I feel I belong more."

"Feel like I'm contributing to something."

"It gives me a real sense of purpose."

"It's a community I don't have outside of this context."

d. Safety net for the future

A small group of five men (7%) see the impact as being an investment for the future when they may have a need.

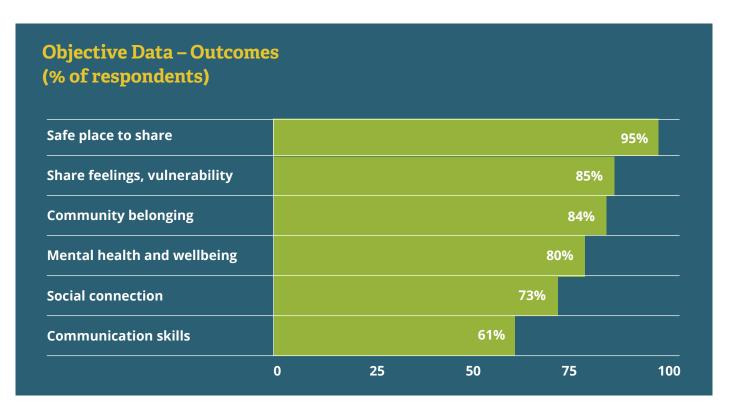
"At the moment it is hard to say as I have not had any major dramas to share. However, I see it as an investment for future needs."

"Fantastic resource to lean on when needed (and it's been needed)."

Objective data

The numeric data confirms the open text fields in relation to the benefits men are experiencing and thus what keeps them coming back (refer graph below). In a set of six optional benefits listed as checkboxes, the survey revealed that, of the total respondents;

- 95% find their Men's Table a safe space to share and be heard.
- 85% cite an increase in their ability to share feelings and be vulnerable.
- 84% find benefit in belonging to a community beyond their family.
- 80% report mental health and well-being benefits.
- 73% experience social connection through relationship building.
- 61% confirm benefits of better communication and relating skills with others.



What is working about the functioning of the Tables?

Regarding what is working at Tables, once again the benefit of the Table being a safe space to share and be heard was reiterated. A large cohort of respondents acknowledged the relationships, culture and commitment at their Table is what is working, while some acknowledged The Fundamentals and the Table structure.

a. Safe space to share

32 men (43%) said that what is working about the Table is that it is a safe space to share.

"Respect, good listening generally and feelings of being heard. Diverse group."

"Listening rather than offering solutions is now the norm."

"It feels like a space where you can be open."

"People starting to open up more and being prepared to bring up challenging issues that are facing them." "Men are opening up about issues I do not believe they would discuss in a normal social situation."

b. Relationships, culture, and commitment

33 respondents (44%) indicated that what is working at the Table is the relationships, the culture that is forming and the commitment to the Table. Whilst each group has its distinct 'personality', the culture across Tables appears to be forming upon a set of common values.

"Highly intelligent, considered wisdom is the main thing. The commitment of everyone. The relaxed nature of the relationships."

"We all understand the importance of turning up for each other."

"Our core group has a good relationship and respect for each other."

"We are progressively getting to know and trust each other with every meeting." "The fact that we are nearly nine years in and that the commitment level is so strong. The Table is very solid."

"Conducive environment. Openness. Sharing. Kindness. Listening. Empathy."

"We're building a community of guys who care for each other."

c. The Fundamentals and structure

Nearly a quarter of respondents (23%) highlighted the structure and The Fundamentals as working at the Table.

"The fluidity and ability to shape the process, collectively, as we go."

"Regularity of once a month."

"No designated leader."

"Being only a new group we are still in early days and are moving along well. We have now adapted to our first virtual meeting."

"The regular dates of meetings, even if we can't meet face-to-face at the moment."

"Hearing others' stories, it normalises my own stuff. I feel like I'm OK with what I'm going through."

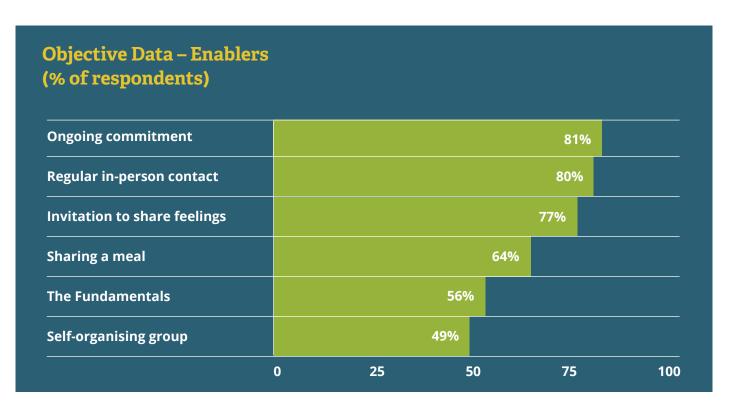
- Trevor, MT4

Objective data

The six key elements hypothesised in the model were listed as check box options. Men were asked to identify which of these contribute to the effectiveness of their Table.

Of the total respondents -

- 81% confirmed ongoing commitment as a key to the Table's success
- 80% identified regular face-toface contact
- 77% listed the invitation to share feelings
- 64% included sharing a meal and drink
- 56% ticked The Fundamentals
 the guidelines learned from other groups
- 49% mentioned self-organising peer group



What could be improved about the functioning of the Tables?

In response to what could be improved about the Table's function, eight men (11%) responded that things are working well as they are, and a further 13 (17%) did not respond to this question.

a. Flow and structure

The most significant number of responses 28 (37%) related to the flow and structure of the Table. although this varied with onethird of those (10) seeking more structure, 10 more commenting on the potential for improved communication dynamics such as less 'fixing' or more comfort with space and silence, and the remainder either wanting less structure (2 only) or offering alternative structures such as a more conductive venue, daytime meetings, nametags, or smaller group conversations at times.

"A little more structure."

"Some attendees hold the floor a little too long at times."

"We could improve our structure to start. Going back over guidelines would help."

"More ease with one another. I think we've done pretty well with that, especially given we've all only known each other for a few months and trust it'll come with time. We just seem to have an awkward silence or two per night – sometimes it's OK to sit with that but something feels like we need to get to know each other better."

b. Commitment and attendance

15 men (20%) felt that greater commitment and more regular attendance by some at their Table was the area for improved Table functioning.

"I would like to feel it's more of a priority for some other members."

"Needless absences each (month).
Always good reasons, but does affect things."

"Commitment from some team members."

"More men wanting to take up the Host role."

c. More members

A similar number of respondents (19%) indicated that more men at their Table would help the Table, although one of those felt there was too much focus on growing the number of members. All Tables who responded in this way were from Tables who have less than seven regular members.

"Adding more people – variety."

"More members, but that will happen in time."

"A slightly less emphasis on recruiting more members to one's Table."

While comments on the function of The Men's Table Model were limited, two things are apparent. Firstly, each Table is unique and needs to find its own balance point between fidelity to the model and adaptation to suit the needs of the men at the Table. Secondly, while men may not be conscious of the guidelines that they are using, the existence of the model is important to help each Table to

form, and further support may be needed from The Kitchen to help groups think The Fundamentals through for their own group. The self-assessment tool (see Self-Assessment section later in this report) which has been developed based on these findings is intended to assist groups to learn from their own experience as they compare what happens at the Table with the model and identify ways in which they may need to adapt.



