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Beyond Gender Expectations

The Human Code

Promoting **healthier masculinities** in the Macedon Ranges

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CONTENTS

ACRONYMS

AUDIT	Alcohol Use Disorder Identification Test
CASVAWS	Community Attitudes Supportive of Violence Against Women Scale
CMNI	Conformity to Masculine Norms Inventory
GAD-7	General Anxiety Disorder Scale
INQ	Interpersonal Needs Questionnaire
KMO	Keiser-Meyer-Olkin test
LGA	Local Government Area
MCCS	Masculinity Contest Culture Scale
NWMPHN	North Western Melbourne Primary Health Network
PHQ-9	Patient Health Questionnaire
RCT	Randomised controlled trial
UCLA	University of California Los Angeles Loneliness Scale

SYMBOLS

M	Mean
SD	Standard deviation
SE	Standard error
ρ	Significance level
α	Cronbach's alpha; reliability coefficient
η^2	Partial eta squared; measure of effect size
ρ	Rho; measure of effect size
ϕ	Phi; measure of effect size
d	Cohen's d; measure of effect size
X^2	Chi square statistic
t	t statistic
F	F statistic
Λ	Wilk's Lambda

EXECUTIVE SUMMARY

The Human Code is a research project which aims to better understand community attitudes in the Macedon Ranges Shire (the Shire) to outdated masculine stereotypes and their effect on men's mental health and related behaviours.

Orygen undertook the research and it was funded by the North Western Melbourne Primary Health Network, as a project of the place-based Macedon Ranges Suicide Prevention Trial Site. The research provided an opportunity to better understand the root causes and gendered drivers of high levels of male suicide in the Shire and also other significant community challenges including family violence and road trauma.

The project adopted a mixed-methods place-based approach to understanding the factors associated with boys and men doing and experiencing harm in the Macedon Ranges. Based on the research findings, the project identifies local prevention-based healthier masculinities interventions for potential piloting within Macedon Ranges communities. A project working group with representatives from local services and community organisations, and a youth project working group, were established to direct the methodology and reporting of The Human Code project.

The Human Code project included three research streams:

- Firstly, a community online survey (N= 376; 54% male respondents) was undertaken to assess health-related masculine attitudes and behaviours of boys and men in the Macedon Ranges, as well as mental health outcomes including depression, anxiety, recent suicide ideation and alcohol use.
- Secondly, semi-structured interviews and focus groups were conducted with key stakeholders (N=31) working with men and boys in the Macedon Ranges to garner insights into contributing factors and potential intervention priorities.
- Thirdly, individual interviews were completed with men (N=30) regarding their experiences of masculinity in the Macedon Ranges. Men completing interviews were invited to contribute photographs of images representing their stresses and successes related to being a man in the Macedon Ranges, with selected images displayed in this report. A focus group with women (N=4) was conducted to gain broad perspectives from the wider community.

This report provides a comprehensive overview of the findings of each stream of The Human Code project.

KEY FINDINGS

- Males participating in The Human Code online survey displayed markedly lower rates of conformity to masculine norms than comparable Australian studies. Younger men were more likely than older men to endorse some harmful norms including violence and risk-taking.
- Qualitative accounts highlighted the way in which normative masculinity is shaped and reinforced within the Macedon Ranges. Many participants believed that there is a restrictive range of masculine expression accepted within the Shire.
- Males, especially younger males, displayed noteworthy rates of loneliness and lack of belonging. This was supported by qualitative accounts, which spoke to the challenges for men in the Shire in making and maintaining meaningful connections with peers, with detrimental impacts on wellbeing.
- Rates of mental ill-health symptoms and suicidality were largely consistent with Australian community data.
- Rates of risky alcohol consumption were low, with no differences between genders. Qualitative accounts spoke to some pockets of the community with a culture among men that perpetuates a reliance on drinking to socialise.

- Younger males were more likely than older males to perceive themselves as burdensome. A sense of burdensomeness can increase suicide risk by reducing the likelihood of reaching out for support.
- Self-reliance is a key masculine characteristic that involves valuing self-sufficiency when managing problems or stressors, and can reduce the likelihood of men reaching out to others for support as this can be viewed as weak. Self-reliance was associated with recent suicide and self-harm ideation, and other measures of mental ill-health, highlighting the importance of addressing self-reliance in gendered interventions for boys and men.
- Male respondents were twice as likely to agree that boys and men in the Macedon Ranges treat all genders equally than non-male respondents, suggesting a discrepancy in views between gender groups in the Macedon Ranges on gender equality.

Given the markedly low rates of conformity to masculine norms observed in The Human Code online survey, it is possible that the recruitment techniques and marketing used had high appeal to males holding more progressive views. Accordingly, the community sample findings may not generalise to the wider Macedon Ranges population.

Despite this, the survey provides valuable insight into the presence of healthier masculine attitudes among many males in the Macedon Ranges, and the need for interventions to focus on specific domains of masculinity including provider pressure and self-reliance. Further, findings suggest the vital need to pay attention to men's social wellbeing and provide opportunities to bolster men's social connectedness. Project learnings and reflections are provided, including discussion regarding the impact of the COVID-19 pandemic on data collection.

Findings from the streams have been synthesised into key messages for community and recommendations for the promotion of healthier masculinities within the Macedon Ranges Shire.

KEY MESSAGES

1. People in the Macedon Ranges need more information around supporting men's mental health, identifying distress, and how and where to seek help.
2. Challenges finding meaningful social connections mean that many men in the Macedon Ranges experience loneliness, social isolation and a reduced sense of belonging.
3. Younger men were more likely to endorse risk taking behaviour and violence than men aged above 30.
4. A perception remains for some men that they must solve their own problems and cannot talk about their emotions, leading to delays in reaching out for help when experiencing distress.
5. Outdated gender roles that place pressure on men to be the main breadwinner can sometimes have negative impacts on men's wellbeing. Some men who are not the main breadwinner feel less valued in the community.
6. Pressure to fit in and belong leads many men to feel as though they need to hide their true self from others in the community.
7. Contrary to non-males, males in the Macedon Ranges were twice as likely to believe that they treat all genders equally and are confident to act on gender inequality.

RECOMMENDATIONS

1. **Include a diverse range of Macedon Ranges men in the design or implementation of any programs, resources, campaigns or marketing aimed at engaging men.**

   Different target groups of men are likely to respond best to different approaches, pointing to the need to tailor the avenues and messaging used to reach certain audiences in the implementation of programs. Co-design or consultation with local men on the design, marketing, and language used in tailored interventions is essential to ensure materials meet the needs of the target group(s) of men, and to increase the chances of sustained engagement with interventions. Given the resources and capacity required to implement co-design, we recommend that interventions draw on existing evidence-based programs with the potential to tailor elements (e.g. language, marketing, program setting) through meaningful collaboration and consultaion with Macedon Ranges men.

2. **Introduce community-based programs aimed at improving men's connectedness with others.**

   Intergenerational programs at Men's Sheds that provide opportunity for older men to mentor younger men may provide benefits for community connectedness, as well as building the valuable skills of both parties. Further, the implementation of programs for fathers including established programs like Dads Group, Daughters and Dads Active and Empowered, and Baby Makes 3 may help to promote social connectedness at an age where social connections often drop off, and increase support for gender equitable parenting practices. Expanding the range of activities targeted at men to include art, music and culture based programs will help to ensure that there is something of interest for everyone, while also providing more opportunities for men to make social connections.

3. **Engage with schools and workplaces to provide education to boys and young men in the Macedon Ranges about masculinity and its influence on mental health, gender equality, and respectful relationships.**

   Education programs that discuss gender norms and the impact of masculinity are found to be beneficial in fostering wellbeing and positive identity formation in young men. Existing programs centre around breaking down outdated gender stereotypes, understanding mental health and wellbeing, and respectful relationships. While most existing programs target adolescent boys, there may be benefits in introducing programs as early as primary school to instil gender equitable views before strong gender stereotypes are formed in young boys.

   Identifying and addressing adherence to outdated gender stereotypes in workplaces and organisations is also key to creating change in the wider community.

4. **Increase men's understanding of mental health through community based programs.**

   Taking interventions into existing community spaces is essential for engaging with men. Male-dominated industries and community sport clubs offer spaces to engage with groups of men and implement interventions aimed at increasing mental health knowledge and comfort with reaching out for help. Media-based interventions including social media campaigns and documentary screenings tailored to men may also be effective in reaching a wide audience of men and breaking down mental health stigma.

5. **Focus on mental health help-giving through developing a 'Help out a friend' tool-kit or campaign.**

   The act of help-giving can increase self-compassion, which may help to increase men's comfort in reaching out for help themselves. Men want to help out their mates, but aren't sure how to have tough conversations about mental health and suicide. A local tool-kit or campaign of tips for looking out for mates who are struggling may help break down masculine norms of stoicism, and normalise conversations about mental health. Delivering this information in a way that is accessible to men, for example presented in spaces where men populate will be essential to achieving engagement with the content.

6. **Develop an online directory of male-friendly mental health practitioners in the Macedon Ranges.**

   The Macedon Ranges community would benefit from increased awareness about the services available for men, the referral process, and tips for engaging with services. An accessible online local directory made available to healthcare providers and community members could assist with men who do reach out getting the help they need.

7. **Engage with health service providers to promote male-friendly practice.**

   Men have higher dropout rates in psychological treatment than women, and negative treatment experiences are likely to impact future help-seeking behaviours. Service providers in the Macedon Ranges may benefit from training and resources outlining tips for engaging with male clients.

8. **Use available evidence to guide the development of future programs aimed at promoting healthier masculinities.**

   Organisations implementing interventions may benefit from tools that offer guidelines for incorporating gender-sensitive content into men's health promotion programs. The Positive Masculinity framework (1) provides a way of conceptualising the progression towards a positive masculine identity in young men, and can provide a guide for developing healthier masculinities interventions in the Macedon Ranges. The Check Mate tool (2) is a useful resource that provides a checklist of steps to incoporate gender sensitive content into health promotion programs. The tool follows key approaches found to be effective in men's health promotion program, and can be used to determine the readiness of a certain program or initiative to be implemented effectively.

The Project Working Group will need to determine how to prioritise and support the implementation of these recommendations in the context of available resources.

INTRODUCTION

PROJECT BACKGROUND

Located on the countries of the Dja Dja Wurrung, Taungurung and Wurundjeri peoples, the Macedon Ranges Shire Council is approximately one-hour drive northwest of Melbourne, covering an area of approximately 1,747 square kilometres. It is largely a semi-rural municipality with a population of just under 50,000 people, with Gisborne, Kyneton, Romsey and Woodend the largest towns in the area. About 35 per cent of people in the Macedon Ranges live outside a town boundary, and the Shire has a higher proportion of young people under the age of 18 years compared to the Australian average.

The 2018 Suicide Prevention Area Profile published by North Western Melbourne Primary Health Network (NWMPHN) (3) indicated variation in suicide rates across local government areas (LGAs), with most areas lower than the Victorian and Australian average rate. With regard to suicide overall, and youth suicide mortality (15-24 years), Macedon Ranges is the NWMPHN municipality with the highest rate. The prevalence of suicide across the Shire catalysed the formation of the Macedon Ranges Suicide Action Group.

Since then, Macedon Ranges Health has been selected as one of 12 trial sites across the state through the State Government Victorian suicide prevention framework. The NWMPHN is also hosting a National Suicide Prevention Trial site aimed at reducing suicide rates for LGBTIQ+ people.

MEN IN THE MACEDON RANGES

Men in the Macedon Ranges are considerably more likely to be employed full-time than women (72 per cent v. 38 per cent), with a higher percentage of men earning above the minimum weekly wage than women.(4) The Macedon Ranges Shire has a gender pay gap that exceeds the Victorian LGA average. In addition, 54 per cent of Macedon Ranges residents are employed outside of the region, resulting in long commuting hours and increased separation from community for many residents.(5)

Suicide

Four out of five deaths by suicide in the Macedon Ranges were male, between the years 2011-20. In addition, the Macedon Ranges has comparatively high rates of death due to road traffic accidents. While suicide is not implicated in all deaths by road traffic accidents, international estimates suggest that approximately 10 per cent of road accidents may be due to suicide, and 40 per cent attributed to alcohol or other drug use. (6, 7) In Australia, the standardised death rate for road traffic accidents is also three times higher in males relative to females. (8) Taken together, this data underscores the importance of a place-based approach to male suicide prevention across the Macedon Ranges Shire.

Family violence

While the rates of reported family violence across the Macedon Ranges Shire over the past five years are below those observed for Victoria, rates in the Shire increased by 11.9 per cent between 2018-19. (9) This was the third-largest increase observed across the 13 LGAs comprising the NWMPHN, and just under three times the rate of increased family violence reports observed across Victoria. Australian statistics indicate that most family violence is against women, perpetrated by men. Research indicates that 17 per cent of Australian women have experienced physical and/or sexual violence by a current or previous cohabiting partner since the age of 15, compared with 6 per cent of men. (10)

Risk-taking behaviours

Risk-taking behaviour is a broad construct; however, it is common that risky use of substances features centrally in this problem. Alcohol use-related hospitalisations in the Macedon Ranges are consistently higher in males than females, with double the number of hospitalisations for men than women in 2018. (11) The Macedon Ranges was one of the few LGAs in the NWMPHN with an increase in hospitalisations (among both males and females) from 2016 up until the most recent available data from 2018. Furthermore,

whilst alcohol use-related traffic injuries have decreased in recent year, the rate among males in the Macedon Ranges has consistently exceeded the Victorian rate since 2015.

PREVIOUS RESEARCH IN MASCULINITIES

Masculinity refers to a set of culturally defined practices, attitudes and behaviours that inform how boys and men should behave, or who they can be. Masculinity is learnt through social norms, and varies between cultures, time and within groups and individual men. While not all men adhere to these norms, many feel pressure to do so.

The dominant view of masculinity in society is characterised by norms including restrictive emotional expression (aside from anger), self-sufficiency, independence, toughness, heterosexuality and maintenance of a position of control. (12) Until relatively recently, people have largely communicated that elements of dominant masculinity can be problematic for mental health, with links observed between conformity to traditional ideals of masculinity and increased risk of suicide, perpetration of intimate partner violence, substance misuse problems, and reduced help-seeking. (13-16)

More recently, framing masculinity as purely harmful to men's mental health is nonetheless problematic, and risks pathologising and alienating men. The relatively low uptake and engagement of men's health promotion for physical and mental health concerns (17, 18) suggests a need to include men's unique perspectives in the next generation of interventions. Approaches that place men's strengths and abilities at the forefront, while also acknowledging their risk for doing and experiencing harm, are most likely to positively engage with men. (19) A balanced perspective that recognises 'masculinities', or the capacity for men to forge their own unique masculinity in tandem with wider social pressure, has achieved positive results in relation to men's help-seeking. (20)

Recent community-level Australian research (*The Man Box: A Study on Being a Young Man in Australia*) illustrated that the majority of younger men (18-30 years old) who were surveyed agreed there are social pressures to be a 'real man', primarily reflecting expectations of self-sufficiency and acting tough. Yet consistently across all domains of *The Man Box*, the individual-level subscription to masculine norms was far below the perception of wider social pressure to conform to those norms.

This highlights the important opportunity – particularly given the current socio-climate related to gender – to work to establish positive community-wide change towards wider adoption of more positive, prosocial (or healthier) masculinities. Interventions focussing on boys and men are critical, particularly given gender transformative programs encouraging development of healthy masculinity have shown positive evidence from our recent review work (21). Nevertheless, given the prominence of harmful constructions of masculinity in the majority of research into men's suicide, domestic violence perpetration and substance use, it is essential to explore the identification and promotion of what constitutes healthy and positive masculinity.

PROJECT AIMS AND METHODOLOGY

The Human Code project was undertaken by Orygen, and funded by the North Western Melbourne Primary Health Network. The Human Code project focused on developing a place-based understanding of the unique factors (risk, protective and perpetuating) faced by Macedon Ranges boys and men in relation to doing harm and being harmed.

The overarching aim of The Human Code project was to identify key data to inform subsequent program co-development (including program co-design, piloting and evaluation, and the development of a healthier masculinities strategy for the Macedon Ranges Shire). In doing so, this project focused on developing local research knowledge of the attitudes and behaviours of boys and men in the Shire, in order to contribute to identifying promising healthy masculinities-focused approaches to reducing male suicides and delivering effective suicide prevention and harm reduction initiatives at a local level.

Integral to the project was the input of local voices and the use of local resources and skills to ensure the successful implementation of evidence-based initiatives within the community. A project working group responsible for oversight and community input into the project was established in September

2020. It comprised of key local partners and stakeholders including council, local healthcare providers, suicide prevention and family violence networks, Men's Sheds, local sporting clubs and health promotion organisations. All elements of The Human Code project were approved by The University of Melbourne Human Research Ethics Committee (approval no: 2057593), and the Research Review Committee at Orygen, Parkville.

The project utilised a mixed-methods approach to understanding place-based factors associated with boys and men doing and experiencing harm in the Macedon Ranges.

The project consisted of three streams of research, incorporating quantitative and qualitative approaches:

- stakeholder interviews and focus groups;
- a community survey; and
- community interviews and focus groups.

The methodology utilised for each stream is outlined below. Findings are then presented from each stream separately, followed by the key messages and recommendations for interventions for the promotion of healthier masculinities within the Macedon Ranges.

RESEARCH QUESTIONS

Stakeholder interviews	Community survey	Community interviews
• What are key stakeholder perspectives and priorities in addressing men doing and experiencing harm in the Macedon Ranges?	• To what extent do the attitudes and behaviours of boys and men in the Macedon Ranges align with the dominant ideals of masculinity? • What defines masculinities – and by extension the gender-health related attitudes and behaviours – of boys and men in the Macedon Ranges? • Do men in the Macedon Ranges differ in their profile of gendered health-related attitudes and behaviours relative to existing community data sets?	• What are the local influences that boys and men identify as shaping and reinforcing attitudinal and behavioural expressions of traditional masculinity in the community? • How do boys and men in the Macedon Ranges align and distance themselves from normative place-based masculine attitudes and behaviours? • What comprises healthy masculinities in the Macedon Ranges, and how might that be harnessed to reduce male suicide and other harmful behaviours?

COMMUNITY SURVEY

Prior to obtaining research ethics approval, the survey questions and recruitment methodology was approved by The Human Code Working Group. The Project Working Group distributed the survey through their professional and personal networks. Respondents were also invited to share the survey invitation with eligible others in the Macedon Ranges. Community-based recruitment (e.g., attendance at Farmer's Markets) was undertaken to supplement social media recruitment (e.g., paid advertisements on Facebook and Instagram) and print media coverage.

The Human Code Community Survey was open between 15 December 2020 and 19 May 2021. Prospective participants were directed to the online software program (Qualtrics), where they were presented with the participant information and consent form. Prior to analysis, data was cleaned by removing any ineligible responses (e.g., outside the age range, ineligible postcode). Where available, survey results were compared with other large studies, including data from the *Ten to Men* study – Australia's longitudinal representative cohort study on men's health, comprising approximately 15,000 male participants. (22) See Appendix for additional information on methodology and data analysis.

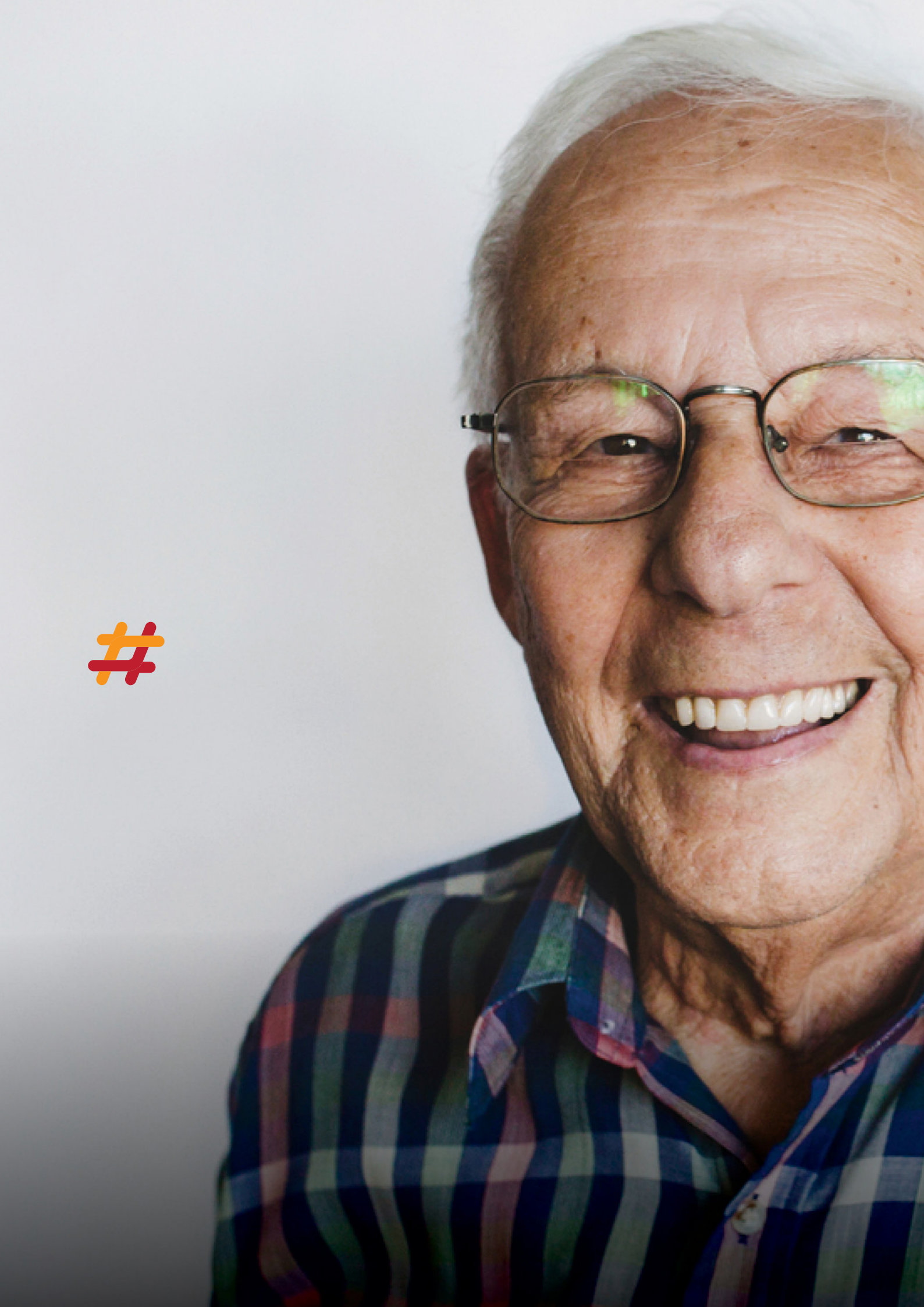
QUALITATIVE INTERVIEWS AND FOCUS GROUPS

For stakeholder interviews and focus groups, participants were recruited through the professional networks of the project working group, determined on the basis of their expertise or experience working with boys and men in the Macedon Ranges. Stakeholders were sought from a range of community sectors including health care and emergency services, LGBTIQ+, youth and older people's community services, community sport, law enforcement, and education to ensure breadth of experience in working with local boys and men across age brackets. For individual interviews, demographics (age, gender identity and professional sector) were obtained at the beginning of each interview. For focus groups, gender identity was obtained.

Participants for the community interviews and focus groups were recruited through the online community survey, where respondents had an option to leave contact details if they were interested in partaking in an interview. For community interviews, participant demographics were obtained via an online form. Men completing individual interviews were also invited to complete a photo-voice task by providing images that represented '*The stresses and successes of being a man in the Macedon Ranges*' to help contextualise their experiences. Some of these images have been included in this report with consent from those who provided them. These cannot be copied from the report for publication elsewhere.

All interviews were conducted virtually using Zoom videoconferencing software.(23) Masculinity (24) and gender and place (25) frameworks were drawn upon to theorise and contextualise the findings within the men's mental health literature.

Throughout this report, additional supporting information (e.g., data tables) can be found in the Appendix. Any references to tables appearing in the Appendix include an "A" preceding the table number (e.g., table A1).



FINDINGS FROM STAKEHOLDER INTERVIEWS

SAMPLE CHARACTERISTICS

Nineteen stakeholders (53 per cent female) ranging in age from 33-81 years-old (M=49.89, SD=11.82 years) who worked in the Macedon Ranges Shire completed individual interviews. Stakeholders consisted of healthcare and health promotion professionals (n=8), community service, law enforcement or sports staff (n=8), and education staff (n=3). Average length of interviews was 45 minutes. Two stakeholder focus groups were conducted, with a total of 12 participants (50 per cent male).

RESULTS

Findings from stakeholder interviews have been condensed due to space limitations. Section 3.2. presents the most relevant findings, with increased focus on suggestions for intervention and strategies for engaging men in health promotion. Full results from stakeholder interviews will be available in the peer-reviewed journal article '*Promoting healthier masculinities as a suicide prevention intervention in a regional Australian community: stakeholder perspectives*.'

LOCALISING MASCULINITIES

Summary

- Stakeholders spoke about traditional gender roles remaining prevalent in the Macedon Ranges, with men facing pressure to take on breadwinner roles and be the main family supporter.
- Masculinity in the Macedon Ranges was viewed to be guided by cultural norms of stoicism and toughness.
- These norms impact men's mental health by decreasing men's likelihood to talk about, or seek help for, emotional concerns.
- Stakeholders acknowledged that some men in the Shire are increasingly stepping away from more rigid models of masculinity and embracing alternative ways of expressing manhood that involve openness, empathy and emotional awareness.
- Identifying and promoting these men as positive role models within the community was seen as a potential road forward to creating cultural change and breaking down rigid gender stereotypes in the Macedon Ranges.

Embodying local masculinity

Stakeholders referenced a somewhat traditional and conservative Australian culture in the Macedon Ranges, where gender roles were prescriptive and policed. Regional men were seen as needing to conform to expectations of being the main family provider and protector figure. While individual variability in whether men fulfil these roles was acknowledged, the lack of diversity and the limits to role modelling regarding alternate expressions of masculinity (and minimal opportunities for men to step outside of these roles) was seen as a contributor to pressures faced by men of all ages.

"Growing up in what is essentially a small country town I think can be hard for men, in that sense of, you need to stick to kind of traditional male roles."
(Female, 40-45 years)

Restricting mental health help-seeking

The influence of traditional masculine norms such as stoicism and emotional restriction on men's help-seeking behaviours was apparent across stakeholder interviews. The majority of stakeholders referenced men's challenges in displaying or talking about their emotional states. This was guided by a cultural attitude of *'she'll be right'* stoicism which was seen to be enhanced in the regional context:

> ***"Their response is just informed by this picture of masculinity, which is like a squinty eyed, grit-your-teeth, in English we'll call it stiff upper lip, this picture of an unfeeling stone, which is I think brittle, not tough." (Male, 50-55 years)***

Stakeholders described men in the Shire as often having comparatively low emotional awareness, with many lacking the skills to talk effectively about their emotional lives. For the most part, this was framed as a learned state whereby men (and boys) were socialised from a young age to refrain from vulnerability and expressing emotions, and therefore lacked opportunities to develop skills to identify and communicate diverse emotional states.

Stakeholders reflected that these characteristics may be amenable to change. Increasing awareness and education efforts for boys and men regarding identifying and managing emotions was seen as a potential way to support better self-management of mental health and recognition of distress in peers. Additionally, fostering acceptable and comfortable environments between male peers could be an important step to building open communication channels. Educating, role modelling and supporting men to have open conversations about mental health with their male peers was seen as a vital part of suicide prevention:

> ***"You've actually got to start educating these guys on the language. You've got to bring it right back, right, a massive re-build. And actually go, 'This is what you say. This is how you feel. Hey, this might add up to thoughts of suicide, yeah? Maybe you need to pay attention and listen to what they're talking about, and acknowledge it and hear it.' And then... talk about being a good listener, which is really important." (Male, 45-50 years)***

Breaking the masculinity mould

While stakeholders reflected on a traditional picture of masculinity being prevalent in the Macedon Ranges, alternate ideas of what it means to be a man were increasingly apparent within the community. Some stakeholders spoke of experiences with boys and men who are increasingly questioning the benefits of subscribing to the restrictive masculinity with which they are presented. Young men in particular were seen as drivers of change as they look for alternative ways to express their masculinity. This decision to deviate from the norm presents challenges for men as they may struggle to maintain a sense of belonging while engaging in and promoting healthy behaviours and traits that challenge outdated masculine stereotypes:

"There are a lot of young men who are questioning those ... outmoded, harmful stereotypes and models of masculinity, who want more, who may look at older men, their fathers and grandfathers, and who actually feel some compassion... young men who are looking to redefine a new kind of masculinity, a new way of doing manhood and boyhood. And I feel there's quite a lot of openness and some real resilience, it's not easy to challenge those kinds of societal norms and it's not easy to stake out a place." (Male, 50-55 years)

Affirming men to continue to expand their understanding of what it means to be a man in the Macedon Ranges, and actively supporting those who do display alternate pictures of masculinity was seen as a vital way to ensure those behaviours and traits are modelled and reinforced within the community.

Promoting healthy masculinities

Identifying respected community members who are striving to express diverse masculinities, and providing opportunities for them to model healthy behaviours were viewed as possible inroads for community-wide changes in attitudes. Empowering men to stand up, be involved and act as positive community role models were articulated as ways of assisting in creating meaningful grassroots community change. This was viewed as particularly pertinent when trying to create change around behaviours that predominantly are seen in men, for example in relation to family violence:

"I think that needs to continue, to keep having that conversation and getting more male champions of change, for want of a better term, to actually stand up. If we talk about domestic violence, family violence, there's been a lot of female leaders in the community standing up, we need more males." (Male, 50-55 years)

Importantly as articulated above, the expression of masculinities that contest dominant (and damaging) norms may jeopardise the need to fit in with the peer group, a phenomenon which seems to be heightened in the regional context due to the limited social circles available. Social standing, which likely pertains to complicity in sustaining and/or conformity to the norm, was viewed as an important consideration by some stakeholders when identifying community role models who are likely to have the most impact:

"How do you find the young men who are courageous enough, but also have enough social clout in a way, to be the ones to stand up? Because I think that's often what it is about, is having legitimate, believable, real people in the community that are respected and well regarded." (Female, 40-45 years)

BELONGING IN COMMUNITY

Summary

- Men's social connectedness and feelings of belonging within the community were seen as a key driver of mental wellbeing.
- Men were viewed by stakeholders as less likely to have strong social networks than women, partly due to a lack of opportunity within the Shire for men to meet people, form friendships, and foster strong ties with peers.
- A sense of isolation and loneliness stemming from limited opportunities for connection was viewed as a contributor to distress in some men.
- An opportunity for intervention exists in providing men with a more diverse range of social activities and spaces to interact with peers.

Community connectedness as requisite to wellbeing

Many stakeholders highlighted social and community connectedness as requisite to wellbeing for men in the region. Men were seen as benefiting from strong social ties within the community when they were able to muster relationships involving a reciprocity in giving, as well as receiving support:

> ***"I think it is about being involved, being part of someone, a family, a community, a something, so that, the men are important, they've got a need, they've got a reason to live, whatever that might be." (Female, 60-65 years)***

Participants reflected that a sense of belonging, purpose and acceptance within the community, stemming from strong social networks, helped protect from psychological distress and suicide risk in a two-fold way. First, being part of a social network (whether family, peer and/or community group) provided men with a way to engage in healthy communication and relationships, often while partaking in activities that were enjoyable and enriching. Second, trusted social connections offered opportunities for a vital link to supports for men when needed. As men may be hesitant to connect with formal community-based mental health services, strong social networks could provide intermediate informal support and, with the right mental health awareness and help-giving, allow for a trusted link to more formal services to be made when needed. As noted by a male stakeholder, fostering a *"real sense of community... where people look out for each other... will really help to create the glue of the society that people can actually feel supported."*

Men were perceived as having few opportunities for social connection, and/or were less likely to prioritise social connectedness relative to female peers. Although many factors may contribute to men's difficulties creating and maintaining social connections, stakeholders brought to light several key contributors.

First, men's work and family commitments could pose barriers to prioritising their social life. This may be particularly pertinent in regional areas where a large proportion of the workforce are based outside of their townships, contributing to long commuting hours that keep local residents away from their families and communities for longer.

Second, men were perceived as taking less initiative (compared to women) in leading or attending social or community groups. While sporting clubs were something of an exception and viewed as an integral part of the community, providing men with vital opportunities for social interaction and support, few alternate avenues for men to connect with the community were mentioned by stakeholders. In particular, the challenges for younger men with interests outside of sport were highlighted:

> ***"Young people that have got an interest in other things, whether it's music, drama... they are very much out on the fringe." (Male focus group participant)***

Linking social disconnection to distress

The effect of limited opportunities for local social connection was apparent to some stakeholders who referenced isolation and loneliness as contributing to distress in the men they saw and worked with. Specifically, the impacts of social

disconnection may be heightened for those residing outside of townships in the Macedon Ranges. These men were deemed to have less opportunities to interact with other members of the community, and experienced inherent challenges with accessing social support services. Social isolation was viewed as a place-based concern for the community as difficulties with transport and physical distance between town centres contributed to men's resistance and/or inability to engage with social and community groups:

"If they feel like they can't talk to people or reach out or just become part of the community, I think men often feel on the edges of community unless they're involved in sports...for older men, things like Rotary or Lions, I think they often feel a bit alone and I guess that's really tricky." (Female, 40-45 years)

Creating opportunities for connection

In order to increase men's social and community connectedness, stakeholders suggested multiple avenues to provide opportunities for men to both make, and maintain social connections. The need for a diverse range of appealing activities and social groups for men was communicated by stakeholders, suggesting a need to expand beyond the existing opportunities and provide more spaces for men with varied interests to feel welcomed, included and able to contribute.

Existing groups such as local sports clubs, Men's Sheds, Rotary and Lions clubs were seen as a vital and beneficial part of the community. They offered a place for some men to gather and connect over shared interests, concerns or activities and were viewed as a form or peer support. Stakeholders reflected that informal gatherings and spaces that provide a place for men to talk with peers help to reduce the stigma of discussing mental health concerns. The expansion of this model into wider community structures that appeal to other demographics, and age groups, could provide an inroad to connecting more men with their community and fostering the development of healthy social relationships:

"The gap, especially for those middle ages, is that peer support. So that's exactly what Men's Shed is, it's a peer support group. And I guess the peer support groups for that middle age is probably sporting clubs... but outside of sporting clubs for that middle-age group who a lot of them are commuting out of Macedon Ranges, I guess there's a gap there around that peer support culture." (Female focus group participant)

Having strong social connections was not only seen as a potential protective factor against psychological distress, giving men a sense of belonging, it was also envisioned as a way for boys and men to connect with services if and when distress occurred. Trusted peers and friends can not only provide informal emotional support, but often are able to encourage or recommend professional support if they have the knowledge and skills to do so. In particular, stakeholders stressed the importance of boys and men being able to choose their potential support figures; who they would go to if they needed emotional support, before reaching the stage of needing crisis support. Here, introducing health promotion messaging around maintaining mental wellbeing, promoting healthy peer relations particularly male-male relations, and identifying key support figures may be a vital step to increasing men's comfort and willingness to access services:

"I think this whole education thing [is important] about what is good mental health? Teaching people about how to be well and stay well... I think it's really important with young people to get them to identify who they would talk to if they were struggling, before they struggled, not when they're struggling... And what it does is it then makes for a much more resilient young person, who makes a much more resilient older person, which then hopefully makes them produce resilient young children." (Female, 60-65 years)

ENGAGING MEN

Summary

- Given that boys and men may be less likely to engage with services or campaigns around health promotion, stakeholders highlighted ways that services and programs can better appeal to men and meet their needs.
- A person-centred approach recognising the diversity among and within men was viewed as essential, where services and programs strive to recognise and utilise men's individual skills and strengths.
- Approaches that take mental health interventions to the spaces and groups where men gather and feel comfortable may help to create meaningful change. The community could consider providing more community spaces that give permission for men to express vulnerability, facilitated through open communication and modelling by program leaders.
- Championing lived experience in programs was viewed as a way to engage men authentically and convey messages of support, education and hope to those struggling.
- Programs should tailor language and content to appeal to different groups of men, including potentially stepping away from 'mental health' language, avoiding terms like 'toxic masculinity' which may alienate men, instead focusing on reframing masculine norms in the context of prosocial behaviours and help-seeking as courageous acts.

Interventions prioritising authenticity

Stakeholders highlighted the need for a person-centred approach when working with men and addressing male distress. Recognition of diversity within men, alongside the specific needs, experiences and expectations of each man when accessing services or programs was seen as an important base by stakeholders. Programs and services that engage men's agency by lobbying them to contribute their skills and communicate their wishes, built on a philosophy of 'doing with and not doing to' were framed as key to successful programs and community change. In addition, stakeholders discussed taking into consideration the activities, spaces and groups that men already engage and interact with, and utilising these to create meaningful change in a way that feels familiar and comfortable for men:

> *"It's just creating things that men feel comfortable with, working within masculinity to change it, if that makes sense. So trying to reach men on their level and then shift the parameters a little bit at a time, I think is important." (Female, 45-50 years)*

Given the importance of sporting clubs in the region, stakeholders saw a key opportunity for club leaders to advocate for mental health help-seeking and provide support to men in the community in a space that is familiar:

> *"Before a game, break the ice and say, 'Listen, anyone suffering from mental health or they think need to talk to somebody, come over to the club rooms anytime. We're here for you.' Just get out there and say it on loudspeaker. Then as a club, you're advocating that it's okay to have some problems." (Male, 50-55 years)*

Using sporting clubs to facilitate programs promoting mental health was supported, but with the recognition of time and resource capacities of club leaders and staff. Capacity building through mental health training for sports staff and coaches may increase confidence and comfort in managing mental health concerns of players, and help to create a culture around the clubs that promotes openness and vulnerability.

> *"I think capacity building in that way is a really simple way of kind of up-skilling your entire club... For our young kids that are coming up to know that all the coaches know what to do if one of them comes to them with a crisis where they can point them in the right direction, I think that's just fundamental... And I think the more that clubs can get around this and try and make the time and say, 'This is a massive part of what we need you to do to be a good role model for the young people coming up.'" (Female focus group participant)*

Some stakeholders discussed the importance of actively promoting a safe space for vulnerability through open communication and modelling of healthy behaviours by program leaders. When men are provided with a *"safe, controlled, supportive environment" (Male, 50-55 years)* they are more likely to be willing to engage in discussion around mental health which may help alleviate some of the stresses caused by pressure to manage distress on their own.

"Giving them that opportunity and that space to be heard and to be vulnerable about what it is that they feel they're lacking or what it is that they can change, I think they have agency in that sense." (Female, 40-45 years)

The value of championing lived experience as a way to connect and engage with men was discussed by stakeholders. By normalising experiences and struggles, authentically sharing lived experiences was seen as a way to create meaningful connections, provide support, education and hope to those who may be going through a similar situation:

"With something as important as mental health, and so much fantastic lived experience where people have come out the other end a better person for that experience and got through some really tough times, having them share that experience I think is really important. If we can try and promote those people to, I suppose to tell their story and what they went through, what worked for them, what didn't work for them, because someone will always be able to relate to that, and someone else will be able to relate to someone else." (Male, 35-40 years)

Tailoring language, program content and delivery

Language was seen as a key tool in the provision of a men-centred approach, with stakeholders advocating for an increased awareness of language that engages with men and allows them to relate to, if not lead, the conversation. Men were seen to benefit from a direct, straightforward conversational approach that provides information in a way that is clear and easy to understand.