COVID-19 CHANGES TO THE MEN'S TABLE APPROACH

During the course of this project **COVID-19 occurred, bringing** physical distancing and social isolation policies into effect. The Tables all elected to move to Virtual Tables and continue to meet online for their regular monthly meetings. A Zoom account was purchased, and training offered to familiarise men with the technology. **Entrees for the public that** introduce new men to the model continued to be held using the Zoom video conferencing platform.

After two months, feedback was sought from Tables about the impact of this significant change to practice. Two themes emerged. Firstly, virtual connection is a helpful option when face-to-face meetings are not possible; secondly, virtual connection is not an effective long-term alternative for meeting together. Virtual connection has not been able to match the benefits of relationship building, sharing feelings, and



The Men's Table – Model of Care, 2020

The value of virtual connection

"I noted a high level of comfort expressing dissonance and discomfort and challenges numerous men were facing. Silences were welcomed. We did a lovely grounding exercise. It felt like we dropped into what was needed for everyone. 11 attended with one apology."

"Our Table is alive and well, and whilst physically distanced these past two meetings, we're becoming a stable group building on trust as we go. With many impacted during these times, it's an ideal opportunity for us to reach out to those who would need and value the MT, so we're proactively promoting expansion of our Table as we speak."

"It's times like these that we all crave connection even more and the type of connection we get during a Table is both unique and extremely beneficial. I missed the last one but the one before was great, considering it was virtual."

"It was an enjoyable second virtual meeting last Tuesday. The new members started to feel more comfortable in the group. We had some poignant moments with members sharing their feelings. This Zoom technology is becoming familiar, but it will never replace physical presence."

The challenges of virtual connection

"I feel that the Zoom format definitely doesn't work as well – although a great option under the circumstances. I think we are holding back on a subconscious level, perhaps due to two reasons. 1) We're in our house and within earshot of loved ones, potentially. 2) You lose something when it comes to intimacy and the way that you can't really react to the room."

"Now that I'm physically at home, I realise that I can't emotionally compartmentalise for my Table. I just don't feel I could present my true authentic self via a Virtual Table while the family are just metres away from me. I'm feeling energetically sound and robust, the family has a good alltogether thing going on, but there are emotional ups and downs that are just going to have to wait a bit longer. I think I need the physical separation that the Table usually has before I can fully participate in it again."

"Our talks are more like a catch-up now, which is good, but I wonder if we are drifting off the real purpose – just a bit. But it is a strange time and valuable to discuss what everyone is going through."

What became clear is that the Tables which had established strong foundations of mutual self-disclosure, trust and safety transitioned to Virtual Tables more effectively – whilst those that had not had time to consolidate these cornerstones maintained less depth and benefit.

The feedback is important for the future establishment of Tables in remote parts of Australia. A model appears to be viable in which men travel to meet in person in the early stages of their formation to gain the benefits of face-to-face, and then move to an alternating cycle of meeting virtually and in-person.

SUMMARY OF OUTCOMES AND IMPACTS OF THE MEN'S TABLE APPROACH

The overwhelming majority of men at a Men's Table find it is a safe place to share and be heard.

Almost half the men are joining because of this need for a place to share and a men's group to belong to, and the culture and practice of mutual self-disclosure through sharing and listening builds safety and trust.

A significant number of men recognise that relationship building – both with men at the Table and with people in their lives beyond the Table – is improved through participation in a Table. The regular experience of sharing and listening is giving men more confidence and skill in mutual self-disclosure. Men are learning the behaviours that foster more meaningful friendships, and are reaping the benefits of deepened ways of relating.

The commitment to the group and to other men is a significant motivation for men to be part of their Table, and is also seen as a benefit because it creates a sense of community belonging. This feeling is developed through mutual self-disclosure, and trust and safety grows because of the ongoing commitment to each other, in a self-reinforcing cycle.

Community building was not part of The Men's Table initial intention, but has emerged as a key impact of the Table, and is valued by many men. Our thinking has consequently evolved to ensure that a key model input to be encouraged and built into the establishment of Tables is the concept of 'Men Serving Men'.

The opportunity to share feelings, release burdens, gain perspective on life's challenges and feel part of a community is having a preventative mental health benefit. Half of the men identify this for themselves, and 80% of men identify mental health benefits when prompted. It is possible to infer from feedback

that the way the Tables foster meaningful relationships and mutual self-disclosure in a safe environment is also helping Table participants to develop new versions of masculinity through life experiences and helping them reduce help-seeking reticence.

The survey results suggest that many participants have experienced a journey, starting from self-interest in the search for friendships and support for mental well-being, and ending in a collective sense of mutual-responsibility and community. Mental health is a theme throughout, however, the narrative shifts from specific mental health issues, such as depression and loneliness, to mental well-being.

The Fundamentals that are used as guidelines to establish new groups, and the mutual peer structure, are serving their purpose of establishing communication and relationship norms in each Table group, and guiding the outcomes

and impacts. However they are only acknowledged by slightly more than half of men at Tables. The greatest value is placed on the outcomes of trusting relationships with little reflection on what enabled these relationships to develop.

A key area of improvement for Tables is seen as various adjustments to the structure and flow of the Table's function. One in five men sees the need for more men at their Table to bring in diversity and critical mass, and another one in five are seeking more commitment from some of their Table members.

This evaluation helped to highlight the role of The Men's Table in building community and enabling men to give to others rather than simply seeking benefits for themselves.

In the beginning Reasons for Joining	Coming back for more Motivation to Stay	Experiencing change Outcomes and Impact
Mental health challenges, and loneliness (37%)		 Improved mental health Mental health and well-being benefit (80%) Improved mental health (45%) + Safety net (7%)
Sharing and being part of a men's group (43%)	 Invitation to share feelings (77%) Sharing openly and learning from others (55%) 	 Safe space to share A safe space to share and be heard (95%) Ability to share feelings and be vulnerable (85%)
	 Ongoing commitment (81%) Commitment to the community of men (43%) 	 Community belonging Belonging to a community beyond family (84%) Community belonging and contribution (16%)
Friendship and connection (16%)	 Regular face-to-face contact (80%) Friendship and connection (21%) 	 Social connection Social connection through relationship building (73%) Better communication and relating skills (61%) Relationships beyond the Table (33%)

Table Key: **Choices when prompted - Bold font**Open text responses - Normal font

PRIORITIES FOR DEVELOPMENT OF THE MEN'S TABLE MODEL

Survey results have highlighted a number of areas where the Men's Table Model could be further developed and refined.

"This is my chance to be heard at a deeper level, not just on the surface."

- Cameron, MT3

Communication and relating skills

Learning to listen is not easy, perhaps especially for people in mid-life who have well-established communication styles. The Fundamentals for The Men's Table set out the guidelines for communication that builds trust. It is the mutual responsibility of the men to practice these skills and hold each other accountable. The annual self-assessment tool developed in this project is intended to assist this process. Survey feedback suggests that further information and skill development in this area is something that The Kitchen could offer to support Tables.

A project to encompass learning modules and a regular forum for men at Tables to share learning about the functioning and dynamics of their Table has already commenced.

Enriching diversity of men in the Table network

The membership of the existing Tables is predominantly made up of heterosexual men in socioeconomically advantaged areas. This is because the first 15 Tables have come about through word of mouth networks.

The model has the capability to extend to meet the needs of other groups such as younger men, LGBTI people, culturally and linguistically diverse groups, and men from diverse socio-economic areas. Outreach strategies to these communities will be required with a commitment to co-design future iterations of the model to ensure that it can adapt to meet the needs of different groups.