"Changing language about how we talk about things is really important, including men in the conversation, because I think a lot of the time they're not included and it's seen as the women's responsibility to fix emotional problems." (Female, 45-50 years)

Additionally, removing explicit mention of 'mental health' and other associated words from campaigns and programs may help men engage better by minimising the stigma felt when discussing their emotional concerns. Instead, framing the conversation around stresses and management experiences or behaviours that men recognise and relate to might make them feel able to engage with the conversation, and open doors to continue discussion and education around mental health and wellbeing:

"[Mental health is] not necessarily a word that speaks to them. And they might not think that people don't necessarily want to see that they have any mental health problems or see what is going on for them, or they may not link what is going on for them as mental health." (Female, 55-60 years)

Normalising problematic behaviours in a non-judgmental format was also seen as a key component to engaging men. Being upfront and openly talking about struggles and problematic behaviours may help to destigmatise and validate men so that they engage in the conversation and consider accessing appropriate services. In addition to educating men about the negative impacts of their behaviour for both themselves and others in a non-judgmental forum, facilitating their skill development to navigate similar situations in healthier ways in the future may help to prevent harm to both themselves and others.

"If I come back to domestic violence, a lot of the language in domestic violence is about women. And I think it's the men that actually need to be targeted in those sorts of campaigns. So even just calling it violence against women or domestic violence, it's violence men do. I think we need to actually really start speaking the truth about those things, because often perpetrators of that sort of violence are people in crisis. So if the support is given to them, then it helps."
(Female, 45-50 years)

Using positive framing and leveraging men's strengths was seen as a key way to increase engagement in mental health promotion efforts. In particular, reframing masculine norms may show men how they can better engage in healthy and open communication, without feeling threatened by the perceived loss of masculinity. For example, framing vulnerability as strength might help men to feel more comfortable in standing up and seeking help, if as a result they are viewed as courageous by their peers and community.

"Vulnerability is the ultimate sign of courage. So, men want to be seen as courageous. So, utilising the things that men want to be seen as, but showing the softer side of that, that actually is a strength." (Female, 40-45 years)

Additional strengths that could be threaded into communication with men in the context of service delivery or programs include a willingness to learn and put in the work to solve problems, and men's strong sense of care and protection for their loved ones, which may motivate them to look after their health for those around them. Harnessing 'mateship' and leaning on the desire to look after friends was seen as a way to start conversations about mental health between men.

"I think that a typical male thing is if you accentuate some of the mateship type stuff... if there was a lot more maybe focus on the whole mateship, as in looking after your mates so that you're having the conversation to get your mates to think about it ... mateship, it's a very traditional sort of thing, isn't it?"
(Male focus group participant)

Furthermore, there was a sense that the social pressures which have caused men to remain stoic have also built resilience which can be leveraged as hope:

"Most of them have held on for such a long time, so there must have been some resilience to keep going for some time. Maybe it doesn't quite look like the same as it does in females, but there are things there that must keep them going."
(Female, 40-45 years)

FINDINGS FROM COMMUNITY SURVEY

SAMPLE CHARACTERISTICS

The survey portal was visited on a total of 423 occasions. After screening ineligible cases (age and postcode) and non-genuine responses (e.g., completion rates < 2 minutes) a final sample of 376 usable cases remained, of which 54 per cent identified as male. As is common in survey-based research, there was progressive attrition throughout the survey. Below we report all usable data to maximise the sample size, resulting in the number of responses varying throughout the report. For example, while there were 375 cases who competed survey demographics, the final questions (attitudes towards violence against women) were completed by 272 respondents.

Of the 375 cases completing the demographic items, male respondents (M=44.7 years) were significantly older than non-male respondents (M=37.6 years; p<.001, d=0.45). There was good representation of participation across the lifespan with 23 per cent aged 25 years and under, 25 per cent aged 26-40 years, 40 per cent aged 41-60 years and 12 per cent aged 61+ years (see table 1). A total of 54 per cent of respondents indicated their gender identity as man/young man, 45 per cent indicated woman/young woman, 1 per cent indicated non-binary, and 0.3 per cent indicated preferring not to answer. For the remainder of the report, results are reported according to male identification based on a separate question that asked participants 'For the purpose of answering the following questions, do you identify as male?' (yes/no). Participants are referred to as 'male' and 'non-male' throughout.

Most (86 per cent) participants were heterosexual, and most (59 per cent) were married or in a de facto relationship, with 6 per cent separated or divorced. Male participants were more likely to be in full-time work (65 per cent) compared to non-male participants (23 per cent), with non-male participants more likely to be in part-time work (44 per cent) than male participants (8 per cent; p<.001, ϕ=.533). Most (53 per cent) of the sample held an undergraduate or postgraduate degree. The majority (87 per cent) of respondents were born in Australia and there were very few (<3 per cent) participants identifying as having an Aboriginal or Torres Strait Islander background. A significant proportion (43 per cent) of respondents were caregivers of a young person under 18 years old. Male respondents (56 per cent) were less likely to have accessed counselling with a mental health professional, or sought any sort of mental health support from a professional, relative to non-male respondents (72 per cent; p=.007, ϕ=.164).

Available demographic data was compared to data from the Australian Bureau of Statistics' 2016 census for the Macedon Ranges Shire. In the 2016 census, 51 per cent of the Macedon Ranges population was female, with a median age of 42 years. Fifty-five per cent were married, compared with 59 per cent of the present sample. A total of 22 per cent had a Bachelor's degree or above, differing substantially from the present sample where 54 per cent had either a Bachelor's or postgraduate qualification. Census data indicated that 56 per cent of the population was working full-time, with a further 34 per cent working part-time in 2016. Our sample differs slightly, with 46 per cent of respondents working full-time and 24 per cent working part-time. 87 per cent of our sample were born in Australia, as compared to 79 per cent of the general population in the Macedon Ranges (ABS, 2016).

Throughout the report, data are analysed according to age group, with younger males defined as aged 16-30 and older males as 30+.

Effect sizes for group differences are presented using the Cohen's d or partial η^2 (eta-squared) coefficient where; d≥.20 (small effect), d≥.50 (medium effect), d≥.80 (large effect), or η^2 ≥0.01 (small effect), η^2≥0.06 (medium effect), η^2 ≥ 0.14 (large effect). Effect sizes for associations are reported using ϕ (phi; .20 weak; .30 moderate; .40 strong; .70 very strong) or ρ (rho; .30 weak; .50 moderate; .70 strong). Using these standard criteria, effect sizes are reported below as small, medium or large.

TABLE 1. SAMPLE DEMOGRAPHICS

	Male %(*n*)	Non-male %(*n*)	**Total** %(*n*)
Total *n*	54.0 (203)	46.0 (173)	100 (376)
Mean age (SD)	44.71 (15.65)	37.64 (15.45)	41.46 (15.94)
Age groups			
16-25	15.3 (31)	31.2 (54)	22.6 (85)
26-40	24.6 (50)	26.0 (45)	25.3 (95)
41-60	42.9 (87)	37.0 (64)	40.2 (151)
61+	17.2 (35)	5.8 (10)	12.0 (45)
Sexuality			
Heterosexual	90.6 (184)	81. 5 (141)	86.4 (325)
Homosexual	2.5 (5)	2.5 (<5)	1.6 (6)
Gay	3.0 (6)	2.5 (<5)	1.9 (7)
Lesbian	-	3.6 (6)	1.6 (6)
Bisexual	3.0 (6)	4.0 (7)	3.5 (13)
Pansexual	2.5 (<5)	3.5 (6)	1.9 (7)
Asexual	2.5 (<5)	2.5 (<5)	1.3 (5)
Queer	2.5 (<5)	3.5 (6)	1.9 (7)
Not sure	2.5 (<5)	2.5 (<5)	1.3 (<5)
Prefer no label	2.5 (<5)	2.5 (<5)	1.3 (<5)
Other	2.5 (<5)	2.5 (<5)	1.3 (<5)
Relationship status			
Single/never married	12.3 (25)	18.0 (31)	14.9 (56)
Partnered	15.8 (32)	22.7 (39)	18.9 (71)
Married/de facto	65.5 (133)	50.6 (87)	58.7 (220)
Separated/divorced	4.4 (9)	7.0 (12)	5.6 (21)
Widowed	2.5 (<5)	2.5 (<5)	2.5 (<5
Other	2.5 (<5)	2.5 (<5)	2.5 (<5
Employment Status			
Full time	65.0 (132)	22.7 (39)	45.6 (171)
Part time	7.9 (16)	43.6 (75)	24.3 (91)
Casual	6.4 (13)	12.2 (21)	9.1 (34)
Job-seeking	2.5 (<5)	2.5 (<5)	2.5 (<5)
Not looking for work	3.0 (6)	3.5 (6)	3.2 (12)
Retired	11.8 (24)	3.5 (6)	8.0 (30)
Student	4.9 (10)	12.8 (22)	8.5 (32)
Education level			
Some high school	3.0 (5)	7.6 (13)	5.1 (19)
High school	13.8 (28)	17.4 (30)	15.5 (58)

(Table 1 continues)

	Male %(*n*)	Non-male %(*n*)	**Total** %(*n*)
Trade/cert/diploma	25.6 (52)	26.2 (45)	25.9 (97)
Undergrad degree	27.1 (55)	26.2 (45)	26.7 (100)
Postgrad degree	30.5 (62)	22.1 (38)	26.7 (100)
Income range			
0-$49,000	22.7 (46)	48.8 (84)	34.7 (120)
$50,000-99,999	35.5 (72)	34.9 (60)	35.2 (132)
$100,000-$149,999	25.6 (52)	5.2 (9)	16.3 (61)
$150,000-199,999	6.9 (14)	3.5 (6)	5.3 (20)
$200,000 +	5.4 (11)	2.5 (<5)	3.7 (14)
No answer given	3.9 (8)	5.8 (10)	4.8 (18)
Country of birth			
Australia	83.3 (169)	90.7 (156)	86.7 (325)
United Kingdom	6.9 (14)	5.2 (9)	6.1 (23)
Other	9.8 (20)	4.1 (7)	7.2 (28)
Aboriginal identity			
Aboriginal	2.5 (<5)	2.5 (<5)	2.5 (<5)
Torres Strait Islander	-	-	-
Both	2.5 (<5)	2.5 (<5)	2.5 (<5)
Prefer not to answer	2.5 (<5)	2.5 (<5)	2.5 (<5)
Language spoken			
English	100 (203)	100 (172)	100 (375)
Parenting/caring			
Parent of person <18	44.8 (91)	40.1 (69)	42.7 (160)
Carer – disability	2.5 (<5)	2.5 (<5)	1.6 (6)
Carer – elderly person	2.5 (<5)	4.6 (8)	2.7 (10)
Carer – another person	3.0 (6)	2.5 (<5)	2.7 (10)
Previous MH support			
Yes	55.7 (113)	71.5 (132)	62.9 (236)
Postcode (residential)			
3442	33.0 (67)	27.2 (47)	30.3 (114)
3444	15.8 (32)	18.5 (32)	17.0 (64)
3437	17.2 (35)	25.4 (44)	21.0 (79)
3440	5.9 (12)	2.9 (<5)	3.7 (14)
3431	5.4 (11)	7.5 (13)	6.4 (24)
3434	6.9 (14)	5.8 (10)	6.4 (24)
3435	7.9 (16)	2.9 (5)	5.6 (21)
3441	4.4 (9)	2.9 (<5)	3.5 (13)
Other[a]	3.5 (7)	8.7 (15)	6.1 (22)

Note. a=other postcodes consisting of 3438, 3446, 3430, 3432, 3458, 3447

MENTAL ILL-HEALTH SYMPTOMS AND RISK FACTORS

SYMPTOMS OF DEPRESSION AND ANXIETY

Figures 1 and 2 show that the majority of survey respondents were in the normal or mild range for symptoms of depression (PHQ-9) and anxiety (GAD-7). A total of 21 per cent of males and 27 per cent of non-males scored in the moderate, or moderate-severe range depression, while this was 13 per cent and 24 per cent respectively for anxiety. Younger males (M=7.06, SD=5.62) reported a trend for higher mean depression scores relative to older males (M=4.60, SD=4.88; p=.014, d=0.47), though there was no age effect for anxiety for male respondents.

There was no association between gender and depression severity categories. In contrast, there was an association between gender and anxiety, with non-males reporting more frequent anxiety symptoms, although this association was weak (p=.009, ϕ=.186). Depression and anxiety symptoms tended to co-occur, as evidenced by the strong correlation between the PHQ-9 and GAD-7 for both male respondents (ρ=.78, p<.001), and non-male respondents (ρ=.72, p<.001).

The PHQ-9 scale also includes an item assessing for thoughts of suicide or self-harm (e.g., How often have they been bothered by the following over the past two weeks – thoughts that you would be better off dead or hurting yourself in some way?'). A total of 11 per cent (n=19) of males, and 13 per cent (n=19) of non-males endorsed this item. These observed rates of recent suicide/self-harm ideation were broadly consistent with those observed in the *Ten to Men* dataset (10 per cent). Supporting data is presented in appendix A.

FIGURE 1. CLINICAL CUT-OFFS FOR PHQ-9 (DEPRESSION) % OF RESPONDENTS IN EACH CATEGORY

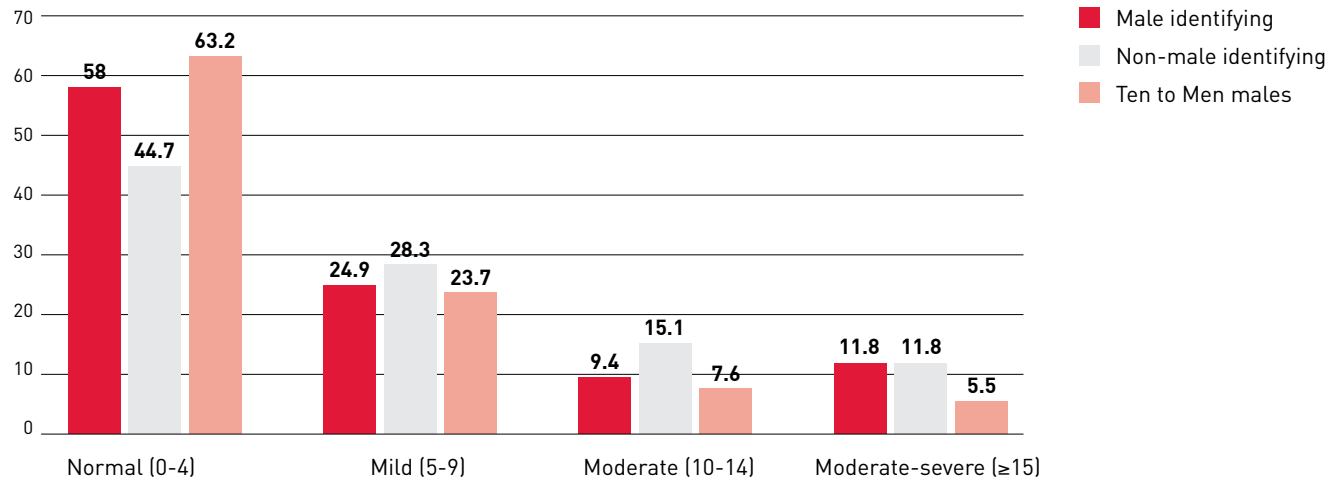
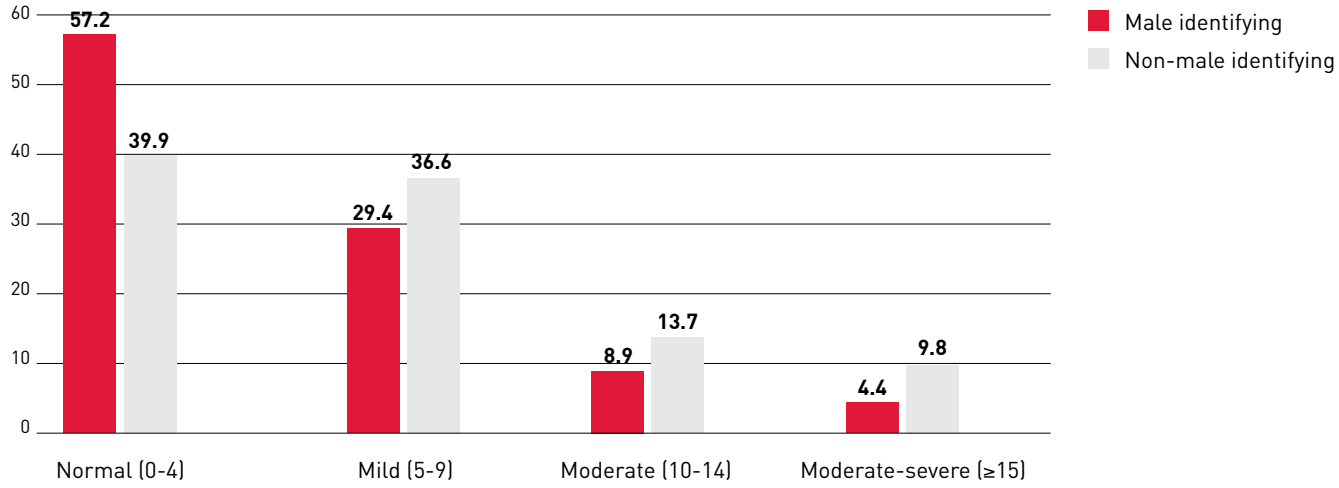


FIGURE 2. CLINICAL CUT-OFFS FOR GAD-7 (ANXIETY) % OF RESPONDENTS IN EACH CATEGORY

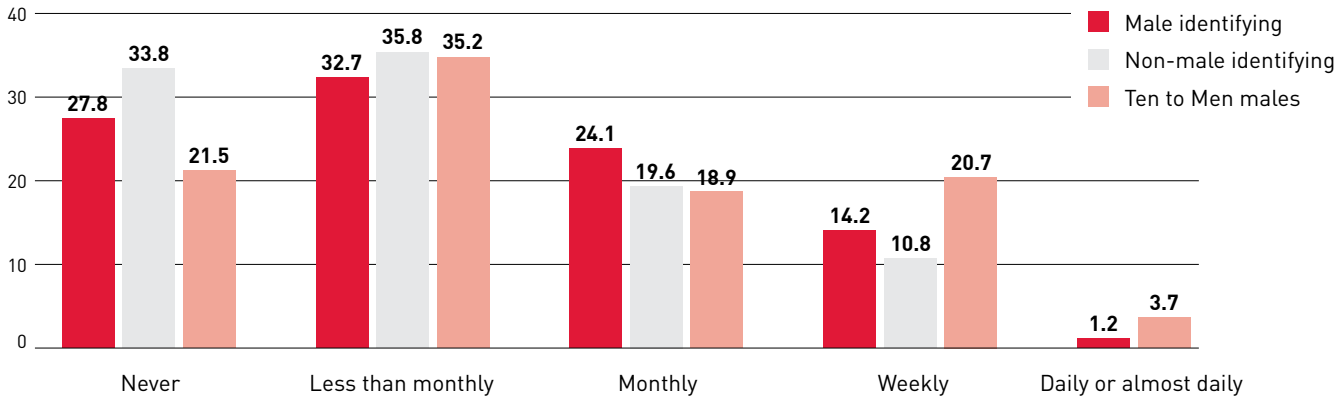


ALCOHOL USE

The AUDIT scale was completed by respondents who consumed alcohol in the past 12 months (89 per cent of male respondents; 94 per cent of non-male respondents). In general, responses to items were largely consistent between male and non-male respondents (see table A6). Younger males (M=7.45, SD=5.08) reported a trend for higher hazardous alcohol as evidenced by mean AUDIT scores relative to older males (M=5.53, SD=3.91; p=.025, d=0.42). There was no difference in mean AUDIT scores between males and non-males.

Responses on AUDIT scale items for males were largely consistent with data reported from the *Ten to Men* study. However, responses to the item 'How often during the last year have you found that you were not able to stop drinking once you had started?' were higher for both males (11 per cent) and non-males (11 per cent) from the Macedon Ranges compared to the *Ten to Men* sample (five per cent). Figure 3 shows frequency of consumption of six of more drinks on an occasion, showing similar or lower frequency of six or more alcoholic drinks relative to the *Ten to Men* sample.

FIGURE 3. % RESPONDENTS ENDORSING HOW OFTEN DO YOU HAVE SIX OR MORE STANDARD DRINKS ON ONE OCCASION?



The AUDIT scale also provides categories for indicative alcohol consumption severity (see table A7). Only a small proportion of respondents (around three per cent) were in the risk categories for harmful alcohol use or likely dependence, with around 30 per cent in the moderate risk category.

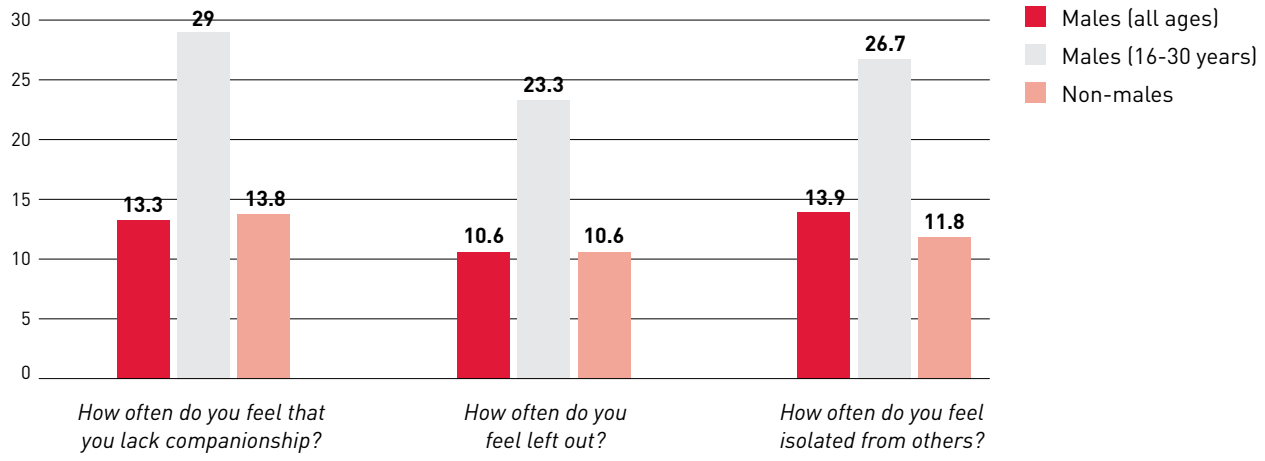
However, higher risk alcohol use rates were marginally lower than those reported by the *Ten to Men* study. Rates for the alcohol use risk categories were comparable between male and non-male respondents.

LONELINESS

The Brief UCLA Loneliness Scale assesses domains of social isolation and companionship. Previous research has established a cut-off of ≥6 as indicative of being lonely (Steptoe et al., 2013). A total of 27 per cent of male respondents and 42 per cent of non-male respondents scored above the threshold of 6 on the UCLA Loneliness Scale. Just under half (47 per cent) of younger males scored at the loneliness threshold (see table A8).

Younger males reported a medium sized effect for higher mean loneliness scores (M=5.67; SD=2.19) compared to older males (M=4.46; SD=1.79), p=.001, d=0.60. Across the whole sample, non-males (M=5.13; SD=1.69) reported a trend for higher mean loneliness scores relative to males (M=4.66 SD=1.91; p=.021, d=.026). Compared to UCLA Loneliness Scale data from a nationally representative sample from the United States collected during the COVID-19 pandemic (Rosenberg et al., 2021; M=4.37; SD=1.74), a small effect of higher mean loneliness scores was observed for The Human Code sample (M=4.87; SD=1.83; p<.001, d=0.28). Figure 4 shows a higher proportion of males aged 16-30 years relative to the full male sample or non-males endorsing 'often' for the three Brief UCLA Loneliness Scale items.

FIGURE 4. % OF RESPONDENTS ENDORSING STATEMENT 'OFTEN' FOR LONELINESS ITEMS.

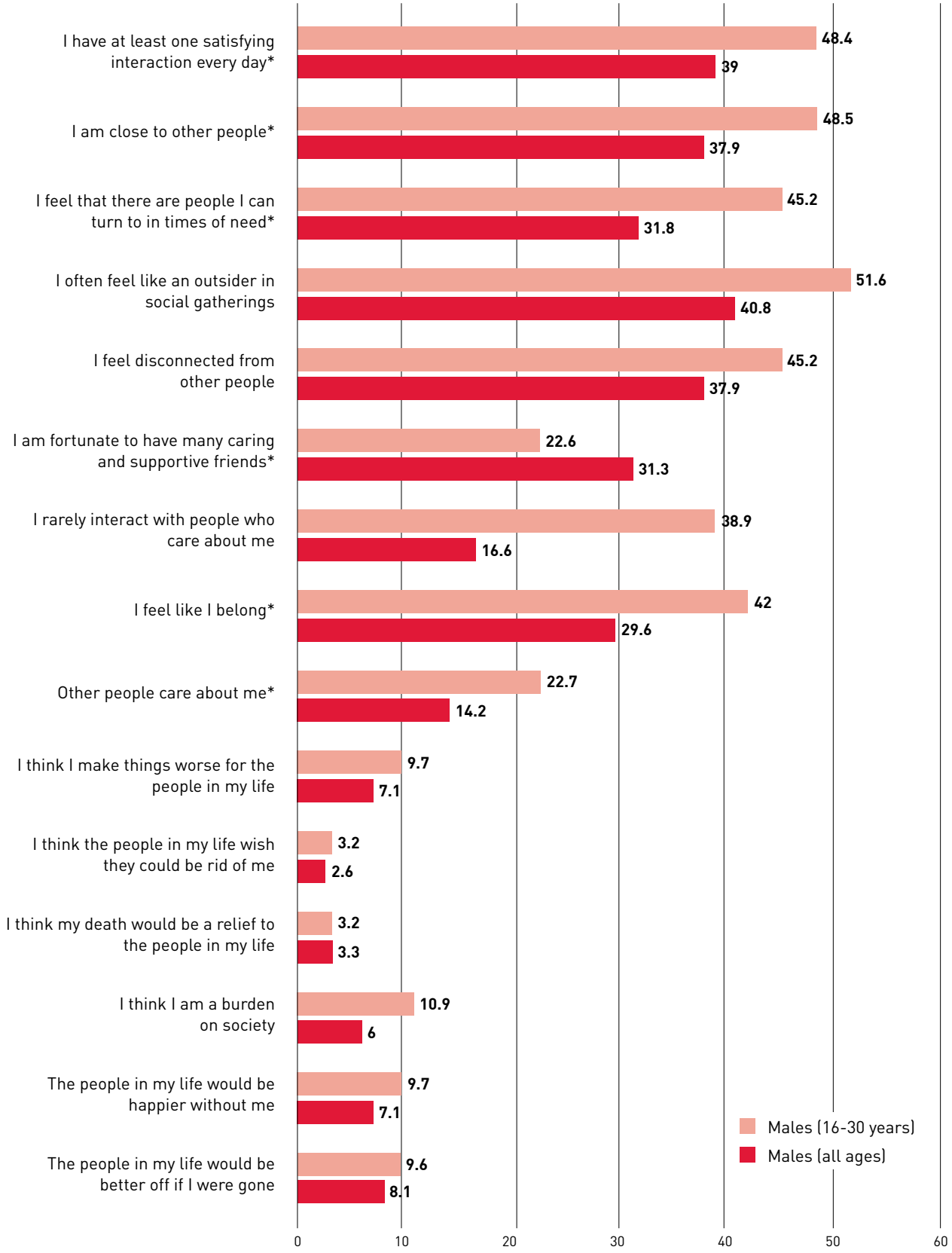


INTERPERSONAL NEEDS (BELONGINGNESS, BURDENSOMENESS)

The Interpersonal Needs Questionnaire (INQ) assesses domains of perceived burdensomeness (e.g. misperceptions of being a burden on close others) and thwarted belongingness (e.g. loneliness and a lack of reciprocally positive relationships) which are known to be associated with increased suicide risk. (26) Means were equivalent for the thwarted belongingness subscale for younger males compared to older males. In contrast, younger men reported a small effect of higher scores for perceived burdensomeness (M=10.16; SD=4.90) relative to older men (M=8.11; SD=4.35), p=.037, d=0.44. There was no effect of gender identity for either thwarted belongingness or perceived burdensomeness.

Table A9 displays the number of male respondents endorsing Interpersonal Needs Questionnaire items at the mid-point and beyond of the 1-7 response scale (e.g., rating of '4' or higher reflecting at least 'Somewhat true of me'). Overall, younger males tended to report lower interpersonal need achievement relative to males overall, and non-male respondents. Responses for thwarted belongingness items suggest there is room to improve belonging across the whole community regardless of gender identity. That said, experiencing a lack of closeness to others (49 per cent of younger males and 38 per cent of males overall) was particularly elevated compared to non-male respondents (30 per cent).

FIGURE 5. % OF MALE RESPONDENTS ENDORSING 'SOMEWHAT TRUE OF ME' OR HIGHER INQ ITEM BY AGE.



Note. *=items reverse coded. For these items, the statement should be interpreted in the reverse, i.e. *'I DO NOT have at least one satisfying interaction each day.'*

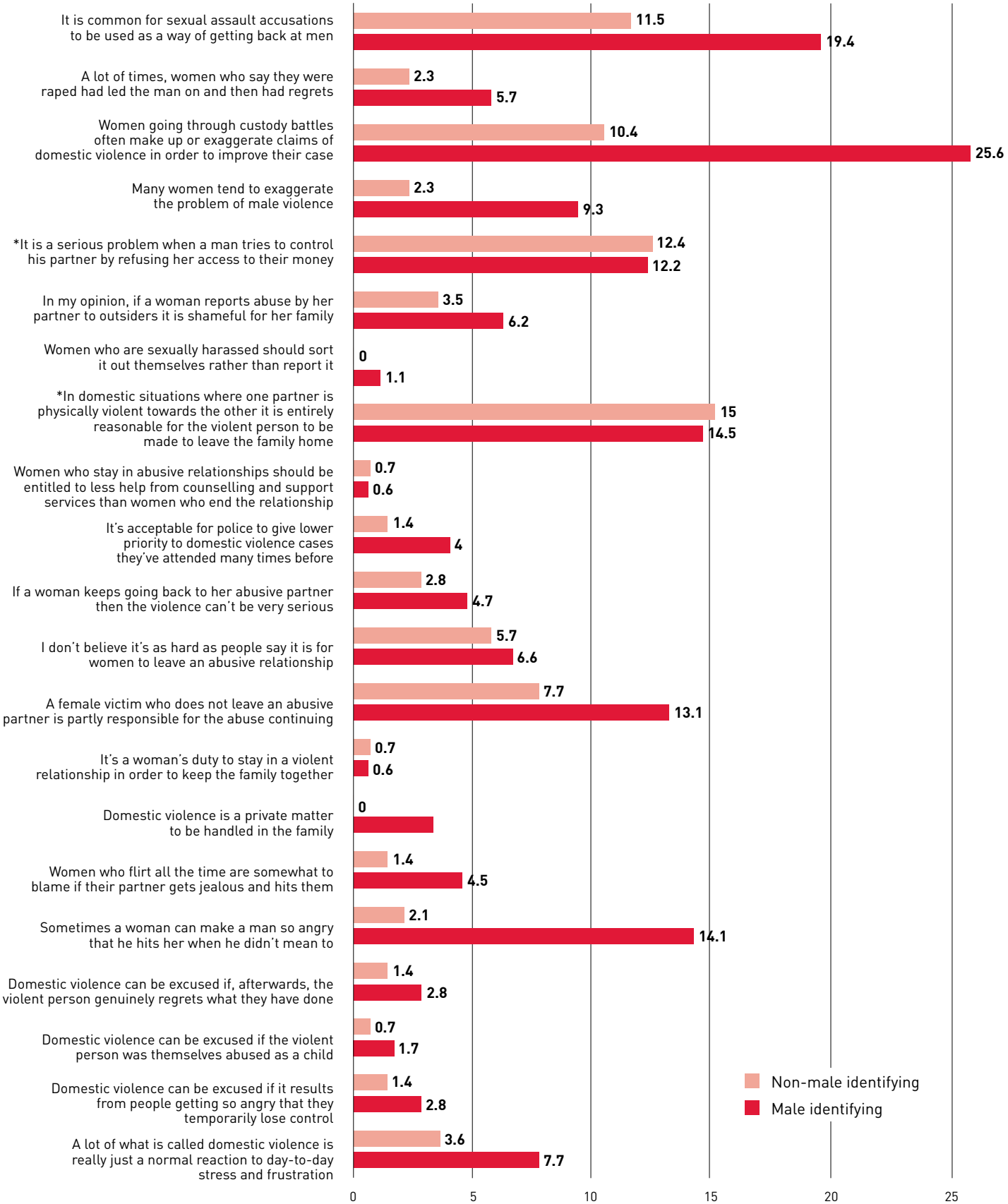
COMMUNITY ATTITUDES TOWARDS VIOLENCE AGAINST WOMEN

The Community Attitudes towards Violence against Women Scale (CASVAWS) was completed by participants. A subset of 21 items were used. When examining all 21 items overall in a joint analysis (e.g., multivariate analysis), there was no mean difference according to gender identification (see table A10). When differences across items were examined individually, using a corrected probability value of 1 in 100 to account for a large number of comparisons, a small effect was observed on the item 'Women going through custody battles often make up or exaggerate claims of domestic violence in order to improve their case'. Male-identifying respondents endorsed this item more strongly than non-male identifying respondents. There were no other significant differences.

CASVAWS items were also analysed in a binary format according to the percentage of respondents agreeing with statements (e.g., 'strongly agree' or 'somewhat agree') or disagreeing (e.g., 'strongly disagree' or 'somewhat disagree'). Overall percentages endorsing the CASVAWS items were relatively low (typically below 10 per cent) and relatively consistent according to male identification (see figure 5). However, there were two items ($p<.01$) where respondents identifying as male reported problematic attitudes. These were 'Sometimes a woman can make a man so angry that he hits her when he didn't mean to' (male identifying 14 per cent, non-male identifying 2 per cent; $p<.001$, $\phi=.212$), and 'Women going through custody battles often make up or exaggerate claims of domestic violence in order to improve their case' (male identifying 26 per cent, non-male identifying $p<.001$, $\phi=.197$).

Male respondents were significantly more likely than non-male respondents to agree to statements that 'Sometimes a woman can make a man so angry that he hits her when he didn't mean to' and 'Women going through custody battles often make up or exaggerate claims of domestic violence in order to improve their case'.

FIGURE 6. % OF RESPONDENTS ENDORSING ('SOMEWHAT AGREE' OR 'AGREE') CASVAWS ITEMS BY GENDER.



Note. *=items reverse coded. For these items, the statement should be interpreted in the reverse, i.e. *'It is NOT a serious problem when a man tries to control his partner by refusing her access to their money.'*

MAN BOX SURVEY

The *Man Box* Survey includes 17 items assessing personal beliefs about harmful masculine norms. Compared to data presented in the 2018 *Man Box* report, (27) markedly lower levels of endorsement were observed for 16 of the 17 *Man Box* Survey items. The exception was the item 'Straight guys being friends with gay guys is totally fine and normal' where responses were comparable (see table A11). When analysis was limited to younger male respondents (which enables greater comparability with the sample used in the 2018 *Man Box* report), the proportion of males endorsing *Man Box* items tended to rise, although the rates of endorsement were still markedly lower than those reported in the 2018 *Man Box* report.

When all *Man Box* survey items were analysed jointly, male respondents reported higher *Man Box* item scores relative to non-males at the multivariate level, with a large effect size ($p<.001$, $\eta^2=.342$). When *Man Box* survey items were analysed individually, males reported higher mean scores for 15 of the 17 items (see table A12). There were no significant age group effects for males for the *Man Box* survey items.

The analyses undertaken in the 2018 *Man Box* report also adopted a binary split analysis, according to mean scores. Respondent data for the 2018 *Man Box* report was categorised as either 'inside the *Man Box*' (above the mean), or 'outside the *Man Box*' (below the mean). This procedure has not been replicated in this report given the markedly lower observed *Man Box* Survey mean scores. To do so would prohibit valid comparisons of those considered 'inside' and 'outside' the *Man Box* (as the lower mean scores for The Human Code sample would mean scores that would have been classified outside of the *Man Box* in the 2018 report would be inside the *Man Box* for the Macedon Ranges data, obscuring interpretations). Comparisons were instead drawn with *Man Box* survey item means reported in a study of large community samples of males in the UK, US and Mexico. (28) Similar to the comparisons to the 2018 *Man Box* report, all item means for male respondents were markedly lower for The Human Code sample relative to males from the UK, US and Mexican samples (see table A13). This was also the case for the total score of the 17 *Man Box* Scale items.

Taken together, these findings indicate that on average, the Macedon Ranges sample of males, reported markedly lower adherence to harmful masculine norm attitudes assessed by the *Man Box* survey relative to the comparison samples from the 2018 *Man Box* report, and in the cross-country comparison data reported by Hill et al. (28). These differences may be due to recruitment methodology. The cross-country comparison paper (Hill et al.) utilised a global data company to implement a purposive sampling strategy with quotas based on census information to achieve diverse sociodemographic representation. The 2018 *Man Box* report used the Your Source online panel, a company providing online research services in Australia, with the majority of the panel members recruited using offline methodologies, effectively ruling out concerns associated with online self-selection with quotas set for each state to ensure the sample and results were weighted to match the population according to age and geographical location.

Several important insights can nonetheless be drawn from the present *Man Box* survey data. Around 30 per cent of Macedon Ranges male respondents agreed that "Guys should act strong even if they feel scared or nervous inside". A total of nine per cent of younger males agreed that "It is not good for a boy to be taught how to cook, sew, clean the house or take care of younger children" and almost 15 per cent agreed that "Men should really be the ones to bring money home to provide for their families, not women". While the data from The Human Code sample suggests overall progressive attitudes toward healthy masculinities and inequitable gender attitudes as assessed by the *Man Box* survey items, this was not universally true for all segments of the community.

PERCEPTIONS OF MEN'S MENTAL HEALTH BEHAVIOURS

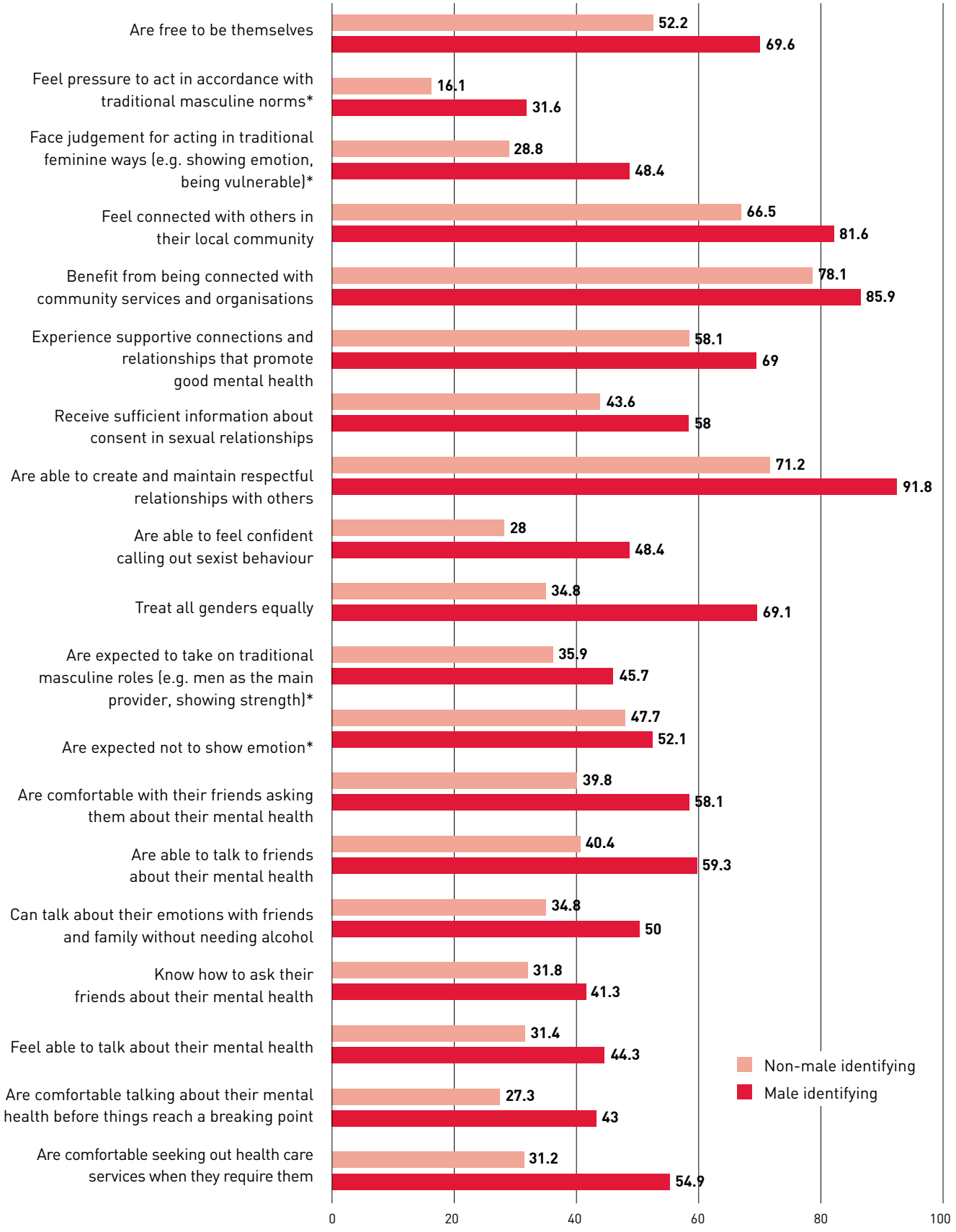
In collaboration with The Human Code Working Group, youth reference group and the research team, a series of 19 bespoke survey items were developed for the present study to assess local gender equality and health-related attitudes. These items were introduced with the statement 'In our community (the Macedon Ranges) men and boys…' with items designed to assess a range of key outcomes relevant to the project (e.g., '… feel able to talk about their mental health'). The response options for these items were 0 (Disagree), 1 (Somewhat disagree), 2 (Somewhat agree), and 3 (Agree). Below we report an analysis of all 19 items, according to male identity. As can be seen from figure 7, male respondents were more likely to agree (e.g., provide more optimistic responses) to the 17 statements compared to non-male respondents.