Leveraging men's innate strengths

The Men's Table is blessed with diverse, skilled and passionate men sitting at Tables.

The innate strengths of this cohort of men, and their passion for contributing and sharing with other men, can be engaged to support growing the model and the number of men reached by the Table network. Whilst we have begun this, there is significant scope to create opportunities and roles for men to contribute to 'men's work', and the growth and healthy functioning of Tables.

THE MEN'S TABLE LOGIC MODEL

Based on practical experience with The Men's Table approach, we started this investigation with the hypothesis that:

"There is a relationship between men's peer group structure and communication, and the mental health and well-being, social connectedness and sense of belonging of participants, which help overcome issues of loneliness and social disconnection, restrictive male norms and help-seeking reticence."

A logic model has developed from the original Fundamentals, reflecting emerging evidence from the investigation and this forms the basis of the Model of Care.

The Men's Table Logic Model outlines the problems The Men's Table seeks to address, the key elements of the Table that have been validated as enabling its effectiveness, the outcomes for men we have observed, and the wider societal impact of this model.

The Men's Table Logic Model

Hypothesis: There is a relationship between men's peer group structure and communication, and the mental health andwellbeing, social connectedness and sense of belonging of participants, which will overcome issues of loneliness and socialisolation, restrictive male norms and help seeking reticence.

Problem

- A. Men's mental health and suicide risk
- B. Social isolation, loneliness and lack of meaningful male friendships
- C. Restrictive masculine norms
- D. Help seeking reticence

Model Inputs

- 1. Communual meals
- 2. Regular fave to face meetings
- 3. Invitation to share feelings
- 4. Ongoing commitment
- 5. Men serving men
- 6. Fundamentals learned from other groups

Outcomes

- Psychological Safety being heard, courage and competence in sharing feelings, cathartic release, normalising difficult emotions
- II. Mutual self disclosure valuing the give and take of sharing and listening of feelings
- III. **Social connectedness**a sense of belonging,
 friendship, feeling
 connected
- IV. Community
 belonging
 commitment to
 others, ours not mine,
 serving the whole

Impact

- 1. Preventative men's mental health and wellbeing
- 2. Resilient communities
- 3. Inproved relationships
- 4. New versions of masculinity
- 5. Improved help seeking

The Men's Table – Model of Care, 2020

CASE STUDY 3

I awoke at 2.30 am one night with car headlights shining down the driveway. It was the police. They told me my son had been in a hit and run accident. Shortly after I walked into the hospital, the first words someone said to me were, "We're so sorry."

It seems so fresh as I recount this, despite it being six years ago. It wasn't just a matter of my son being killed, having his funeral and then putting it behind me. There were legal complications that meant it dragged on for years.

I was lost. My identity was stripped away as a father. My instinct as a Dad was to protect my children, and that role had been taken away. I felt like a failure. I couldn't get out of bed.

My wife and our other boys suffered immensely with grief. Being a small business owner I couldn't get out and build my business, and so we came under immense financial strain. I ate badly and put on weight.

I was desperate to find a solution and a road map to navigate through the pain. "How do I get from A to B, what are the steps?" I wondered. Maybe that's a tendency with us blokes. Looking back, I see that was naive. There is no linear solution to something like this. Talking to people helped. I found a great psychologist who was wonderful.

Amidst the raging river that was sweeping me along, out of control, I was desperate to have something to cling on to, like a log or a rock I could rely on to hold steady. My Men's Table was one of those stable places. To know my Table was there every month, and that I could go along and share what was going on for me without judgement, was reassuring.

At one point, I reached out to a peer support group for parents who'd lost loved ones. I spoke to them on the phone and whilst I could tell they were good people doing a good thing, it felt wrong to me. I didn't want to go along and have a pity party and get a pat on the back. What I really wanted

was people who could listen, but also offer something solid to hang on to.

The men at my Table gave me a unique kind of support. To start with, I got to offload some of my burden with people outside my immediate family. They listened and at times when I asked for it, offered useful perspectives. I remember going along one month with a need to be pitied, though I didn't realise it then. What I got from my Table instead wasn't pity, but encouragement to keep moving forward. I was pissed off when I got home. But about 24 hours later I realised how valuable that was, and it spurred me on to keep moving forward. Another month, one of the men shared from their experience how important regular exercise is when we're depressed. That also got me going and out the door.

Despite all that was going on and how shit I felt some months, I knew I needed to prioritise getting to my Table. Apart from the support I got, it was also nice to hear what the other men were going through in their lives. This was a great reminder that it wasn't all about me. Listening and supporting them was a real help to me, too.

There wasn't one turning point that helped me get through. It was an accumulation of things; different things people shared along the way; a book I'd read. Probably more than anything, I learned to be open about it. Not everyone knew what to say, but it was better to have a conversation about what was really going on than avoiding the topic. Thanks for reading my story. Like I said, I want to be open about it. It helps me to share it, and maybe by sharing it, I hope it might help you, too.

Kevin, MT1



SELF-ASSESSMENT: A PRACTICAL APPROACH TO BUILDING THE EVIDENCE BASE

An assessment tool is an essential component to maintaining fidelity of The Men's Table Model of Care.
Two levels of assessment are seen as valuable and needed.

1. A Table Care assessment tool

- a. Part A: a once-a-year paper and pen survey administered at each Table every March (an annual cycle that was begun with this survey in March 2020).
- Part B: a once-a-year Table
 Care conversation, either self-guided within the Table, or facilitated by a Co-Founder or other regional volunteer Host.

2. A mental health 'thermometer' app tool

 a. A component of The Men's Table smartphone app; yet to be designed and built.

1. Table Care assessment tool

Part A - Survey: The purpose of Part A is to encourage individual reflection on the impacts and function of the Table, and collect data comparable to the original survey data. A paper and pen survey will be given out at the end of each Table in March every year, collected, inserted into an envelope, sealed on the spot to retain anonymity, and posted to The Kitchen (head office). Data can then be entered manually into a spreadsheet and analysed (see Survey in Appendix C.)

Longitudinal results can be compared across years, and across the lifetime of Tables. Each Table's results can also be an input into Part B: Annual Table Care conversation.

Survey Questions:

- 1. Which Table is this? (MT__)
- 2. How long have you been part of this Table? (Scale offered)
- 3. How would you rate your level of commitment to and attendance at this Table? (Scale)
- 4. What brings you back to the Table each month? (Open text)
- How are you feeling about yourself and your life right now? (Open text)
- 6. Being part of this Table has helped your: (5 point Likert scale)
 - · mental health and well-being
 - sense of community belonging
 - willingness to seek help when needed
 - ability to share feelings and listen to others
 - relationships with family and others
 - feeling of connectedness

- 7. Could you describe one way in which the Table has helped you to change? (Open text)
- What is working well about how your Table functions? (Open text)
- What could be improved about how your Table functions? (Open text)
- 10. At this Table, you and the other men: (Select from options)
 - have a safe place to share and be heard
 - listen deeply and avoid 'fixing' each other
 - share the leadership and cohosting
 - have an ongoing commitment to each other
 - have the right number of Table members
 - serve each other as well as serving yourselves

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2. A mental health 'thermometer' app tool

Part B - Table Conversation:

Once a year each Table will be prompted to discuss their progress as an evolving community of men. This can either be self-directed, or prompted by a visit from one of the Co-Founders or other trusted, skilled and experienced regional volunteer representatives of The Men's Table organisation. Without disclosing anonymity, the results of each Table's survey data from Part A can inform this discussion.

Primarily this is an open dialogue to prompt self-reflection amongst the group about the Table's functioning and any opportunities for change. This will provide a chance to ensure fidelity to the Table model, use of The Fundamentals, and to enable Table members to share their views.

The following questions are intended to prompt discussion rather than being survey questions:

1. Where is this Table at in its evolution?

- 2. What can we celebrate? What is working well?
- 3. How could we improve our Table?
- 4. What help and actions might we benefit from, if any (from The Kitchen, from others)?

At the end of the discussion, the range of responses to these questions should be written down as commitments for the Table and submitted to The Kitchen for comparison with the individual survey responses and for a longitudinal record of the Table's evolution.

Table #	
Table evolution	
Celebration; What's working	
Areas for improvement	
Help, Actions	

The Men's Table Model will be supported by an app to enable multiple functions – including communication amongst men at a Table between their monthly meetings, engaging across the Table network, and obtaining helpful resources.

One important function of the app will be a mental health 'thermometer' tool. At the completion of each Table, or at a random time each month, a prompt from the app will ask each man to rate themselves on a mental health 'thermometer'.

This will provide valuable feedback to the man as a composite of ratings, with an individual trend line available in their own profile, and progression of their mental health over time.

Example:

Urgent! Going under. Get help

Wellbeing Alert.
Action is needed

Thriving!
Support others

A NEED FOR ONGOING INVESTIGATION

Prevention and early intervention for mental illness and suicide risk have been identified by Beyond Blue (2018) and the Mental Health **Productivity Commission Draft Report (Productivity** Commission, 2019) as priorities to support men's health. The ten-year National Men's Health **Strategy introduced in 2019** (Commonwealth of Australia, 2019), building on the previous **National Male Health Policy** (Commonwealth of Australia, 2010), highlights the importance of 'improving the health of all males and achieving equal health outcomes for the population groups of males at risk of poor health'.

The evidence for the consequence of social disconnection and loneliness is sufficient for this to be prioritised as an area for health promotion and prevention (Leigh-Hunt, Bagguley et al., 2017). It seems that we do not have strong evidence on men's social support networks or how men mobilise social support when they need it (McKenzie, Collings et al., 2018). Changing the way in which men relate to each other and express their feelings may change genderrelated beliefs and practices with benefits for health and a reduction in detrimental behaviours. including the use of violence and excessive use of alcohol (Barker, Ricardo and Nascimento, 2007).

There has been very little research into the helpful strategies that men use to prevent social isolation and manage stressful life events. The need for more well-conducted evaluations and research studies on how to most effectively reduce the risks of social disconnection and loneliness has been repeated

in research findings and in policy documents (e.g. Dickens, Richards et al., 2011; Roberts, Bartlett, Ralph and Steward, 2019). Achieving this will mean supporting more targeted interventions at different points along the spectrum from health promotion and prevention.

The way we shape support for men's mental health needs to be reconsidered to enable men to feel more comfortable accessing services (Thompson, 2018). Providing a catalyst in communities to mobilise and engage men is a useful strategy to get men proactively involved at a preventive point. Arbes and colleagues suggest that this may have longer-lasting outcomes than initiatives that target individual change without helping men to form relationships (Arbes, Coulton and Boekel, 2014).

Men who reached adulthood in the 1990s are part of a generation that has consistently experienced higher rates of suicide than other generations at each stage of adult life. This group of men, now aged in their forties and fifties, are now also dealing with the absence of strong social support networks outside the family. A focus on improving social connection for this age group could reduce the risk of suicide and have ripple effects to men in younger generations.

The Men's Table Model delivers outcomes and impacts that align with the key problems it is seeking to address for men, namely men's mental health and suicide risk, social isolation encompassing loneliness and lack of meaningful male friendships, restrictive male norms and help-seeking reticence.

The Men's Table is a preventative men's mental health model because it provides a psychologically safe place to share where mutual self-disclosure is the norm, and where social connectedness and community belonging are created. These impacts extend beyond the Table, and influence improvement in other relationships in men's lives.

The Table as a whole becomes a connected and resilient community.

As men have experiences of these ways of behaving and relating, there is emerging evidence that they also become more willing and able to seek help, because they are developing new versions of masculinity centred around emotional awareness, self-disclosure of feelings, vulnerability, caring and compassion for others.

The Men's Table offers a unique environment for further research, to build upon this initial literature review and field research. The attributes of The Men's Table Model conducive to further research include:

 The ongoing commitment men make to each other at their Tables, thereby enabling longitudinal studies of longerterm impacts

- The explicit invitation to share feelings as a core purpose of Tables, allowing for development of self-disclosure and mutual self-disclosure amongst participants and the relationship with reduced helpseeking reticence and increased engagement with men's health initiatives
- The regular monthly face-to-face meetings that enable iterative practice and evolving practice, and the merits of a back to basics approach when so much focus is moving to online models of engagement
- The shared leadership model, and the consequent variances of uses of power and collective decision making
- The economic benefit and ROI to society of this low-cost model of preventative men's mental health care

"The Men's Table is the event I look forward to most each month. The ability to open up and talk about the month past with a group of trusted friends is extremely valuable. I have only been a member of The Men's Table for 11 months, but already, twice, there have been events in my life that, just knowing that The Men's Table will be in a couple of weeks' time, and I will have the ability to discuss what is going on and express my feelings about the events, has helped me cope with the events in real time."

- Roger, MT2

REFERENCES

ABS, 2019

Australian Bureau of Statistics, International Men's Health Week, 2019: https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/FlagPost/2019/June/Mens_health

Addis and Mahalik, 2003

Addis, M., Mahalki, J. - Men, Masculinity and the Contexts of Help Seeking, *American Psychologist*, Vol. 58 (1), pp 5-14, 2003

APA Guidelines, 2018

American Psychology Association (APA) - *Guidelines for Psychological Practice with Boys and Men*, August 2018

Arbes, Coulton and Boekel, 2014

Arbes, V., Coulton, C., Boekel, C. - *Men's Social Connectedness*. Hall and Partners, OpenMind. Downloaded September 2019 from: https://www.beyondblue.org.au/docs/default-source/research-project-files/bw0276-mens-social-connectedness-final.pdf?sfvrsn=4

Bank and Hansford, 2000

Bank, B.J. and Hansford, S.L. - *Gender And Friendship: Why Are Men's Best Same-Sex Friendships Less Intimate And Supportive?, Personal Relationships*, 7: 63-78: https://doi.org/10.1111/j.1475-6811.2000.tb00004.x

Barker, Ricardo and Nascimento, 2007

Barker, G., Ricardo, C., and Nascimento, M. - Engaging Men And Boys To Transform Gender-Based Health Inequities: Evidence From Programme Interventions. World Health Organization, Geneva: http://www.who.int/gender/documents/Engaging_men_boys.pdf.