There was a large multivariate effect observed (e.g., when considering all 19 items overall) whereby male-identifying respondents tended to report more favourable responses relative to non-male identifying respondents (p<.001, η^2=.173). When the individual items were examined, significant differences were observed for 17 of the 19 items (see table A14). Mostly effect sizes were small, although medium sized effects ($\eta^2 \geq 0.06$) were observed for the items assessing agreement with statements that men and boys in the Macedon Ranges 'treat all genders equally', 'are comfortable seeking out health services when they require them', 'are able to feel confident calling out sexist behaviour', 'are able to create and maintain respectful relationships with others', and 'are free to be themselves'. This suggests a significant discrepancy in the perspectives of those identifying as male and not male in the present sample for these items. Males consistently tended to hold a more positive or optimistic view on these items relative to participants not identifying as male.

Factor analysis was undertaken to determine the underlying factor structure of the Community Perceptions of Men's Mental Health Behaviours Scale (see Appendix for supporting factor analysis statistics). Three sub-domains were apparent, which were labelled 'Informal and formal help-seeking behaviours' (Help-seeking), 'Respectful relationships and gender equality' (Respect & Equality) and 'Masculine norm pressures'.

Consistent with the individual item analysis, when these three sub-domains were examined, male identifying respondents tended to report more favourable responses (e.g., more positive attitudes) relative to non-male identifying respondents when all items were analysed jointly (p<.001, η^2=.113), and also when the three subscales were analysed for Help-seeking (p<.001, d=0.51), Respect & Equality (p<.001, d=0.67), with a trend for Masculine Norm Pressures (p=.026, d=0.24). There was a medium-sized effect whereby younger males 30 years and under (M=4.72, SD=2.37) scored lower on the Help-seeking domain relative to older males (M=6.15, SD=2.79; p=.008, d=0.55). There were no age effects for the other two domains.

FIGURE 7. % OF RESPONDENTS ENDORSING ('SOMEWHAT AGREE' OR 'AGREE') TO MACEDON RANGES ITEMS BY GENDER.



Note. *=items reverse coded. For these items, the statement should be interpreted in the reverse, i.e., *'DO NOT feel pressure to act in accordance with traditional masculine norms'.*

CONFORMITY TO MASCULINE NORMS

The Conformity to Masculine Norms Inventory (CMNI) assesses men's conformity to traditional masculine norms. The 30-item version (CMNI-30) is the most statistically robust short-form of the scale. A large effect was observed whereby younger males reported significantly higher CMNI-30 total scores (M=26.78; SD=4.70) compared to older males (M=22.43; SD=4.12; p<.001, d=0.98).

Table A15 reports percentages of male respondents in agreement ('agree' or 'strongly agree') with CMNI statements, including comparison with *Ten to Men* data from the 22-item version of the CMNI (CMNI-22). When compared to CMNI data from the *Ten to Men* study, the proportion of male respondents in agreement with CMNI statements was markedly lower for all males and younger males. This suggests lower levels of adherence to stereotypical masculine norms for the Macedon Ranges Shire sample compared to the broader male Australian population. The CMNI item 'I am not ashamed to ask for help' indicated that 18 per cent of males endorsed either disagree or strongly disagree for this item.

1 in 5 males indicated that they may experience shame in asking for help.

MASCULINE VALUES

The Masculine Values Scale includes two subscales assessing attitudes towards masculine values of Openness and Selflessness, and Healthy and Autonomous. There were no differences for the Openness and Selflessness subscale according to age (≥30 years v. ≥ 31 years). For the Healthy and Autonomous subscale, younger men reported significantly higher mean endorsement (*M*=15.00; *SD*=2.45) compared to older males (*M*=13.32; *SD*=2.68; *p*=.001, *d*=0.65).

OUTCOMES BY GENDER AND RECENT SUICIDE IDEATION

Table A17 reports study outcomes relative to gender, recent suicide ideation, and if effects differed according to gender and suicide ideation (e.g., interaction effects). Male respondents reported significantly higher scores on the *Man Box* survey items (medium sized effect) relative to non-male respondents. There were no other main effects for gender. Robust effects were observed for those reporting recent suicide ideation relative to those without ideation, with significantly higher scores for loneliness, depression (large effect), anxiety, alcohol use, thwarted belongingness and perceived burdensomeness (large effect). However, in the interaction analysis, effects of recent suicide ideation were not observed to differ according to whether respondents identified as male (e.g., those males reporting suicide ideation did not report significantly higher scores than comparison groups).

CORRELATIONS BETWEEN STUDY OUTCOMES

Table A18 shows associations between study outcomes, split by gender. Associations between CMNI subscales and study outcomes are presented in table A19, separately for younger males and the overall sample of male respondents. There were noteworthy correlations for the CMNI Self-reliance subscale, and the CMNI Playboy and Emotional Control subscales (for the overall sample). For younger males, the CMNI Self-Reliance domain was moderately correlated with depression, anxiety, thwarted belongingness, perceived burdensomeness and recent suicide ideation. A similar, but weaker pattern was observed when examining the overall sample of male respondents.

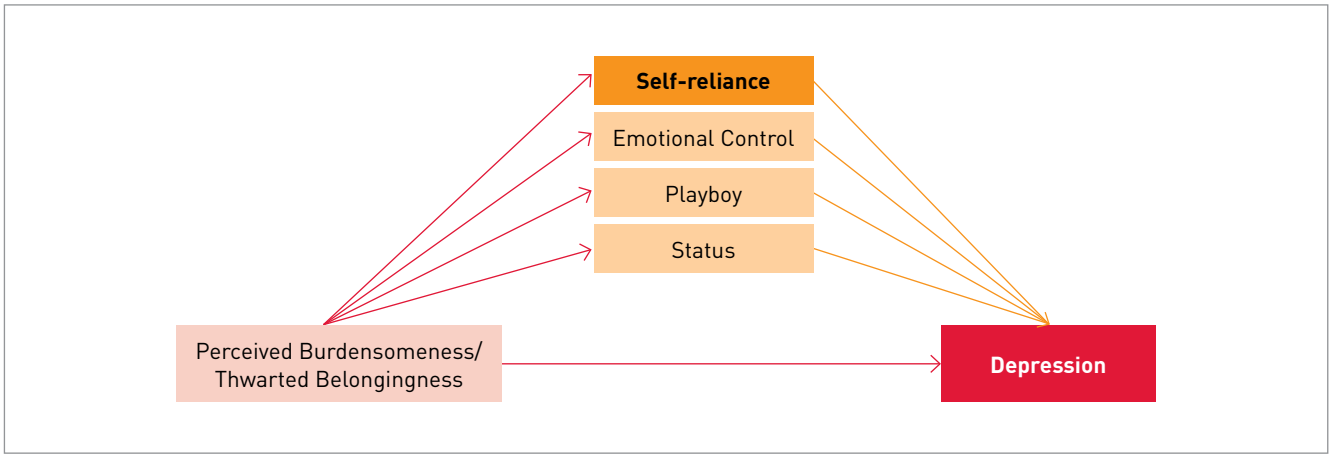
EXPLORATORY MEDIATION ANALYSIS FOR MALE RESPONDENTS

Mediation analysis was undertaken to explore whether a third variable (the hypothesised mediator) affects the relationship between two other variables. Four key CMNI domains (self-reliance, emotional control, playboy and status) were identified to examine their potential role in the relationship between the two interpersonal need domains (perceived burdensomeness, thwarted belongingness) and depression (figure 8). Depression was chosen as the

dependent variable as it was the outcome with the strongest association with recent suicide/self-harm ideation. For a full explanation of the analysis see appendix A.

The findings indicate that for male respondents, the association between both perceived burdensomeness and thwarted belongingness on depression is in part attributable to the CMNI Self-reliance domain (e.g., *'I never ask for help'*, *'It bothers me when I have to ask for help'*, and *'I am not ashamed to ask for help'* (reverse scored). This suggest that men's adherence to self-reliance norms may be important to address in efforts to reduce suicide for men in the Macedon Ranges Shire.

FIGURE 8. DEPICTION OF MEDIATION MODEL



COMMUNITY SURVEY CONCLUSIONS

The Human Code sample approximated 2016 Macedon Ranges census data for age, and proportion of respondents who were married, but the sample were much more likely to have a tertiary degree (54 per cent v. 22 per cent), were more likely working full time (56 per cent v. 46 per cent) and were more likely to be born in Australia (87 per cent v. 79 per cent). Due to recruitment methods, the findings regarding masculinity and mental health may not generalise to the Macedon Ranges population.

MASCULINITY

Scores on the Man Box Survey and Conformity to Masculine Norms Inventory were markedly lower for participating males relative to comparison studies, suggesting the study participation may have been more likely among males with progressive attitudes towards masculinity. Despite this, approximately 30 per cent of male respondents on agreed with the item *'Guys should act strong even if they feel scared or nervous inside'* suggesting that a pressure remains for men in the Macedon Ranges to appear in control. Younger men reported significantly higher conformity to masculine norms relative to older males, especially for risk-taking and violence, with non-significant trends observed for young men's adherence to self-reliance and winning norms. However, it is important to note that these levels of adherence are still well below what is reported in comparison studies.

MENTAL HEALTH

Rates of mental ill-health symptoms within the sample were largely consistent with larger community samples (e.g., Ten to Men study). Expected differences were observed for mental ill-health symptoms, with those reporting recent suicide-self-harm ideation scoring higher on mental ill-health symptomology scales. No interactions with gender were observed. The findings showed proportionally few respondents in the higher risk categories for alcohol consumption, with no differences in alcohol consumption between gender groups. Younger males reported higher depression and AUDIT scores relative to older males, but the size of these differences was relatively small – and this is consistent with a higher burden of mental health symptoms in younger populations.

The findings indicate noteworthy rates of loneliness and thwarted belonging in the sample, especially for younger males aged 30 years and under. Additionally, younger males were more likely than older males to perceive themselves as burdensome.

Patterns of correlations and mediation analyses suggest that self-reliance was robustly associated with recent suicide-self-harm ideation and other measures of mental ill-health. This is an important finding given the sample were more likely to hold more progressive attitudes towards masculinity and highlights the need for place-based male-specific approaches.

Of note, there was a significant difference in perspective between gender groups for the items men and boys in the Macedon Ranges *"are comfortable seeking out health services when they require them"*, and *"are free to be themselves"*, with male respondents being more likely to have a positive outlook on their help-seeking tendencies and comfort in being themselves.

GENDER EQUALITY

Regarding attitudes towards women, male respondents relative to non-males were more likely to endorse the item *'Women going through custody battles often make up or exaggerate claims of domestic violence in order to improve their case'* but no other items differed. Further, noteworthy gender differences in perspectives on relationships were found, with males consistently reporting more favourable ratings for the notion that men and boys in the Macedon Ranges *'treat all genders equally'*, *'are able to feel confident calling out sexist behaviour'*, and *'are able to create and maintain respectful relationships with others'*.

COVID-19 CONSIDERATIONS

The findings are viewed with consideration of the impact of the COVID-19 pandemic and resulting lockdown conditions during 2020-21. Particularly in relation to the findings regarding loneliness, it is possible that this has been exacerbated because of increased isolation during the pandemic. However, when compared with recent data collected in the United States during the pandemic, The Human Code sample still indicates elevated rates of loneliness among men. (29)

FINDINGS FROM COMMUNITY INTERVIEWS AND FOCUS GROUPS

Thirty males residing in the Macedon Ranges ranging in age from 16-73 (M=44.26, SD= 15.57) completed individual interviews about their experiences being a man in the Macedon Ranges, and the relationship between masculinity and mental health. Average length of interview was 51 minutes. Participants were invited to complete an optional photo-voice task, where they were asked to provide images in response to the prompt *'The stresses and successes of being a man in the Macedon Ranges'*. Twelve participants provided images, some of which have been displayed in this section of the report with participant consent. Four women participated in a focus group about their perspectives on the experiences of the men in their lives to extend and complement the findings.

SAMPLE CHARACTERISTICS

TABLE 2. SAMPLE DEMOGRAPHICS

	Total %(*n*)
Total n	100 (34)
Mean age (SD)	44.26 (15.57)
Age groups	
16-25	14.7 (5)
26-40	26.5 (9)
41-60	47.1 (16)
61+	11.8 (4)
Gender Identity	
Man/young man	85.3% (29)
Women/young woman	(<5)
Non-binary	(<5)
Sexuality	
Heterosexual	91.2 (31)
Gay	(<5)
Relationship status	
Single/never married	14.7 (5)
Partnered	17.6 (6)
Married/de facto	55.9 (19)
Separated/divorced	11.8 (4)

(Table 2 continues)

TABLE 2. SAMPLE DEMOGRAPHICS

	Total %(*n*)
Employment Status	
Full time	52.9 (18)
Part time	14.7 (5)
Casual	5.9 (2)
Not looking for work	5.9 (2)
Retired	8.8 (3)
Student	8.8 (3)
No answer given	2.9 (1)
Education level	
Some high school	8.8 (3)
High school	8.8 (3)
Trade/cert/diploma	35.3 (12)
Undergrad degree	14.7 (5)
Postgrad degree	32.4 (11)
Closest town	
Woodend	35.3 (12)
Lancefield	14.7 (5)
Kyneton	14.7 (5)
Gisborne	8.8 (3)
Riddells Creek	8.8 (3)
Macedon	8.8 (3)
Malmsbury, Mount Macedon, Romsey	8.8 (3)
Distance from town	
Live in town	52.9 (18)
0-10km	47.1 (16)

RESULTS

UNPACKING MACEDON RANGES MASCULINITY

Summary

- Masculinity in the Macedon Ranges involves a set of cultural practices that some men feel limits their choices of expression.
- Most men included a need to provide for, and support loved ones, as core to their concept of manhood, and some felt that this was a pressure that negatively impacted their wellbeing.
- Most men felt that cultural norms of stoicism and self-reliance were prevalent in the Macedon Ranges, and created pressure on men to shoulder the weight of emotional concerns alone.
- In order to fit in with the acceptable masculine standards, some men expressed a need to hide their true identity from community, causing distress.
- Others choose to engage in more flexible and diverse expressions of masculinity, but felt that rejecting the rigid norms impacted their social standing and sense of belonging with their peers.

Masculinity as a local practice

Mirroring stakeholder accounts, many men referenced the 'blokey' culture of the Shire, with relatively traditional gender roles and norms prevalent. Participants shed light on the way that the Macedon Ranges influences and moulds their masculinity, highlighting a relatively restrictive range of masculine expression deemed culturally acceptable within some peer circles. Participants spoke about certain activities, looks, content of conversation, knowledge and skills that are acceptable or required in order to fit in with the normative peer group.

According to participants, the Macedon Ranges man is expected to have a certain level of understanding about agriculture, trades, sport, and other traditionally rural masculine concepts. Popular masculine activities include sport, drinking at the local pub, and other practical skill-based endeavors. Arts, culture and music were deemed culturally less valuable, or less acceptable for men in the Shire to express an interest in. Some men expressed that there is an expectation to be 'simple', suggesting that some pockets of the community hold a one-dimensional perspective of what a man should or could be like, rather than celebrating diverse interests and expression among men.

"You're supposed to know certain things as a man, right? You're supposed to know about cars. You're supposed to know about electronics, about building, maybe welding if you're really masculine. You're supposed to know about farming around here... There's a lexicon of things you should know as a man." (50-55 years)

"'Oh, he's not going to be smart. He's not going to think about these things or care about these things because he's just a bloke.' And especially if you're a stereotypical image of a bloke, say, you play football, you surf...You can get thrown into that category of just not caring and just left behind in certain things." (15-20 years)

These cultural expectations were thought by participants to be reinforced through community groups where men tend to gather over a shared interest, and that may perpetuate role models who embody a traditional picture of masculinity. Men felt that a limited number of new people, perspectives and ideas entering these spaces continue the cyclical nature of conversations and therefore stymie the development of cultural change.

"It's about that congregation when people come together then those people then start listening to other people who have been there longer ... it all happens around these small, centralised places where everybody goes, be that the pub or stockyards or the footy club, those sorts of places." (25-30 years)

"They'll stay insular and drink at someone's shed, and then there's not really an exposure to new people, new ideas, new behaviours, new concepts, anything like that." (30-35 years)

This highlights the way that place and the spaces available for men to gather and interact can have significant impacts on the culture of masculinity more widely. Connecting these threads was the notion of men gathering at the pub or other places involving drinking, hinting at a culture among males with a reliance on alcohol to facilitate socialisation. For one younger participant, the masculine culture created pressure to drink and engage in other risk-taking behaviours, with younger men wanting to 'show off' or take many activities they engage in to the extreme.

"So you feel pressure when you go out to a pub or something and you plan on only having two drinks. You always feel that pressure to go up to eight or 10 or sometimes even more. I think doing things in moderation is a very limited thing in a masculine setting. You either do it and you do it way too much or you don't do it all. People just keep ... pushing it upon you and trying to get you to go to these great extremes. And it can be lots of different things like if you're driving a car with a friend, you don't just go at the speed limit. Someone will egg you and you want to go fast or do a skid or something like that. And so it's just that egging on to show off a bit." (15-20 years)

For a few participants, the drinking culture was linked directly to pressures to maintain a masculine status, and a lack of healthier outlets for emotional expression.

"I definitely see a drinking culture, a repression of emotions and expression, a culture that glorifies that, that puts that on a pedestal as what it means to be a man, and it's quite evident that that's clearly not working. That's why there's more alcohol consumption, there's more drug use, there's more mental health issues, more suicide, all that sort of thing is on the rise." (30-35 years)

The importance of community sporting clubs to men in the Macedon Ranges was obvious to participants. These clubs provide a space for men to gather and socialise, a physical outlet, entertainment and likely serve to affirm traditional masculine traits of competitiveness and athleticism. While all of these things are beneficial to those who enjoy them, their status within the townships may also be inadvertently reinforcing the narrow range of acceptable or available activities for men.

"If you're really good at sport, I think for men that can be a really highly valued attribute and all the other things get left behind. And you sort of get framed with that as your only sort of reference point. So you want to be involved in conversations about anything other than sport and that sort of becomes your whole identity and you lose all these other things that have become important to you." (15-20 years)

IMAGE 1. THE OVAL

IMAGE 2. THE GRANDSTAND

The above images (image 1; image 2) taken by one participant point to the structural significance of regional AFL clubs in the Macedon Ranges, highlighting their grounds as cultural landmarks within the townships. In his account of the significance of these football clubs, the participant indicated the potential for pressure and stress placed on young men, especially those thought to be the 'stars of the town' because of their football status.

"I took the photo because local footy, especially in regional areas, is such a centre point of the whole town really. A lot of money flows into the football club and a lot of the pride of the town rests on the shoulders of the young men that play footy... they feel so much pressure and stress." (25-30 years)

The worth of sport for men goes beyond the Macedon Ranges, with one participant noting a sense of inadequacy at his masculine status because of his lack of participation in sports from a young age, and the impact of this on his confidence in entering social situations with men. This points to the importance of demonstrating and fostering diversity of interests and play options in younger boys and men, to reduce social pressures to engage only in sport.

"Certainly as a non-sporting male... I have always felt like I never met the fundamental expectations of masculinity or did not expect to be socially embraced into basically any group of men because I couldn't... relate on those basic levels." (55-60 years)

Sports coaches, senior players and club leaders were also seen as particularly influential role models on younger men in the area, with the potential to have lasting impacts on junior players. As the below participant notes, they may not be aware of the significance of their impact. This highlights the potential opportunity in targeting leaders in sports clubs, and equipping them with the skills and knowledge to ensure the modeling of healthy, positive masculine traits.

"A lot of the junior club [players], aspire, look and see the senior players at Macedon, and sort of marvel at them. Like they're these super heroes. So whether or not the senior players realise that or not, is another thing. But I think that they are seen as role models." (20-25 years)

Provider and protector

Most men included the ability to provide for, support or protect their loved ones as core to their concept of being a man. This provider nature for many was viewed as a subconscious pressure or persistent 'voice in the back of (their) head', telling them that in order to fulfil their role as a man, they must be able to adequately financially and emotionally support their families.

"I think there is some pressure to almost act as the main bread maker of the house. To get yourself a job where you can support the rest of your family. I think that the pressure is overall to do well to then provide for the family and look out for the rest of the people in your community." (15-20 years)

"Well, [being a man] is a lot of those strength stereotypes. The key things that I was raised with about being a man was you have to be that strong actor in the family, the breadwinner, a problem solver. Yeah, those would probably be the key things." (45-50 years)

While not only potentially adding to day-to-day stresses, the existence of this pressure meant that many men felt there was no space for them to feel or express emotional instability, as those around them depend on their steadfast natures.

"I certainly feel like the kind of father-provider thing still lives in the sense that I feel that the family depends on my solidity and my stability for its stability and that I would possibly be the last one in the house with permission to express any destabilisation." (55-60 years)

*"You can't break down; you can't melt down. And, well, you do, but you can't. There's no space for it. There are people relying on you. And even if they see you as, 'oh, that's just Dad and he's boring'... at least it's predictable and stable. I need a lift, I need this, I need money, I need food. I need to talk to you. You've got to be on, on that level. And you don't have time to sort of feel, s***, this is really bad, I'm not doing too good." (55-60 years)*

While traditional gender roles related to work and childcare responsibilities were apparent, many participants also mentioned the culture of involved and caring fathers in the Macedon Ranges. Many participants themselves had chosen to share work and household roles with their partners, or some had opted to reject traditional family structures all together, being stay-at-home dads while their partners worked. These men, enacting caring masculinities, are strong examples of how the desire to provide and support can be shaped to allow men to more flexibility embody a masculinity that supports equal roles and promotes healthy relationships in the home. These men reported positive impacts on them and their families due to choosing to enact more flexible family and work roles. However, there was a sense from these men that the wider community was less accepting or supportive of their decision to step away from breadwinner norms. This judgement was thought to be enacted through casual conversation within peer groups, and more formal communications from schools and child-care facilities making assumptions about which parent was more likely to take on certain roles.

"We were the only ones whose household functioned that way... I was feeding, putting young kids to bed... And we both always had the suspicion that, that caused an angst with other couples within our social network, because their expectation was, the women would be at home doing that." (60-65 years)

"The default communication is there was an assumption that the mums were doing the drop-offs and the pick-ups and that the dads were elsewhere. In terms of community building there, it would address things to the mums to get together for coffee. It would address things to dads to come for an after-work hours' presentation at the kinder. It was always addressed to mums or dads. That stuff was never addressed as 'parents'." (55-60 years)

Stoicism, self-reliance and emotional restriction

The majority of participants referenced toughness, independence and self-reliance as key masculine characteristics, either in themselves, what they saw in peers, or in what they viewed as normative for males in the area.

"I think self-reliance is really for me a critical part of being a man, being capable of being independent, being able to be autonomous... that I'm not just relying on my wife or relying on my friends to solve problems that I should be solving myself". (30-35 years)

For many men, the pressure to 'man up'; to remain stoic and silent in the face of adversity had detrimental impacts on mental health, exacerbating their issues by increasing a sense of isolation and the weight of any emotional concerns.

"I think being confident is very prominent one where you can't really show any stress or any concern or that anything's bothering you. And that can be really tough because there's some times where it would be super helpful to get someone else's input or someone's advice on a certain issue. And because you feel like you can't really talk about that, then you kind of internalise it and it feels a lot worse." (15-20 years)

Many participants openly recognised the negative impacts of the pressure to not talk about emotions, and displayed a desire to talk more openly with peers about their personal lives. Despite increasing public awareness around mental health and talking, respondents still felt that their behaviour was impacted by these cultural norms. This suggests that increasing awareness about mental health supports may not be enough to create open dialogues that are comfortable within groups of men.

"I think sort of being stoic, it's like stereotypical... Not crying, I think, is a big thing. And putting on like a stone, like a brick, like I don't know, like a face so you can't tell what's going on underneath... I think that has affected me a bit. Even though I know, like I'm aware of all these things, I think it still impacts my behaviour... my mental health as well. I think I'm less likely to seek help if I needed it." (20-25 years)

As well as directly increasing the emotional stress felt by having to shoulder worries alone, participants also linked norms of stoicism and self-reliance to reducing comfort in seeking mental health support, with some stating they would be hesitant to ask for help unless they had reached a crisis point.

While this notion of 'manning up' was recognised as outdated by many, it was thought to still be perpetuated within the community through some specific traditionally male dominated community groups.

"I guess men still in rural areas still sort of have that ... façade of I don't have a problem, I can deal with it, I don't need anybody else to help me through it, and whatever. And environments like local football clubs, cricket clubs, fire brigades, things like that. It's still got a real stigma to it, to say to someone, 'Look, I'm struggling, I'm not dealing with this mentally'." (65-70 years)

IMAGE 3. CFA

One participant pointed to the ongoing role of agriculture for the Macedon Ranges economy, and the increased difficulties that male workers in this sector face represented in the image of the saleyards, which he titled '*The Great Depression*' (image 4). The realities of this lifestyle were linked to reinforcing stoicism and emotional restriction through diminishing emotional reaction to death, pain or distress over time.

"[Farming is] kind of volatile and fragile and it's difficult and I think it shapes the way a lot of young men grow up seeing creatures that they care for be sent off to market to be slaughtered or seeing just animals die on the farm... It gives you a bit of a hard shell." (25-30 years)

IMAGE 4. THE GREAT DEPRESSION

As a result of the prescriptive norms and cultural practices that remain prevalent in the Macedon Ranges, men in the Shire who do not comfortably fit within the accepted range of masculine expression find themselves moving one of two ways: masking or rejecting dominant norms, both with potential negative consequences to mental health and wellbeing.

'Being unique here is not an asset' - Masking authentic identities

Keeping up with the above practices and requirements for masculine expression means that many men feel like they are not being true to themselves or have to hide certain parts of their identity to fit in with peer groups. Some men viewed masculinity in the Macedon Ranges as performative, and felt that men often had a façade of toughness and bravado because that is what they perceive as expected of them.

"I think that surface level sort of view of being a man, that can be quite demanding. And you feel like you have all these expectations that you have to live up to. And that can be a real struggle to try and raise those expectations and also your own expectations. And so, I think very often you have this idea of the person you should be and who you want to be and what you imagine someone looking at you from a different perspective would see. And I think once you get caught up in trying to achieve that view of being a man, your ideas of who you should be, they can kind of get neglected and you end up feeling a bit displaced from the real you." (15-20 years)

This idea of masking was linked with the challenge of making connections in the area and cementing a sense of belonging. The small-town culture means that particularly for newcomers to the region, finding a peer group for some men can involve shaping their identity in order to not appear different or outside of the norm. In particular, men from culturally and linguistically diverse backgrounds face specific challenges in fitting in to a culture that has lower levels of cultural diversity than Melbourne or other Australian urban centres.

"Making new connections has meant that I don't especially feel that I am who I am. I am a version of me that fits into their character, and to their expectations of me. I mean, you meet somebody and you spend the first two months trying to get them to learn your name." (55-60 years)

Additionally, LGBTIQ+ and gender diverse participants expressed discomfort in freely expressing their identities within the community for fear of judgement. In sharing the below image of two juxtaposing pieces of footwear (image 5), one participant represents their two personas: one which they feel is more accepted in the public sphere in the Macedon Ranges, and the other which they reserve for the safe place that is their home.

IMAGE 5. OH, THE PLACES WE COULD GO IF ONLY WE WERE BRAVE

Another participant also talks about his challenges expressing his true identity due to the confines of a small community.

"Being gay, I think that I can't come out to anyone here... it's such a small area, where if I blended in somewhere in the middle of the city, I'd be somebody else and one of many. Here everybody knows me, so that makes it difficult. I feel that I have to hold back on things and just not completely be myself." (50-55 years)

This consistent act of masculine performance required to maintain belonging for some men was linked directly to psychological distress and suicidal behaviour by some participants, where the restricted range of activities or expression available or deemed acceptable to men drives some to distress.

"Trying to create an image for yourself and it's not a true reflection of who you actually are as a person... your mind is going to start fighting that in the long-term and it's going to cause issues like depression and anxiety... because you're not one with your mental self. You're trying to create a new version of yourself for other people, which is not healthy at all, I don't think." (30-35 years)

"There is a one-way, one-shape cookie cutter format you're supposed to be out here, and that's the guys ... the guys who can't fit that are the guys who [die by] suicide. When I look at suicide, the history of suicide among men, it's those who have been trying so hard, so hard to fit in. They do everything they can. They go to the gym. They join the footy club. They deny the fact that they want to go to singing lessons and go and take animal husbandry instead. They perform so hard that they just think it's not... worth it." (50-55 years)

Rejecting traditional masculine norms

The flipside of masking is the decision to openly reject normative masculine practices. Many men interviewed were able to recognise the stereotypical ideas of manhood, but felt that they either were or wanted to be separated from them, seeking more flexible masculinities based on respect, openness and understanding.

"I know what the typical societal tropes are of what it means to be a man, and I guess I'm really trying to break that. So, if we're thinking about the typical sort of thing, would be to be stoic, to be strong, to be reserved, to be disciplined, to not show emotion, all those sorts of things, but to me, being a man means a good balance of the masculine and feminine. It's all about respecting the innate traits within us and knowing how to apply them to the correct situation, and also just respect all others around us." (30-35 years)

For those who choose to go against the grain, they may sacrifice friendships and face being ostracised or excluded, impacting on their connectedness, belonging, and wellbeing. This pattern of practice can give insight into why men in the Macedon Ranges may choose to adhere to social norms and behaviours that they don't agree with or enjoy, and may point to the need to aim health promotion efforts at groups of men to reduce the risk that occurs when an individual stands up to their peers.

Despite the social cost, some men in the sample reported significant benefits to their wellbeing in rejecting what they saw as harmful norms.

"My mental health is much better now because I feel freer from it. I feel freer from what society thinks I should be, and by society, I mean almost what predominantly male society thinks of me and should be. Because I feel free from that, I'm free from the pressures to perform in line with what that ideal is. So, because I'm free from it, I've mourned the loss of that camaraderie, but I've gained so much freedom in being able to be myself and express myself freely, that it's totally worth it in every sense of the word." (30-35 years)

As spoken about by the participant below, rejecting the socialised norms that many men have unconsciously embodied across their lifespans can be particularly challenging, even when they acknowledge and experience the negative impacts of remaining within those rigid models. Here, the participant uses the analogy of sandpaper, where the soft side refers to the normative cultural expectations for men – a safe albeit limiting arena to reside in. The rough side of the sand paper represents moving away from rigid norms and experiencing freedom of expression.

"That stuff is the soft side of the sandpaper for me. That stuff is easy for me to understand. I grew up with it. It's the soft side of the sandpaper. It's comfortable. Do I like it? No. Do I think it's appropriate? No, but the rough side of the sandpaper is all that stuff that I am and aspire to be." (50-55 years)

Further, participants spoke about the mental toll of trying to stand up to other community members expressing negative or inappropriate views.

"I tend to be the submissive one and not make any noise. Walk away without people knowing I'm upset and join in somewhere else. Or leaving completely, because I don't want to upset them and I don't want to make a scene of, because they're sitting there bagging people and if I make a noise about it, it'll end up in conflict." (50-55 years)

This participant's and others accounts highlight the challenges men face when they endeavour to step outside the accepted norm, and points to the increased support and affirmation that is needed within the community to help men move towards more prosocial behaviours. Men highlighted that while they were aware of the ever-growing societal push for men to shift their behaviours and become more engaged with positive social change, they felt there was little support or understanding about how to actually make such changes and how to fight back against years of socialisation.

"Well it is, it's like if you're asking someone to change, you've got to support them through that. You can't just take the crutch away because they fall over. And having grown up in that culture, I can tell you creating change can be very, very isolating. You lose friendships and relationships change." (60-65 years)

"The media's constantly saying, 'Well, men need to change, men need to support, men need to evolve.' But there's very little discussion [about] 'Well, what do men need to be able to do that?' The conversation needs to evolve... To reflect not, 'You must change,' but, 'We realise you've had a lifetime of conditioning that's partially led you to that point.' Because it's hard to fight against that conditioning, or to mould it in a constructive way when you're isolated." (40-45 years)

SOCIAL WELLBEING

Summary

- Many men felt that social disconnection and isolation was a key challenge to their wellbeing in the Macedon Ranges.
- Geography, competing commitments, and a narrow range of social activities available to men were cited as barriers to men meeting peers and maintaining strong social connections in the Shire.
- In particular, men in their middle years (30-60 years) felt that more opportunities to engage with others in community and be supported would help to facilitate better community connection.
- Men's communication styles centred mainly around surface-level conversation, banter or shared activities. For many, this was a barrier to creating deeper connections with meaningful conversation, and to both giving and receiving support for emotional concerns.

Quantity – challenges finding friends

Many men cited difficulties finding peers and making social connections in the Macedon Ranges. Geographical barriers were thought to increase a sense of isolation, and increase the effort required to engage in social activities. Participants spoke of a narrow range of activities available for men to engage with other community members, with most citing sport as the predominant social networking avenue in the Shire.

Additionally, for some men strong family values and conflicting priorities meant that their own social needs fell down the priority list. Others reported feeling satisfied with their existing peer groups, even if small, stating that they didn't feel a need to reach out and make new connections. Many participants recognised that the Macedon Ranges offers a range of different community groups, but noted that men need to do the work and put themselves out there to reap the rewards of community connection.

"I think the main challenge is ... about isolation. I think particularly men, if they're not doing sport or they're not involved in a men's shed, they're not making friendships as adults." (30-35 years)

"Men's social needs often came a very long way down the line of family priorities... In moving out of town, a lot of men move away from the social group that they're from, their university groups or their sporting groups... that they had possibly before they partnered... I think there's an unspoken sense for a lot of men that their social needs come last and they just accept that without question." (55-60 years)

For some men, along with the practical challenges finding time to make connections, there were difficulties fitting in to the peer groups existing with the Macedon Ranges. As a consequence, men may withdraw further and make less efforts to seek social connection.

"I tend to focus more on my family. I tend to focus more on this little half acre that we have. And work." (55-60 years)

Specifically, it was felt that men in their middle years (aged 30-65) lacked support networks in the Macedon Ranges, as connections with sporting clubs or peers from their younger years drop off. Many men in this age bracket may make up the population migrating from Melbourne and often working away from the Shire, and may require targeted interventions to increase their sense of connection with community.

"I don't actually know of any services that actually bring men together... not for my age group anyway. So I think the Macedon Ranges could really benefit in having something that brings men together... because guys predominately aren't going to talk to each other, unless they know each other and unless they have a good relationship with another guy. And for me, personally, being a young dad in the area, I don't have any other young dads in the area." (30-35 years)

"In the group that is say, well, let's say 30 to 60 [years] in that hardworking age part of your life, where you're working full time, you've got all the pressures of a mortgage and a house and living costs and everything else... if there was some sort of other group that could be, if we could take one of those youth groups, where they talk to young men about their issues and stuff, maybe if there was a group like that for people in their 30's to 50's or something where, and try and take the stigma away from it..." (45-50 years)

Quality – Mechanisms of male-male peer communication and interaction, and how they work to reinforce narrow masculine stereotypes

In addition to challenges finding and making friendships, the quality of men's existing social connections was discussed as a point of concern. Banter-fuelled and surface-level interactions, often involving teasing, were viewed as the norm, with unspoken rules around acceptable conversation topics that rarely involved meaningful discussion. While these light and often friendly conversations were seen as beneficial in the beginning stages of connection, this style of communication was expressed as preventing men from moving forward into deeper connections with meaningful conversation.

"I think there's certain conversations you'll have, like you'll talk about footy ...that's an easy pathway, or you talk about superficial stuff. You talk about work or you talk about footy, or you talk about your missus and how she's having a crack at you because you don't know how to load the dishwasher correctly. If you try and have anything deeper than that, especially when you get to a cricket club or anything like that, people just go, 'Nah, I don't really want to talk about that,' anything that is more than surface level, requires you to think about things or reflect on things or contemplate it and use a bit of IQ. It's just like, 'No, but I'm here to play sport, mate'." (30-35 years)

This lack of comfort in holding deeper conversations involving reflection serves to reinforce masculine norms of emotion suppression and stoicism, as men felt they were unable to penetrate through the surface level discussion, even when they recognised that a peer may be in need of support.

"Your interactions tend to be superficial. Keeping everything on a lighter, not so in-depth note. Which is difficult when you can see that someone's struggling with something. Because it makes it all that more difficult to crack through the shell and find out what they're suffering with, or if they want to talk about it, or if you can do anything to help." (65-70 years)

Along with verbal communication, some men also spoke about discomfort between male peers with any type of platonic intimacy, especially when compared to female friends. This was linked directly to a sense of loneliness and lack of support in young men.

"There is a level of disconnection. [With] my male friends... there is certainly a level of sadness, loneliness. You see it with... females. You guys have this connection. You can hug each other; you lay on top of each other. There's a lot of connection. You talk to each other; you have this support... Whereas for me, and I know a lot of males it's similar, there isn't any of that." (15-20 years)

Communication styles centering around banter and teasing were often framed as going too far, entering the realm of being hurtful, offensive, or bullying in some cases. As highlighted below, positive achievements of boys and men may be squandered by peers through seemingly 'harmless' joking, having significant negative impacts on the receiver's mood and self-esteem.

"When one of my friends does something good and people will encourage them or give them positive feedback, the first response would be, 'Oh, they're taking the piss. They're making a joke of it.' And I think sometimes the things that get said in the banter that is had can be extremely hurtful. And you've just got to play it off. 'Doesn't bother me, doesn't affect me, I don't care about it.' And sometimes it probably is very personal to that person, touching, and you still just have to continue like it hasn't affected you or you haven't noticed it." (15-20 years)

Again here, banter and teasing reinforce cultural norms of stoicism, where the pressure to remain silent about the hurtful nature of these communication styles likely contributes to men's challenges in speaking about stress or other emotional concerns, or gives a sense of lack of support from peers.

Given some men's tendencies to have smaller social networks or less opportunity to catch up with peers, the quality of these connections and content of the time spent together may be extremely important in ensuring men feel connected, supported and like they belong.