Berman and Turk, 1981

Berman, W. and Turk, D. - Adaptation To Divorce: Problems And Coping Strategies. *Journal Of Marriage And Family*, Vol. 43 (1), pp 179-189, 1 Feb 1981

Beyond Blue, 2018

Beyond Blue - Prevention And Early Intervention For Adults With Mild To Moderate Depression: https://www.beyondblue.org.au/docs/default-source/policy-submissions/mild-moderate-depression-and-anxiety-in-adults_final-2.pdf?s-fvrsn=d182bcea 6

Boettcher, Mitchell et al., 2019

Boettcher, N., Mitchell, J., Lashewicz, B., Jones, E., Wang, J., Gundu, S., Marchand, A., Michalak, E. and Lam, R. - Men's Work-Related Stress And Mental Health: Illustrating The Workings Of Masculine Role Norms, *American Journal Of Men's Health*: https://journals.sagepub.com/doi/10.1177/1557988319838416

Boman and Walker, 2010

Boman, E. and Walker, G. - Predictors Of Men's Health Care Utilization, *Psychology Of Men & Masculinity*, Vol.11 (2), pp 113-122, 2010

Boreham, Stafford and Taylor, 2000

Boreham, R., Stafford, M. and Taylor, R. - Health Survey For England 2000: Social Capital And Health London, The Stationery Office, 2000

Bowman, 2009

Bowman, J.M. - Gender Role Orientation And Relational Closeness: Self-Disclosive Behavior In Same-Sex Male Friendships, *Journal Of Men's Studies*; 16(3): 316-330: https://doi.org/10.3149/jms.1603.316

Canetto, 2015

Canetto, S.S. - Suicide: Why Are Older Men So Vulnerable? *Men And Masculinities*: https://doi.org/10.1177/1097184X15613832

Carpenter and Greene, 2015

Carpenter, A. and Greene, K. - Social Penetration Theory, *The International Encyclopedia Of Interpersonal Communication*: https://doi.org/10.1002/9781118540190.wbeic160

Chopik, 2017

Chopik, W.J. - Associations Among Relational Values, Support, Health, And Well-Being Across The Adult Lifespan, *Pers Relationship*, 24: 408-422: https://doi.org/10.1111/pere.12187

Clayton, 2015

Clayton, R.E. - Men In The Triangle: Grief, Inhibition, And Defence. *Journal Of College Student Psychotherapy*, 29(2): pp 94-110: https://doi.org/10.1080/87568225.2015.1008361

Coleman, Feigelman and Rosen, 2020

Coleman, D., Feigelman, W., and Rosen, Z. - Association Of High Traditional Masculinity And Risk Of Suicide Death: Secondary Analysis Of The Add Health Study. *Jama Psychiatry*: https://doi.org/10.1001/jamapsychiatry.2019.4702

Commonwealth of Australia, 2010

National Male Health Policy - Department Of Health And Ageing, 2010

Commonwealth of Australia, 2019

National Men's Health Strategy 2020 - 2030, Department Of Health, 2019

Dias, Geard et al., 2018

Dias, A., Geard, N., Campbell, P.T., Warr, D. and McVernon, J. - Quantity Or Quality? Assessing Relationships Between Perceived Social Connectedness And Recorded Encounters, *PLOS ONE*, 13(11): https://doi.org/10.1371/journal.pone.0208083

Dickens, Richards et al., 2011

Dickens, A.P., Richards, S.H., Greaves, C.J., and Campbell, J. - Interventions Targeting Social Isolation In Older People: A Systematic Review, *BMC Public Health*, 11, 647: https://doi.org/10.1186/1471-2458-11-647

Dunbar, 2017

Dunbar, R.I.M. - Breaking Bread: The Functions Of Social Eating. *Adaptive Human Behavior And Physiology*, 3: 198. https://doi.org/10.1007/s40750-017-0061-4

Emlet and Moceri, 2012

Emlet, C.A., and Moceri, J.T. - The Importance Of Social Connectedness In Building Age-Friendly Communities, *Journal Of Aging Research*, 2012

Freeman, Mergl, et al., 2017

Freeman, A., Mergl, R., Kohls, E., Székely, A., Gusmao, R., Arensman, E., Koburger, N., Hegerl, U., and Rummel-Kluge, C. - A Cross-National Study On Gender Differences In Suicide Intent, *BMC Psychiatry* 17, 234, 2017: https://doi.org/10.1186/s12888-017-1398-8

Gerdes, Alto et al., 2018

Gerdes, Z., Alto, K., Jadaszewski, S., D'Auria, F., Levant, R. - A Content Analysis Of Research On Masculinity Ideologies Using All Forms Of The Male Role Norms Inventory (MRNI), *Psychology Of Men And Masculinity*, Vol.19 (4), pp 584-599, 2018

Golding, 2011

Golding, B. - Older Men's Well-Being Through Community Participation In Australia, *International Journal of Men's Health*, 10(1): pp 26-44

Gulliver, Griffiths and Christensen, 2010

Gulliver, A., Griffiths, K., Christensen, H. - Perceived Barriers And Facilitators To Mental Health Help-Seeking In Young People: A Systematic Review, BMC Psychiatry, Vol. 10, pp 113, December 2010

Hackenbracht and Gasper, 2013

Hackenbracht, J. and Gasper, K. - I'm All Ears: The Need To Belong Motivates Listening To Emotional Disclosure, *Journal Of Experimental Social Psychology*, 49(5): pp 915-921

Heath, Brenner et al., 2017

Heath, P.J., Brenner, R.E., Vogel, D.L., Lannin, D.G., Strass, H.A. - Masculinity And Barriers To Seeking Counselling: The Buffering Role Of Self-Compassion, *Journal Of Counseling Psychology*, 2017 Jan., 64(1):94: http://dx.doi.org/10.1037/cou0000185

Heinrich and Gullone, 2006

Heinrich, L.M. and Gullone, E. - The Clinical Significance Of Loneliness: A Literature Review, *Clinical Psychology Review*, 26(6): pp 695-718: https://doi.org/10.1016/j.cpr.2006.04.002

Himmelstein and Sanchez, 2015

Himmelstein, M., Sanchez, D. - Masculinity, Gendered Doctor Preference And Doctor-patient Communication, *Preventative Medicine*, March 2015, Vol. 84, pp 34-40

Kawamichi, Sugawara et al., 2016

Kawamichi, H., Sugawara, S.K., Hamano, Y.H., Makita, K., Kochiyama, T., and Sadato, N. - Increased Frequency Of Social Interaction Is Associated With Enjoyment Enhancement And Reward System Activation, *Scientific Reports*, 6(1), 24561: https://doi.org/10.1038/srep24561

Khosravi, Rezvani and Wiewiora, 2016

Khosravi, P., Rezvani, A., and Wiewiora, A. - The Impact Of Technology On Older Adults' Social Isolation, *Computers In Human Behavior*; 63: pp 594-603: https://doi.org/10.1016/j.chb.2016.05.092

Leigh-Hunt, Bagguley et al., 2017

Leigh-Hunt, N., Bagguley, D., Bash, K., Turner, V., Turnbull, S., Valtorta, N., Caan, W. - An Overview Of Systematic Reviews On The Public Health Consequences Of Social Isolation And Loneliness, *Public Health*, 152: pp 157-171

Mansfield, Addis and Courtenay, 2005

Mansfield, A., Addis, M. and Courtenay, W. - Measurement Of Men's Help Seeking: Development And Evaluation Of The Barriers To Help Seeking Scale, *Psychology Of Men & Masculinity*, Vol. 6 (2), pp 95-108, 2005

Martino, Pegg and Frates, 2017

Martino, J., Pegg, J. and Frates, E.P. - The Connection Prescription: Using The Power Of Social Interactions And The Deep Desire For Connectedness To Empower Health And Wellness, *American Journal Of Lifestyle Medicine*, 11 (6): pp 466-475

McKenzie, Collings et al., 2018

McKenzie, S.K., Collings, S., Jenkin, G., and River, J. - Masculinity, Social Connectedness, And Mental Health: Men's Diverse Patterns Of Practice, *American Journal Of Men*'s *Health*, 12(5), pp 1247-1261