"Normally, you've only maybe got one or two really close friends, and hopefully you can talk to those really close friends, but if you can't, then what do you have?" (30-35 years)

ENGAGING MEN IN GENDER EQUALITY AND VIOLENCE PREVENTION

Summary

- Changing gender roles mean that some men face confusion about the expectations on them, or how to shift their masculine identity and associated behaviours to support women in the community.
- Some men expressed discontent at current gender equality efforts, fearing that men are now missing out or are worse off. This may represent resistance in the community, and cements the need to frame gender equality as beneficial for men and all gender groups.
- Men highlighted the need to avoid blaming language and toxic masculinity framing in order to engage men in the conversation about gender equality.

Confusion about changing roles and resistance to gender equality efforts

With changing sociocultural climates and the increasing opportunities for women and other gender groups, participants reflected that men in the Macedon Ranges face confusion as to their changing roles and the expectations on their behaviour. The ingrained nature of breadwinner pressures felt by men may mean that they feel conflicted about the changes related to women in the workplace. Women in the focus group felt that men needed more guidance or support to understand how to move away from traditional gender roles and be supportive of the women in their lives.

"The role of the male is sort of morphing ... and to be honest, I don't think they know where they're headed or I think they're a bit confused too. They want to do one thing, but sometimes what comes out of their mouth is still very, 'I'm the man you do as I say and you will respect me'." (Female focus group participant)

Some men in the sample felt discontented or deprived by current gender equality efforts, sharing that community groups aiming to increase gender equality within their roles inadvertently harmed men by providing them with less opportunity to fairly acquire positions. Further, there was a sense that an increased awareness about sociocultural concerns, and the harmful nature of traditional masculinity means that men are less able to openly share their thoughts, and in some cases feel shamed for being men. This may represent resistance within the community towards efforts to increase gender equality and challenges engaging in conversations around masculinity.

"The roles of men are changing to a sense that we're being reminded that we are men... so all of a sudden I've become very aware that I'm a man because I've been constantly told I am." (65-70 years)

"The traditional role of a man was to be the leader role, to be the bread winner or the dominant role... with gender equality, the pendulum swung back to the middle or is swinging back to the middle, but in some situations it's swung to the far side... there's a lot of people I've heard talk about it and I've picked up on the terminology is that there's a lot of male shaming that goes on these days." (45-50 years)

There was also a sense of a disconnect between depictions of violence or gender inequitable attitudes presented in violence prevention campaigns and how perpetrators may see themselves, their attitudes and behaviours.

"It seems that the aggressive person doesn't feel that they're fitting into that thing they see on the TV or in the media and going, 'Well, that's not me. I only hit her/him when I'm angry. It doesn't happen all the time'." (50-54 years)

A key takeaway from these discussions is the need to avoid language around 'toxic masculinity' and discourage conversations around gendered violence, inequality or associated male behaviours that involve blaming or shaming men.

"It causes anxiety because you're getting upset from what people are saying about you, about your gender... and I think it must affect your health eventually because you say well. How can I be anything else? I'm not toxic. I've never been toxic, and I resent that word." (65-70 years)

TALKING ABOUT MENTAL HEALTH

Summary

- Participants reflected that men in the Shire lacked the knowledge to understand, and therefore look after their own mental health or that of their peers.
- Increased visibility and awareness of services available, and access pathways would assist men and the wider community in supporting men's needs.
- Stigma, fear of judgement and dissatisfaction with services also served as barriers to some men seeking mental health support.
- Participants displayed diverse patterns of mental health disclosure, indicating that many men are willing and able to talk about emotional concerns when with a trusted person in a comfortable space.

Low mental health literacy

Some men discussed not feeling like they had adequate knowledge about mental health to be able to understand their own or recognise when they (or peers) might reach the point of needing to seek some support. They indicated that they knew it was important to look after themselves mentally, but felt they lacked the skills to do so.

"I don't actually know what is happening within my head. I don't know how to interpret this, but I wouldn't know whether I'm at orange-light phase or red-light danger phase, or at what point would you go and start talking to someone about it or even when what point would you say to a friend, 'Hey, can you just look out for me? Cause I'm a bit concerned about this'." (55-60 years)

For others, minimal understanding about the causes, symptoms and treatment for mental ill-health contributed to their hesitancy to seek help from professional sources, as they spoke about uncertainty of the benefit of getting support for mental health compared to something related to physical health.

"It's just apprehension is probably the best word, to go talk to someone, because it's not like, I guess if you go see a doctor, you get a diagnosis, and it's set. And for me, in my mind, there's physical reasons for that. Where with mental health, it's like it's not as well understood. And there's so many different things that impact it, and I feel like sometimes, it just spurs up at times and then fine for the rest of the time. But I think it's just like that apprehension to go see help." (20-25 years)

This low mental health literacy, combined with the community pressures for men to appear strong and stoic was viewed as a significant barrier to men reaching out for help and building the skills to support their own mental wellbeing.

"The biggest barrier for men out here is just their own understanding of what mental health is and how to look after it and the importance of looking after it. It's about them taking the first step through the door and not feeling like they're somehow weak or lesser than because they're making that choice." (25-30 years)

These accounts indicate that there is a proportion of men in the Macedon Ranges who are aware, or who are becoming aware of the importance of caring for their mental health, but who need increased support, knowledge, and skills to do so. Increasing mental health awareness through training courses or campaigns aimed at helping men to recognise the symptoms of mental ill-health and ways to support good mental health was viewed by these males as a beneficial intervention.

"I do feel a little bit like a notion of psychological first aid would be enormously beneficial for men of my age." (55-60 years)

"I'm sure there's other issues that guys probably will sit and dwell on for years and years and years and not talk about it before... they take their own life ... guys probably need to not only be told it's all right to talk to people, but need to be able to recognise the symptoms or the signs so that they can at least then acknowledge that they've got a problem and get help for it." (45-50 years)

Accessing support services

Along with little understanding of mental ill-health and wellbeing, participants cited that more visible and accessible information about the different forms of support available in the Macedon Ranges, and the process of accessing support is necessary to help men overcome barriers in seeking help.

"I think just men just need to be made aware that there are what support agencies exist. Because we're regional and it must be even worse the further out you get, it must be worse and worse and worse because the support agencies just dissipate further and further you go out." (65-70 years)

For example, the below participant who displayed hesitancy in seeking professional help for their mental health concerns was surprised by how 'easy' the process was for them when they did. Increasing visible information within the community about accessing care may relieve the stress or anxiety of the process for many men, and facilitate earlier help-seeking before men reach crisis.

"More information on how it works and how easy, I wouldn't say easy, but how easy it is to set it up in that anyone can do it pretty much." (20-25 years)

Discussion in the focus group also highlighted a need for better communication of available services through the development of an online resource or directory easily accessible to both community members and service providers, with information on where to get support for men in distress in the Macedon Ranges.

"I think there probably needs to be better communicating of who is a supportive medical practitioner to go to, or who are the supportive medical practitioners. I mean, I work in this space and I don't have a list of people to send folks to when they're struggling. There's no helpful website that says, 'Here you go, this is someone local who will be able to help a person going through this crisis'... so it could almost be a village list that's on the website of to which doctor is in the region specialise in men's mental health, and which ones have Macedon Ranges Council, actually linked in too, to make sure that when these people reach out, they will be supported and we'll get the right support that they need." (Female focus group participant)

Other barriers to talking about mental health

Along with low mental health literacy and a lack of awareness of services, some participants spoke about stigma or fear of judgment from others decreasing men's likelihood of seeking support.

"I think it stems down to a lot of like that community, that stigma towards it, in terms of men seeking help, men coming forward about it or even just using the services provided. Which I suppose makes it really difficult issue to tackle." (15-20 years)

"Just treat me like a normal person. They'd probably have it in the back of their mind that I see a therapist and I'd be like, 'Oh, something's wrong with him'. You don't want people to think that." (20-25 years)

This young man's apprehension of telling his peers about seeking mental treatment because of fear of judgements points to a need to enhance wider community awareness about mental health and the impact of stigma, to reduce the attitudes of others decreasing the likelihood of men seeking help.

A few men recounted experiences of their own or those of peers of having reached out for support and not receiving the help they needed. This sense of dissatisfaction can have significant impacts on the likelihood of a man seeking help in the future, given the courage it might take to overcome the barriers and ask for help in the first place.

"And sometimes they, from my experience, go and access those services and they just don't really work. And then they're left feeling, 'What do I do now? There's no point continuing on with this'. And it's very easy just to withdraw yourself from seeking that help. You build up the energy and you build up the courage to go and seek those services and that help and then it doesn't really make an impact. And as soon as you withdraw that energy and you're not the one pushing yourself to go do it, it's very easy just to return back into that shell and not deal with it again." (15-20 years)

Diverse patterns of disclosure

Reflections from the stakeholder interviews showed that many stakeholders followed the common view that men 'don't talk'; that regional men in particular are unwilling or unable to have conversations about anything related to their emotional wellbeing or mental ill-health. However, the men interviewed indicated comfort in speaking to a diverse range of people about mental health and emotional concerns, most commonly a partner, followed by female peers. Male peers, family and professional health care workers (GPs, psychologists, counsellors) were also noted by some as people they felt comfortable seeking help from, or had sought help from in the past.

"Probably partner first. That, I think, would be the first place where you would say I'm feeling a bit shit or whatever. I would be and have been quite comfortable in seeking a professional realm for that, speaking to a counsellor. Those would probably be the first." (55-60 years)

"I think I've got a lot of good, open communication with my female friends about that. If I need emotional support, a lot of them are there for me, which is quite positive and good. I don't think there's much barrier in that sense." (15-20 years)

"I've got a couple of [male] friends who I've started talking to about it. And we occasionally do just say, 'Oh, I just need a chat, like really just need a chat at the moment. Let's just have a chat'. Having to check up, checking in with each other, see how we're going." (15-20 years)

Importantly, these patterns of disclosure were varied, indicating that men in the Macedon Ranges have diverse means of seeking support, and future work should seek to understand the contexts in which men do feel comfortable to talk openly about emotional concerns. As highlighted by one participant, the community assumptions that men are unable to share deeper conversation may be further impeding men's comfort in seeking safe places to talk openly.

"I did a three-day course on psychology or mental health in the Macedon Ranges. And one of the things the women were surprised [by was] that men were so easy and forthcoming in their answers. They were expecting men to be quiet and not responsive. So men are responsive. Men are talkative, but nobody is actually listening." (65-70 years)

Trust built up through long term friendships or relationships, a guarantee of discretion and reciprocity in the sharing nature of the relationship were shared as key factors in men's decision to disclose their personal worries or stresses to another individual. Further, a sense of burdensomeness for some men prevented them from seeking support from peers, and increased their tendency to lean into self-reliance norms. Reciprocity of sharing in relationships may alleviate this sense of burdensomeness by evening the playing field and helping men to engage in equal trusting relationships.

WHERE TO FROM HERE? COMMUNITY-BASED INTERVENTIONS FOR MEN'S WELLBEING

When asked about possible suicide prevention interventions, many participants spoke about upstream methods involving community-based interventions that focus on engagement and providing opportunities for men to learn, connect and contribute to the community. Taking interventions to existing community spaces where men already have social networks, and a reason to attend was seen as way to utilise valuable community resources, target groups of men, and overcome attendance and engagement barriers.

"Those sort of experiences where you can actually do it all in the same room, you're there, you're doing it, you're 100 per cent focused on doing it at that moment, there's no other distractions or anything like that, is really important and really helpful. And I think if you can do it in situations that are going to arise. Say for example, at the football club, because they'll be groups of friends there that will see each other very regularly, or at a school where you're in groups that you see regularly rather than those diverse sort of things where you're doing it with people that you might not ever see again, is really important. So that is specific to your actual circumstances. Because I think once you do the initial one, it can break down the barrier that you have to doing it again so much." (15-20 years)

"Something that men might find interesting to be at with other men, it's not tagged as a health thing. I'm not going there because there's something wrong with me, I'm going there because it's fun. Or we're going to do something as a group of guys." (55-60 years)

While some participants specified the need for men-centred approaches that provide spaces for men to gather with other men, others pointed out the potential benefit of involving families or the community more widely than just men, in order to reduce potential social anxieties of men attending events by themselves.

"Maybe something that would also incorporate their families a bit more... I think it's very challenging for a bloke to go by himself to an event... and I think that can be a barrier... I think it's a bit weird, a bit confronting for blokes to do that. They're nervous, they're worried about whether they'll come across as normal, come across as the traditional masculine sort of norm. It has to be something that incorporates their families, so they're less confronted about coming to these things." (30-35 years)

Early education in mental health, masculinities, and respectful relationships was seen as a key step forward in overcoming the challenges for men and their communities highlighted by this report. Promoting healthier masculinities was viewed as a long-term cultural shift requiring building up boys and men from a young age to feel comfortable with vulnerability, and value respectful relationships with others.

"Education is a powerful tool, but getting people to actually take it on board and do it is hard. So I'm not really sure how you would, unless it's something you start from a very young age. Like so just build it in inherently, so that it's so normal to little boys to talk to ... mates about [mental health]." (20-25 years)

Specifically, implementing mental health literacy and positive masculinity programs into schools and sporting clubs was suggested as likely to have positive uptake and impacts. Including parents in the discussion and providing them with adequate knowledge and skills to support their sons was another key consideration to the success of any intervention.

"At school we did a Man Cave program and went through things like checking in on your mates and how to facilitate those sort of conversations. And that really did help. And I know how to have a lot more conversations about mental health, especially after that workshop." (15-20 years)

"Well, I think they've [sports clubs] got to name it and they've got to set their clubs up around it. And it's the ongoing education process that can't be a one-year event. You can look at the area of family violence. It's got to be an ongoing issue. It's got to be an ongoing education [about] male mental health. But also 'how are we as a club structured to support what we're doing? What is the language that we're using in the rooms at training? What are we laughing at? What are we not laughing at?' And I think that's going to start in primary school." (60-65 years)

Men's Sheds were consistently mentioned as supportive community structures that enhanced wellbeing of older men in the Shire, however, some felt that there was a missed opportunity (image 6) to offer similar support structures to groups of men in other age brackets.

"The existence of Men's Shed is an indication that people are realising that men don't have the social groups, they don't have the networks that women have created over probably millennia to support each other, to keep community going, to work as a society. Men just don't have that, and its existence to me says that we're seeing that necessity for a particular part of the male world, but it's just exclusive to the older, retired men, and there's nothing for the rest." (40-45 years)

IMAGE 6. MISSED OPPORTUNITY

Further, intergenerational and mentoring approaches were mentioned by some as a potential way to utilise the existing community structures (e.g. Men's Sheds or schools) and skills of community members to create more networks for men in the Macedon Ranges, and facilitate the promotion of positive masculine role models for younger men in the Shire. Mentoring was mentioned as a potential intervention to target suicide risk and gendered violence perpetration/attitudes.

"The word mentoring always seems to come to mind, that perhaps if there was more opportunity for an older generation to be involved in activities with the younger generation, and provide a slightly higher level of mentoring." (50-55 years)

"I've always thought about teaching younger guys... some practical skills. You could possibly... set something up doing that for people that wanted to donate a bit of time to show someone what they've done and their experience in their profession. I think mentoring younger kids would definitely reduce that [family violence] as those boys are growing older, having a really good, positive mentor." (30-35 years)

The above considerations highlight that one approach is unlikely to work for all men in the Macedon Ranges, and that different options for increasing social connection, raising mental health awareness, and breaking down gender stereotypes may need to be introduced on a trial-and-error basis. The next section of this report outlines the evidence base for potential interventions to aid in the decision-making process of intervention implementation.

IMAGE 7. BEATING THE BLUES

"So it's my relaxation for me. It's... those idle times when I've got nothing to do... my mind starts to drift to the loss of our son [to suicide] because it happened at home. And [he] was a frustrated drummer. And so this is his room now. This used to be his bedroom, this is his room. So it has a drum kit in there that he would have loved and masks that he had in his room... There's artwork in there that you can't see that he does because he was a brilliant cartoonist. So I guess it's a link, a tribute, an engagement with my son." (65-70 years)

KEY MESSAGES

1. People in the Macedon Ranges need more information around supporting men's mental health, identifying distress, and how and where to seek help.
2. Challenges finding meaningful social connections mean that many men in the Macedon Ranges experience loneliness, social isolation and a reduced sense of belonging.
3. Younger men were more likely to endorse risk-taking behaviour and violence than men aged above 30.
4. A perception remains for some men that they must solve their own problems and cannot talk about their emotions, leading to delays in reaching out for help when experiencing distress.
5. Outdated gender roles that place pressure on men to be the main breadwinner can sometimes have negative impacts on men's wellbeing. Some men who are not the main breadwinner feel less valued in the community.
6. Pressure to fit in and belong leads many men to feel as though they need to hide their true self from others in the community.
7. Contrary to non-males, males in the Macedon Ranges were twice as likely to believe that they treat all genders equally and are confident to act on gender inequality.

RECOMMENDATIONS

The following recommendations seek to address the key messages of The Human Code findings. Where appropriate interventions are tagged as higher resource and lower resource.

Lower resource	$	Higher resource	$ $

Recommendation 1. Include a diverse range of Macedon Ranges men in the co-design or implementation of any programs, resources, campaigns or marketing aimed at engaging men.

In order to facilitate engagement and uptake of any place-based healthier masculinities interventions for the Macedon Ranges Shire, it is recommended that local boys and men are included as active participants in the co-design and implementation process.

Different target groups of men are likely to respond best to different approaches, pointing to the need to tailor the avenues and messaging used to reach certain audiences in the implementation of programs.

Effective co-design involves giving equal value to the expertise of consumers and the expertise of professionals, sharing of decision-making power, and ensuring that consumers are actively engaged for the life of the project. (30) While co-design with maximal participation from boys and men is recommended, this process can be lengthy and resource intensive. As such, consultation is recommended as a minimum when co-design is not feasible.

Consultation differs from co-design in that consumers participate by providing feedback or sharing experiences, but have no involvement in the decision-making process of the design or implementation of an intervention. Any local resources should use tailored language and design concepts for the specific groups of men that they are aimed at.

Co-design and consultation could include collaborative workshops, feedback surveys, or user testing of resources prior to publishing in the community. Approaches that are not co-designed are less likely to meet the needs of the target group(s) of men, and therefore are more likely to run into challenges with uptake, engagement, and longevity in the community.

The below recommendations offer suggestions of existing programs, which may reduce the burden of co-design by providing examples of structured interventions that could be implemented with minimal need for re-design. There is possibility for existing programs to be tailored to Macedon Ranges men through meaningful engagement and collaboration with local men, for example to determine marketing strategies, program settings, or tailored content to ensure men are involved in the implementation of interventions from their conception.

Higher resource **$ $**

Recommendation 2. Introduce community-based programs aimed at improving men's connectedness with others.

Findings highlight the key importance of bolstering men's sense of belonging in the Macedon Ranges community. This may support suicide prevention efforts by helping boys and men build better relationships and social networks while creating opportunities for meaningful social interaction. Intergenerational approaches and mentoring programs may be a means to fostering community and social connectedness, while also providing positive role modelling for younger men, and simultaneously strengthening a sense of purpose for older male mentors. Given Men's Sheds are well established in the Macedon Ranges, implementing intergenerational mentoring programs within Men's Sheds may be an effective way to provide opportunities for interaction that enhance connectedness and belonging across age groups, while also teaching valuable skills and modelling healthy masculine traits to younger men.

Many Australian Men's Sheds currently provide mentoring programs, mainly to youth, suggesting feasibility of these approaches within the Men's Shed context. (31) A survey of intergenerational mentoring programs at Australian Men's Sheds found that the most important factors in subjective ratings of mentor program efficacy were the provision of *meaningful activities* and the *mentor's approach* in working with mentees, followed by programs providing a *safe environment*. (32)

Programs surveyed were audited against the Australian Youth Mentoring Network Mentoring Quality Benchmarks. (33) Key considerations included programs that adopted a screening process for recruiting and matching mentors, had sufficient mentor training or supervision, and involved program evaluation. It is acknowledged that there is a lack of formal outcome data for intergenerational programs at Men's Sheds, and pilot programs should be evaluated to support ongoing feasibility and success. Wilson and colleagues (34, 35) used qualitative accounts to understand the impact of a Men's Shed mentoring program that involved a weekly shared construction project between Men's Shed mentors and teenage boys (14-16 year olds) at risk of social exclusion. Mentors illustrated how the relationship with the adolescent males fostered mutual respect based on trust, and allowed for the handing down of values and life experiences, increasing intergenerational connectedness. (34) The adolescent male participants spoke of personal pride from giving back to community, greater sense of connection with their peers and social inclusion, and altered perceptions of older men through social engagement. They also commended the program for its ability to provide practical skills in a "fun" environment outside of the traditional classroom. (35)

While more formal evaluation is needed, in Men's Shed settings that are open to intergenerational mentoring, tangible increases to community connectedness and belonging may be observed, in addition to skill development, benefiting both older and younger men involved. Given the findings of The Human Code identified a gap for opportunities for social interaction for men in the 30-60-year-old age bracket, it is recommended that mentoring programs consider pilot programs involving mentors outside of the usual Men's Shed age bracket (retirees) to provide greater opportunity for all men in the Shire to become involved in community, and connect with peers outside existing social circles.