McPherson, Smith-Lovin and Brashears, 2006

McPherson, M., Smith-Lovin, L. and Brashears, M.E. - Social Isolation In America: Changes In Core Discussion Networks Over Two Decades, *American Sociological Review*, 71 (3): pp 353-375

Milner, Kavanagh et al., 2018

Milner, A., Kavanagh, A., King, T., and Currier, D. - The Influence Of Masculine Norms And Occupational Factors On Mental Health: Evidence From The Baseline Of The Australian Longitudinal Study On Male Health, *American Journal Of Men's Health*, 12(4), pp 696-705

Olds and Schwartz, 2009

Olds, J. and Schwartz, R.S. - *The Lonely American: Drifting Apart In The Twenty-first Century*, Beacon Press, USA

Oliffe, Broom et al., 2019

Oliffe, J.L., Broom, A., Popa, M., Jenkins, E.K., Rice, S.M., Ferlatte, O. and Rossnagel, E. - Unpacking Social Isolation In Men's Suicidality, *Qualitative Health Research*, 29(3), pp 315-327, 2019

Pavey, Greitemeyer and Sparks, 2011

Pavey, L., Greitmeyer, T. and Sparks, P. - Highlighting Relatedness Promotes Prosocial Motives And Behaviour, *Personality And Social Psychology Bulletin*; 37(7): https://doi.org/10.1177/0146167211405994

Pearce, Wlodarski et al., 2019

Pearce, E., Wlodarski, R., Machin, A., and Dunbar, R.I.M. - Exploring The Links Between Dispositions, Romantic Relationships, Support Networks And Community Inclusion In Men And Women, *PLOS One*, 14(5): https://doi.org/10.1371/journal.pone.0216210

Pevalin and Rose, 2003

Pevalin, D. and Rose, D. - Social Capital For Health: Investigating The Link Between Social Capital And Health Using The British Household Panel Survey, Health Development Agency, London, 2003

Pirkis, Spittal, Keogh et al., 2017

Pirkis, J., Spittal, M.J., Keogh, L., Mousaferiadis, T., and Currier, D. - Masculinity and suicidal thinking, *Social Psychiatry & Psychiatric Epidemiology*, 52, pp 319-327: https://doi.org/10.1007/s00127-016-1324-2

Pratt, MacGregor et al., 2013

Pratt, R., MacGregor, A., Reid, S., and Given, L. - Experience Of Wellness Recovery Action Planning In Self-Help And Mutual Support Groups For People With Lived Experience Of Mental Health Difficulties, *The Scientific World Journal*, 2013, 180587-7: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3556886/

Productivity Commission, 2019

Australian Government - Mental Health, Productivity Commission Draft Report 2019; https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf

Roberts, Bartlett, Ralph and Steward, 2019

Roberts, S., Bartlett, T., Ralph, B. and Stewart, R. - Healthier Masculinities Scoping Review, August 2019, A report prepared for VicHealth; www.vichealth.vic.gov.au

Roberts, Salem et al., 1999

Roberts, L., Salem, D., Rappaport, J., Toro, P., Luke, D., and Seidman, E. - Giving And Receiving Help: Interpersonal Transactions In Mutual-Help Meetings And Psychosocial Adjustment Of Members, *American Journal Of Community Psychology*; 27: pp 841-868. https://doi.org/10.1023/A:1022214710054

Romano and Nunamaker, 2001

Romano, N. and Nunamaker, J. - Meeting Analysis: Findings From Research And Practice. pp. 13, *Proceedings Of The 34th Annual Hawaii International Conference On Systems Science*

Salzman and Wender, 2006

Salzman B.E. and Wender R.C. - Male Sex: A Major Health Disparity, *Primary Care: Clinics In Office Practice*, Vol. 33, issue 1, pp 1-16.

Schwab, Addis, and Reigeluth, 2015

Schwab, J.R., Addis, M.E. and Reigeluth, C.S. - Silence And (In)Visibility In Men's Accounts Of Coping With Stressful Life Events, *Gender And Society*, 30 (2), pp 289-311

Seidler, Dawes et al., 2016

Seidler, Z., Dawes, A., Rice, S., Oliffe, J. and Dhillon, H. - The Role Of Masculinity In Men's Help-Seeking For Depression: A Systematic Review. *Clinical Psychology Review*; 49. 106-118: https://doi.org/10.1016/j.cpr.2016.09.002

Sheldon, 2013

Sheldon P. - Voices That Cannot Be Heard: Can Shyness Explain How We Communicate On Facebook Versus Face-to-Face, *Computers In Human Behavior*, 2013, Jul 1;29(4):1402-7: https://doi.org/10.1016/j.chb.2013.01.016

Smith, 2007

Smith, J.A. - Beyond Masculine Stereotypes: Moving Men's Health Promotion Forward In Australia, *Health Promotion Journal Of Australia*, 18 (1), pp 20-25

Sprecher, Treger et al., 2013

Sprecher, S., Treger, S., Wondra, J.D., Hilaire, N. and Wallpe, K. - Taking Turns: Reciprocal Self-disclosure Promotes Liking In Initial Interactions, *Journal Of Experimental Social Psychology*; 49(5): pp 860-866: https://doi.org/10.1016/j. jesp.2013.03.017

Suicide Prevention Australia, 2019

Suicide Prevention Australia - Turning Points; Imagine A World Without Suicide, 2019 https://www.suicidepreventionaust.org/2019/09/10/turning-points-imagine-a-world-without-suicide-2/

Thompson, 2018

Thompson, J. - Men Suicide And Vulnerability, Conference Presentation, UK Mental Disability Law Conference, University of Nottingham: https://research.brighton.ac.uk/en/publications/men-suicide-and-vulnerability

Vaillant, 2002

Vaillant, G. - Aging Well: Surprising Guideposts To A Happier Life, From The Landmark Harvard Study Of Adult Development, Little, Brown, NY, 2002. ISBN 0316090077

Vasquez, Newman et al., 2014

Vásquez, D.A., Newman, J.L., Frey, L.L., Caze, T.J., Friedman, A.N., and Meek, W.D. - Relational Health And Masculine Gender-Role Conflict In The Friendships And Community Relationships Of Bisexual, Gay, And Straight Men, *Journal of LGBT Issues in Counseling*, 8(2): pp 124-145: https://doi.org/10.1080/15538605.2014.895662

Vogel, Heimerdinger-Edwards et al., 2011

Vogel, D., Heimerdinger-Edwards, S., Hammer, J., and Hubbard, A. - 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 Counselling Psychology*, Vol. 58 (3), pp 368-382, 2011

Wilson and Cordier, 2013

Wilson, N.J. and Cordier, R. - A Narrative Review Of Men's Sheds Literature: Reducing Social Isolation And Promoting Men's Health And Well-Being, Health & Social Care In The Community, 21: pp 451-463: https://doi.org/10.1111/hsc.12019

Zhang, 2017

Zhang, R. - The Stress-Buffering Effect Of Self-Disclosure On Facebook: An Examination Of Stressful Life Events, Social Support, And Mental Health Among College Students, *Computers In Human Behavior*, 2017 Oct 1;75, pp 527-537

APPENDIX

Appendix A – Table Locations

Tables have formed in the following locations:

MT1 Greater Sydney, NSW

MT2 Sydney CBD, NSW

MT3 Coogee, NSW

MT4 Crows Nest, NSW

MT5 Bundanoon, NSW

MT6 Perth, WA

MT7 The Hills District, NSW

MT8 Northbridge, NSW

MT9 Manly, NSW

MT10 Como, NSW

MT11 Inner West, NSW

MT12 Auckland, New Zealand

MT13 Manly, NSW

MT14 Launceston, TAS

MT15 Berry, NSW

Since the Table Survey was conducted

MT16 Wentworth Falls, NSW

MT17 Central Coast, NSW

MT18 Flemington, NSW

MT19 Balmain, NSW

Appendix B – Focus Group Discussions

Semi-structured focus group discussions were conducted with existing Table members and with prospective members during regular Table Care meetings and Entree sessions. Results of these discussions were compared with the starting model for The Men's Table (The Fundamentals) and informed the design of a survey.

The discussions invited comment from all men at Tables to two questions and their responses were written down.

- What brings you back each month? What works for you about the Table?
- What is working about the functioning of the Table? What could be improved?

Raw Responses

What brings you back each month? What works for you?

MT1

"As a man I don't have to carry the burden alone and be tough. I can help myself by sharing, and help others by listening."

"Over the years at The Men's Table I have been supported through the highs and lows of relationships, parenting and business. It's now like a second family for me."

"These men have inspired and uplifted me. Open and honest conversations at The Men's Table have helped me to find strength and purpose."

"The Men's Table is a group of trusted guys who invest themselves into each other's well-being, without living in each other's pockets."

"The group of 12 really diverse guys has also helped me to overcome the isolation that afflicts so many men after life-changing events."

MT2

"I've shared things here that I've never shared with anyone else ... not even my wife."

"The Men's Table is the event I look forward to most each month. The ability to open up and talk about the month past with a group of trusted friends is extremely valuable. I have only been a member of Men's Table for 11 months, but already, twice, there have been events in my life that, just knowing that The Men's Table will be in a couple of weeks' time, and I will have the ability to discuss what is going on and express my feelings about the events, has helped me cope with the events in real time."

"Sometimes I've had tough things happen that I don't feel I can voice professionally or personally, getting these things off my chest is very helpful. Knowing I have a support group outside my existing friends is very comforting as well. If I've had a great month and I'm super happy then I come back to support my friends at the Table."

MT3

"I've been waiting 69 years for this."

"This is my chance to be heard, to be heard at a deeper level, not just on the surface."

"This is a chance to improve my life, improve myself."

"This is my only opportunity to share my issues at this level and not feel alone. This sharing makes me happy."

"This gives me perspective to my experiences. I have no other opportunities to be heard, I come here and I am not judged. I am surrounded by females and always have been; this is my chance to connect with male energy."

<u>MT4</u>

"Hearing others' stories, it normalises my own stuff. I feel like I'm OK with what I'm going through."

"Helps me get things off my chest in a non-judgemental space. I can expunge without fear of retribution."

"Non-judgemental, trust in the room. Even with close friends there's not the same 'in the vault' contract because they know others I know."

"Despite me only having met you for three months, I feel I really know you ... much more than I know others in my life. It's quite powerful to get to know others at a deeper level."

"I love that it's about who you are, not what you do."

"Gets me out of the house once a month into a unique environment."

"I'll share things here that I won't share with anyone else."

"I just want to listen, and this is good practice for listening with others in my life. That's good personal development"

MT7

"An opportunity to share things that I wouldn't with others. There's a benefit in that every man here doesn't know me intimately. In relationships with people where I have more background and history, I'm not as easily able to share my weaknesses and vulnerability."

"This is a safe zone. What gets shared here stays here. Guys normally only share openly when they're pissed, but here, we're allowed to be open. You can see we have similar issues, similar problems."

"I first came here because I recognised my social circle was shrinking. Now I count you all as friends."

"It's a personal challenge for me to just listen. I tend to be a private person and I've not taken a deep dive at this Table yet, but I'm getting there. I'm on a journey to become more vulnerable."

"Even if problems aren't solved, just talking about stuff is cathartic. I'm a

shy person. I work in a small office of just three, so I don't have a lot of social contact. So it's nice to come here once a month. It makes me feel good, feel uplifted."

"The way of communicating with no-fixing is tough. Learning to just zip it."

Raw Responses

Why did you come tonight? What is happening in your life that had this resonate with you?

"I feel like my life will become hard because of a friend who is feeling lonely."

"Great to find somewhere to voice things."

"Heard about it at BNI and felt it would be something valuable for myself and others."

"I became aware of The Men's Table via a trusted source, and had an interest in hearing more about it – I felt motivated more by interest than by need."

"Keen to connect with other men.

Dealing with family separation has led to loneliness and isolation."

"Looking to connect more with men. To listen to others and to, on occasion, be able to get things off my chest." "I have been going through difficulties at work, where due to my position I am expected to be supportive of my colleagues, but not one person has been asking me if I was okay."

"I sit on the couch and listen to my wife on the phone arranging her social life while I watch TV."

"I'm lonely. I've got mates, but we just talk about footy and shit."

"When I went through my divorce, I looked around and found myself alone, again."

"Since I retired, I've found that I no longer have motivation. I just get in the way at home and feel lost."

Appendix C – Men's Table Survey

Survey Methodology

A paper and pen survey was given out at the end of Table meetings in March 2020, collected, inserted into an envelope, sealed on the spot to retain anonymity, and posted to The Kitchen (head office). Data was then entered manually into a spreadsheet. This occurred for MT2, MT6 to MT9, MT11, and MT13. For other Tables, COVID-19 related lockdowns meant Tables were not able to meet; so the same survey was made available online with the data being populated into the same spreadsheet. 75 survey responses were received in total.

Men's Table Survey For men at Tables

This is an anonymous survey. It should take no more than 5 minutes to complete.

We appreciate your honest responses.

It is part of a project with The National Mental Health Commission (NMHC) to learn about your experiences with The Men's Table.

- How many months have you sat with your Table approximately? (Circle one)
 - 1-3 months
 - 4-6 months
 - 7-12 months
 - ≥ 12 months
- 2. Why did you join a Men's Table? What was happening in your life that made this useful or appealing to you at that time?
- 3. What brings you back to your Table each month?

4.	What are the benefits you get from being part of a Table? (Tick any that apply)
	$\hfill \Box$ A safe space to share and be heard
	☐ The ability to share feelings and be vulnerable
	☐ Social connection through relationship building
	☐ Improved mental health and well-being
	☐ Belonging to a community beyond yourself and your family
	Better communication and relating skills with others
5.	What's working well about how your Table functions?
6.	What could be improved about how your Table functions?

7.	Which of these contribute to the Table's effect? (Tick any that apply)
	\square Sharing a meal and drink
	$\ \square$ Regular face-to-face contact
	$\hfill\square$ Invitation to share feelings
	\square Self-organising peer group
	\square Ongoing commitment
	\square The Fundamentals -
	guidelines learned from
	other groups
	☐ Other:
8.	What impact is the Table
	having on you? And on other relationships in your life?
	, ,
9.	Age range (Circle one)
	18-35
	36-45
	46-55
	56-65
	66-75

10.Relationship status (Tick one)		
\square Single - Living alone		
\square Single - Living with others		
☐ Married		
☐ Divorced/Separated - Living alone		
☐ Divorced/Separated - Living with others		
☐ Other:		
11.Employment status (Tick one)		
☐ Employed		
\square Self Employed		
☐ Part-time		
☐ Casual		
\square Unemployed		
Retired		
\square Studying		
\square Other:		

76+

Appendix D – Women's Focus Group, 25th March 2020

Below is an agreed record of the outputs from the women's discussion. This was facilitated and written-up by Karen Simmons, CEO, The Change Executive.

1. What benefits are men gaining from The Men's Table?

- Sense of belonging getting involved with others, and a realisation that maybe this is normal.
- I notice more bright days interactive, productive and selfawareness days.
- They have something to look forward to; the trust.
- There is less 'fear' around sharing 'stuff', more excitement and looking forward to catching up and sharing.
- Even in these challenging times, even though they cannot be

- physically present, they are very present. There is a sense that we are all still here and present for each other.
- Able to express themselves more - they hug each other! fantastic to see.

2. What are the benefits to us as women?

- Getting them to acknowledge there is 'an issue' or they are 'struggling'. So many variables.
- Lovely to see him have time with other men – having him come back and share about the engagement with other men.
- It let me see another side: him being present for another man, and the huge respect they have for one another.
- Has made me feel safer they share so much and they really value the relationships they have around them.
- Far less judgement.
- He can be authentic in our conversations.

- There is a willingness to listen and take others into account.
- Respect he shows more respect to everyone more.
- Listening and respect are the sorts of things they learn at TMT.
- Respect for other humans.
- I notice a different kind of roundness – 'embracing the feminine side' – become more wholesome, integrated as a person.
- Evolve to a different state of consciousness – I notice there is a 'change of software' occurring.
- Moving more into the space of 'human beings'.
- He is comfortable with himself.

3. How do we engage our men?

- Don't say "He needs it!" this will repel him.
- Make it fun, rewarding more attractive. The invitations need to come from other men.
- "When a person needs a mattress, they'll notice the

- billboard". We have to keep putting that billboard out there, as a normalised process, and when they need it, they will engage.
- I tried to engage a man in TMT and got: "I've looked at their stuff, but I'm over bitch sessions." I then said: "You need to trust me, it's totally safe, there are fundamental safeguards, no put-downs or judgement."
- We need to find out what the man is afraid of in joining. Ask them, as a partner: "What's deterring you from joining a group like this?"
- Maybe if we noticed the different moments in their life? If we knew, could position/target more (e.g. divorce, new father, retirement, etc.).
- What about the younger men?
- They are more aware of the need to practice vulnerability – it can be lonely, a Table that will safely enable them to 'test out' communication.

- If I had a postcard, I'd hand it on
 he'd give it a try.
- We need a storytelling approach, case studies – can highlight ways The Men's Table helped with situational depression (such as loss of job, divorce, etc.).
- Try pitching it as this may be something he can help someone else with (rather than him being the one in need).

4. What are the big opportunities with The Men's Table?

- · Women's Advisory Board.
- Mixed Table (Note: The Entree is part of their model; we should not interfere with that process of 'for men only'). Maybe a celebration – women/men together; dinner.
- Make the mixed event a 'marketing thing' – not to interfere with the process that is working for them.
- Celebration quarterly mixed

- event? The launch event saw the women there so it was mixed.
- We need to 'trust' that men can do this.
- Have a 'full' group together The Big Table/The Banquet.
- Social Media? think about The Men's Table presence there more.
- An organisation called 180 (18-30 year-olds) – everything on Instagram, Facebook – targeted to the younger generation.
 Community of 1700 followers.
- An organisation called Livin merchandising – cool things for them to connect with; T-shirts, etc.
- Partnership Gus Worland? Gotcha4Life running one-off sessions on importance of talking to other men. Feeder program.
- A source of wisdom and experience – a Table of 'older men' for the younger ones to join.

Appendix E – Comparisons with Other Approaches to Men's Well-Being

We carried out an online search for other men's preventive health and community building initiatives in Australia. This search identified 14 organisations for comparison with the Men's Table approach. Programs were included in the comparison if they were community-based initiatives for adult males with a focus on mental well-being and/or building positive relationships.

This search was carried out to position The Men's Table in the spectrum of men's mental health preventive initiatives, to identify the shared characteristics of these initiatives and any points of difference between our model and other initiatives.

Disclaimer: this comparison is based on publicly available information and may not represent the full picture of each program investigated.

The similarities across many of the organisations are in the focus on men's mental health and the activities designed to cultivate mateship and belonging with men supporting each other.

The differences in some cases are subtle, such as the extent to which different groups make an explicit or more implicit invitation for men to share about feelings. In other cases, there are more obvious differences such as the extent to which the group utilises an activity or other means for engaging men, the time-based nature of group membership and, more significantly, the level of commitment sought to the peer group.

The organisations investigated included:

- 1. Average Joes
- 2. Australian Men's Shed Association
- 3. Blokepedia
- 4. Manhood Men's Gathering
- 5. Mankind Project
- 6. Men's Wellbeing & Common Ground
- 7. Mentoring Men
- 8. Mr Perfect
- 9. Pathways to Manhood
- 10. Retired Old Men Eating Out
- 11. The Banksia Project
- 12. The Fathering Project
- 13. The Man Walk
- 14. Tough Guys Book Club

Appendix F – Feedback on Virtual Tables

"I feel that the Zoom format definitely doesn't work as well – although a great option under the circumstances. I think we are holding back on a subconscious level, perhaps due to two reasons. 1) We're in our house and within earshot of loved ones, potentially. 2) You lose something when it comes to intimacy and the way that you can't really react to the room. Overall as a group, I feel that are we are in a good place and supporting each other as best we can through weird times."

"We had 10 men at the virtual Table on Wednesday. There was important sharing and a good connection between the group. In terms of the Table's evolution, I think that whilst the Virtual Tables are a good stopgap measure, we will move towards deeper connection and sharing in a face-to-face setting. Hopefully the isolation restrictions will be lifted

enough in the near future so we can resume face-to-face catch ups in the next month or two."

"Now that I'm physically at home, I realise that I can't emotionally compartmentalise for my Table. I just don't feel I could present my true authentic self via a Virtual Table while the family are just meters away from me. I'm feeling energetically sound and robust, the family has a good alltogether thing going on, but there are emotional ups and downs that are just going to have to wait a bit longer. I think I need the physical separation that the Table usually has before I can fully participate in it again."

"Our talks are more like a catch-up now, which is good, but I wonder if we are drifting off the real purpose – just a bit. But it is a strange time and valuable to discuss what everyone is going through."

"It was an enjoyable second virtual meeting last Tuesday. The new *members started to feel more* comfortable in the group. We had some poignant moments with members sharing their feelings. Some of their experiences seemed to be shared for the first time, or at least not for a long time. This Zoom technology is becoming familiar, but it will never replace physical presence (albeit at a two meter distance). At times the demon 'Footy and Shit' slipped into the meeting but we soon recognised this and booted it out the door! Personally I suspect that the days of hugs and handshakes may be a thing of the past, at least for a while, which is a shame. This doesn't and will not diminish the strength of the Table."

"I noted a high level of comfort expressing dissonance and discomfort and challenges numerous men were facing. Silence was welcomed. We did a lovely grounding exercise. It felt like we dropped into what was needed for everyone. 11 attended with one apology."

"Our Table is alive and well and whilst physically distanced these past two meetings, we're becoming a stable group building on trust as we go. With many impacted during these times, it's an ideal opportunity for us to reach out to those who would need and value the MT, so we're proactively promoting expansion of our Tables as we speak."

"It's times like these that we all crave connection even more and the type of connection we get during a Table is both unique and extremely beneficial. I missed the last one but the one before was great considering it was virtual."