The implementation of organised Dads Groups may help to fill the gap of connection for young fathers, many of whom may be new to the region and thus lack strong social networks.

Dads Group Inc (dadsgroup.org) is an established organisation with 70 groups Australia-wide. While there is a lack of formal evaluation of community-based Dads Groups, their aim of helping men develop healthy social interactions, a sense of purpose, and connections to mental health services may act as protective factors against suicide risk. (36) Additionally, providing support during the transition to fatherhood, challenging gender stereotypes (e.g. Man with a Pram events) and strengthening positive relationships may assist in the prevention of family violence. (36) Research is underway by Dads Group Inc to validate and refine their current model.

Daughters and Dads Active and Empowered (daughtersanddads.com.au) is another established program aimed at engaging fathers in strategies to improve their daughters social-emotional wellbeing and physical activity levels, and teach parenting strategies to encourage gender equitable attitudes. (37) Promoted as a physical activity intervention, this approach may help to secure buy-in from men who value practical activity-based programs over more traditional talk-based programs.

Baby makes 3 (carringtonhealth.org.au/baby-makes-3/) is an evidence-based award-winning education program run through Maternal and Child Health Services (MCHS) in various LGAs across Victoria designed to support the transition to parenthood and instil more gender equitable roles among new parents. Evaluation of the program showed significant benefits in awareness of how traditional gender roles impact new families, and greater support for gender equality within families. (38) While the primary aim of Baby makes 3 is prevention of violence against women, the program also benefitted new fathers' social connectedness by offering men valuable opportunity to meet and connect with other new parents and families locally. Importantly, Baby makes 3 is successful at reaching its target audience as it is framed as usual practice for all new parents through MCHS, normalising the experience of receiving parenting education for men.

Based on participant accounts of the limited range of social activities outside of sport available for men to engage with in the Shire, and the finding that many men hide aspects of their identity from the community, we also recommend that community groups consider expanding the range of activities advertised to men. This could include promoting art and music based programs, book clubs, or any other programs that offer men a space to meet and develop peer relations over a shared interest. Normalising men partaking in a diverse range of hobbies and interests may help develop a culture that promotes acceptance and inclusivity of a diverse range of masculine expressions.

Vital to this recommendation is that emphasis be placed on encouraging men in the community to organise, lead and sustain the community programs aimed at benefiting them, as opposed to just attending.

Higher resource **$$**

Recommendation 3. Engage with schools and workplaces to provide education to boys and young men in the Macedon Ranges about masculinity and its influence on mental health, gender equality, and respectful relationships.

Schools

In order to break down outdated gender stereotypes and support the development of healthy masculine identities in boys and men, the implementation of gender-transformative education programs is recommended. Key masculinity norms that warrant attention include young men's rigid adherence to norms of stoicism and self-reliance, and pressure to adhere to traditional gender roles and fulfil breadwinner responsibilities.

While men in The Human Code sample showed low levels of conformity to masculine norms relative to comparable studies, younger men were more likely to endorse some norms including risk-taking and violence compared to older males. This suggests that focusing on education for younger males on

the influences of masculinity in their lives is a key opportunity timing wise for tailored interventions.

Schools are well established settings for programs around health-related attitudes, and may be optimal settings to implement early intervention programs given their ability to engage with cohorts of young males at the age at which a masculine identity is forming. (21)

While programs have been developed to engage school-age boys and young men on issues related to healthy masculinities, at present there is little evaluation data on such programs. A recent systematic review identified that gender *sensitive interventions* (programs that include content related to men's specific needs but do not necessarily seek to transform masculinities) and *gender transformative interventions* (programs that clearly discuss gender norms and the social construction of masculinity with efforts to challenge and transform such norms) may be more beneficial than *gender neutral* programs for young men in fostering wellbeing and positive identity formation. (21)

Specifically, gender transformative programs reported beneficial outcomes for young men's self-efficacy, anger, and perceptions of manhood. The gender sensitive programs assessed were found to improve self-esteem and mental health awareness. While gender neutral programs did have positive benefits for self-efficacy, negative affect and depressive symptoms, a number of these programs were more effective in young women than young men, suggesting that programs tailored to include male-specific aspects may be more valued (and support engagement) by young men. Initiatives viewed as lacking worth by adolescent males may serve to inadvertently reinforce stigma and perpetuate negative attitudes young men may hold regarding mental ill-health and help-seeking, (21) underscoring that engagement is a crucial component of school based programs.

Although evaluation data is limited, promising school-based programs include initiatives like Tomorrow Man's Breaking the Man Code (tomorrowman.com.au/) which is currently under evaluation (39) and The Man Cave (themancave.life/), also under evaluation. Recent randomised controlled trial (RCT) evidence provides support for the Australian-based Silence is Deadly program (menslink.org.au/silence-is-deadly/), which utilises male role models to share lived experience of mental ill-health and challenge traditional masculine norms. Adolescent males showed significant increases in intentions to seek help from friends following the program, and provided positive feedback about the informative nature of the presentations and practical tools and resources provided. (40)

Along with education about masculine identity, stakeholders and community members spoke of a need for increased awareness and education around gendered violence and healthy relationships as a means of decreasing family violence and increasing positive attitudes towards gender equality. Many gender inequality interventions focus on early intervention and prevention of dating violence, often in school-age boys and young men. Gender norms that endorse power and control over women, male entitlement, and poor conflict resolution skills are factors found to increase the likelihood of male perpetration of adolescent dating violence. (41) Addressing these concerns in adolescence (or younger) is likely to be an effective way of increasing gender equitable attitudes as males develop into younger and older adults.

A recent meta-analysis supported the role of adolescent dating violence prevention programs to increase knowledge about violent behaviour and its impacts, and improve attitudes and beliefs around dating violence. (42) While evaluation of specific programs yields mixed results, the evidence base provides support for adolescent dating violence prevention programs as effective in improving knowledge and attitudes around dating violence, which are significant predictors of dating violence behaviours. (43)

Coaching Boys into Men (CBIM) (coachescorner.org/) is an adolescent relationship abuse and sexual violence prevention program from the US conducted with coaches of male student athletes. Conducted in schools or community sport clubs, a cluster RCT of the program indicated an increase in positive bystander behaviour, and increase in recognition of abuse, and among those who had dated, lower reported levels of adolescent relationship abuse. (44) Another evaluated program is the Reducing Sexism and Violence Program (RSVP) from the US which offers middle school (11-14 years) and high school (15-18 years) age sessions. Findings from a pilot evaluation showed that middle school aged boys displayed significant decreases in

support for the use of physical force and violence in relationships following the program. (14)

There may also be benefit in trialling education around gender roles in primary school aged boys, before stereotypical views of gender are formed. Boys are shown to have more stereotypical views of gender than girls, with these views being less malleable to change once formed. (45) This highlights the need in boys especially for early education around gender equity to prevent the development of inequitable gender attitudes and expectations around the roles of boys and men. Recent pilot evaluation of a respectful relationships program for primary schools showed promising effects on disrupting gender biases, with both boys and girls displaying decreases in stereotypical perceptions of occupations and activities. (46)

Workplaces

Workplace health promotion initiatives have the potential to reach large proportions of working populations. Male-dominated industries have higher rates of risky health behaviours, suggesting a need to target these populations in health promotion work. While a range of physical and mental health initiatives have been evaluated, a recent systematic review suggests limited to moderate beneficial program effects in male-dominated industries.(47) Intervention content and delivery must be carefully considered, with those that engaged at multiple levels of an organisation (policy, environmental and individual) more effective than those just targeting individual workers (47).

The Masculine Contest Culture Scale (MCCS) is a workplace culture measure that assesses the extent to which an organisation endorses harmful masculine norms in the workplace. Masculine norms in the workplace such as putting work above all else, showing no weakness, and valuing strength and stamina can have negative consequences on organisational culture, workplace behaviours, individual work attitudes and personal wellbeing of staff. (48) Given that such masculine norms are associated with negative outcomes for an organisation's functioning and profitability (as well as staff wellbeing), organisations have a vested interest in identifying and addressing these norms.

Implementing the MCCS instrument in organisations across the Macedon Ranges may be a beneficial first step to workplaces addressing harmful gender stereotypes, by allowing them to assess the extent to which harmful masculine norms impact their staff and therefore organisational culture. Understanding the prevalence of such norms within workplaces has the potential to motivate workplace leaders to implement organisational and policy changes aimed at reducing the harmful impacts of these attitudes.

Educating workplaces on the benefits of promoting flexibility to their male staff, with options for part-time work and paid parental leave can help to discourage 'put work first' norms in men. This may allow men to think differently about their roles as both fathers and workers, and promote a workplace culture that values gender equity. (48)

Higher resource **$ $**

Recommendation 4. Increase men's understanding of mental health through community based programs.

Meeting boys and men where they are at – by taking interventions into existing community spaces – is key to engagement. The influence of sporting clubs in the Macedon Ranges for many boys and men presents a key opportunity for implementing mental health literacy programs which increase men's knowledge of mental health conditions and where to seek help. Existing networks within sporting clubs (and other male-friendly community spaces) can be utilised to create meaningful change in groups of men of different ages. As a caveat, the Shire could seek to provide alternative options for boys and men who are not involved in community sporting clubs, but who would benefit from enhanced knowledge about mental health and help-seeking.

The findings highlight a need for increased mental health literacy (MHL) among both boys and men and the wider Macedon Ranges community.

Mental health literacy includes knowledge of mental health symptoms and disorders, the ability to recognise warning signs, knowledge of help-seeking options available and how to access them, and skills to support others experiencing mental ill-health. (49) Increasing MHL among boys and men in the Macedon Ranges may help to normalise mental ill-health and the experience of asking for help among male peer groups.

Youth Live4Life (live4life.org.au/) is an award-wining program that began in the Macedon Ranges and delivers yearly mental health and youth suicide prevention education across rural and regional settings. In the Macedon Ranges almost 10,000 community members have undertaken mental health education through Live4life since 2009. Evaluation showed significant positive impacts of Live4Life, with 82 per cent of adults expressing confidence in helping a young person with a mental health concern following Live4Life training, compared with 32 per cent prior to training. (50) Further, Youth Live4Life has previously run male specific mental health first aid courses in pubs, sporting clubs, and Men's Sheds across the Shire. The Macedon Ranges Council should review the two-year evaluation of Live4Life in Benalla and Glenelg and take on board the resulting recommendations to support the continued delivery of Live4Life in the Macedon Ranges (see Ludowyk Evaluation Summary Report). (50)

HALT (halt.org.au/) is a suicide prevention charity that hosts events for tradies and apprentices (and other male-dominated industry workers) within the Macedon Ranges, providing them with the tools to start conversations about mental health, and connect in with local services when needed. Support to continue the expansion of these programs throughout the Macedon Ranges is imperative. Further, implementation of additional male-specific mental health literacy could be considered, and potentially integrated into existing programs.

Mates in Construction (MATES) (mates.org.au/) is a program offered throughout Australia with strong construction industry support, offering general mental health awareness and suicide prevention training to construction workers. Recent evaluation of the training suggests its effectiveness in improving suicide awareness and knowledge, and help-offering and help-seeking attitudes.(51) Integral to the MATES model is the training of 'connectors'; people on-site who are trained to identity and support other workers experiencing distress, and connect them in with local services when required. This creates on-site networks of support in a familiar space and ensures the longevity of suicide prevention and mental health support following the awareness raising workshops.

Ahead of the Game (AOTG) (aheadofthegame.org.au/) is an Australian-developed multi-component sports-based program aimed at promoting early intervention, help-seeking and resilience among male adolescent sports participants.(49) RCT evidence shows that the Ahead of the Game program has significant benefits on depression literacy, anxiety literacy, intentions to seek help from formal sources, confidence to seek mental health information, resilience and wellbeing for adolescent male participants. Central to the program is implementation at multiple levels of the community, with program components for players, coaches, and parents.

One component of AOTG is the Help Out a Mate workshop, which can be offered as a standalone intervention for a less resource intensive option. The 45-minute workshop delivered at sport clubhouses is shown to increase knowledge of signs and symptoms of mental ill-health, increase intentions to provide help to a friend experiencing mental health concerns, and increase attitudes that promote help-seeking.(52) Participant feedback also highlighted the enjoyable nature of the workshop due to the experienced presenters, and casual and interactive format.

Lower resource **$**

#chatsafe (orygen.org.au/chatsafe) is a social media campaign co-designed with young people aimed at improving online communication about suicide. The intervention was found to be acceptable to young people (16-25 years), and was found to improve willingness to intervene against suicide, self-efficacy, confidence and safety when communicating on social media about suicide. (53) While currently not tailored specifically young men, the implementation of #chatsafe in the Macedon Ranges may be a beneficial way to reach a large proportion of young people and provide education about responding to suicidality, and communicating about suicide online. Future intervention could consider tailoring the content of #chatsafe to Macedon Ranges men.

There is need to tackle the pressure to adhere to masculine norms for men in the community so that boys and men can be supported in change. One evidence-based example of an effective public health campaign for challenging masculine stereotypes and increasing men's willingness to seek help is the Australian *Man Up* ABC-TV documentary. *Man Up* is a three-part series which explores the links between Australian masculinity and mental health, wellbeing and suicidality (manup.org.au/). Male adults who viewed the series were significantly more likely to seek help if they were facing emotional difficulty, and were more likely to recommend that a friend do the same than the control group.(54) They also showed reductions in adherence to some problematic masculine norms following viewing the documentary. Screenings of the *Man Up* documentary could be used to promote facilitated discussion and conversation among men in the Macedon Ranges regarding masculinities and mental health. Similarly, the promotion of an engaging place-based public health campaign (built on some of the ideas presented in *Man Up*) could be a low-cost option to increase community awareness about male mental health, and breakdown masculine barriers to mental health seeking for men in the Macedon Ranges.

Lower resource **$**

Recommendation 5. Focus on mental health help-giving through developing a 'Help out a friend' toolkit.

The findings highlighted an inclination for help-giving among men in the Macedon Ranges in terms of practical support. However, men's help-giving tendencies were lacking for mental health or emotional concerns. Leaning on the community-minded and helpful nature of people in the Shire, and the desire to support others indicated by men, one recommendation is to focus on mental health help-giving as a means of activating informal support networks for others, while simultaneously providing skills for, increasing comfort in, and normalising help seeking behaviours.

Help-giving has been found to increase self-compassion;(55) a concept that has been associated with lower levels of help-seeking self-stigma in men, and self-compassion mediates the relationship between masculine norm adherence and help-seeking barriers such as self-stigma and self-disclosure risks.(56) Men who are more self-compassionate may be able to engage in help-seeking behaviours without considering the behaviour 'non-masculine' or feeling ashamed. (56) As such, the development of a local, place-based toolkit focused on help giving strategies for men is recommended.

This toolkit could include how to identify and support a mate who might be in distress even when (and perhaps especially when), they are not able to talk about it, and strategies and language to use when talking about mental health and suicidality with peers. This could be in the form of a digital resource such as social media infographics, or a printed resource displayed in schools, sporting clubs and community groups. Using messaging that taps into the existing practical help-giving tendencies of males in the Shire (e.g. 'help out a

friend') may help to translate these skills into mental health and normalise mental health help-seeking.

Many men carry the assumption that other men do not experience mental health difficulties, which can increase feelings of isolation. Normalising male experiences through awareness-raising which features men sharing their personal struggles may also help to validate men and increase their likelihood of seeking help. Given men's reported preferences for informal support avenues, increasing mental health help giving skills across the community is an important intervention to breakdown norms of stoicism and self-reliance in men.

Existing local community resources that have been compiled to support mental health in the Macedon Ranges (see appendix B) may be helpful in developing content for a toolkit that can then be tailored in consultation with local men. Further, variations of the resource with language tailored for specific target groups of men (e.g. youth, older men, LGBTIQ+ men) would help to ensure acceptability and usefulness of the toolkit. Consultation would also assist in determining the implementation strategy of the resource to facilitate increased uptake and engagement.

Lower resource **$**

Recommendation 6. Develop an online directory of male-friendly mental health practitioners in the Macedon Ranges.

The Macedon Ranges community would benefit from increased awareness of local services available for, and/or tailored to the needs of men. A central directory of practice made available to both healthcare providers and community localised to the area could be an effective way to increase the likelihood of those who do reach out for help receiving the assistance they need. This could include information about services and practitioners available, contact information, and tips for seeking and engaging with formal support services. Practitioners or services could self-identify as having a special interest or ability to work with men. This male-specific resource could be easily accessible through an online format (i.e. website or application), that could be shared by healthcare providers and community groups.

An online resource that allows men to maintain a level of privacy and confidentiality in the process of help-seeking may allow men to feel more comfortable in seeking mental health information. An existing resource that could be promoted alongside a local directory is HeadsUpGuys (headsupguys.org); a Canadian-based website that provides information about depression in men, where to seek help, tips for recovery, and lived experience stories. (57)

While structural barriers remain for many people seeking to access mental healthcare (e.g. costs, wait-lists, transport barriers), a central first point-of-call of possible avenues to support would assist in creating a community network of support and facilitate easier identification of pathways to care for men in need.

Lower resource **$**

Recommendation 7. Engage with health service providers to promote male-friendly practice.

Secondary to the above recommendation is the suggestion that service providers may benefit from training and resources that outline male-friendly practice and tips for increasing engagement with male clients, to increase men's positive experiences accessing healthcare. Men display higher dropout rates in psychological treatment than women, and their experiences with healthcare are likely to impact their future help-seeking behaviours.(58)

Moving away from the assumption that men do not seek help, it is imperative that health care professionals work actively to engage with their male clients and tailor practice to best suit men. Developing a local resource for health care providers based on consensus guidelines for engaging men in psychological treatment (59, 60) may help to bring awareness to the need to include masculinity in mental health training and clinical practice. Supporting the development of a community of practice for local mental health care practitioners with an interest in furthering their skills in working with men may be an effective way to bring focus to the specific needs of men engaging with mental health care services.

Further, Men in Mind is a new online professional training program for therapists, aimed at upskilling them to engage men more effectively in therapy and respond to male depression and suicidality (meninmind.movember.com). Research is underway to evaluate the efficacy of the Men in Mind program, but future interventions in the Macedon Ranges could consider upskilling the workforce by providing masculinity-focused training to mental health professionals.

Recommendation 8. Use available evidence to guide the development of future programs aimed at promoting healthier masculinities.

Implementing a positive masculinity framework

The finding that many men in the Macedon Ranges feel pressure to mask their true identity, or feel removed from their true self because of masculine norms is key to understanding men's wellbeing in the Shire. While there is minimal evidence for interventions based specifically on improving men's authenticity, it is probable that the above recommendations for intervention that focus on breaking down masculine stereotypes, providing alternative examples of healthy masculinities, and increasing the diversity of men's social interactions and activities will have positive impacts on men's comfort in expressing their authentic self.

Further, there is theory-based frameworks engaging authenticity as a key component of a positive masculinity that could be applied to future interventions. Wilson and colleagues' (1) Positive Masculinity Framework provides a way of conceptualising the progression towards a positive masculine identity for young men. Integral to this are the two pillars of *knowing* and *being*. *Knowing* relates to boys and men being provided with information about gender socialisation, the negative impacts of outdated masculine norms, and examples of positive masculinity across different life stages. This component ties in with the recommendation for educational programs discussed above. Equipped with this knowledge, young men are able to move towards the second pillar of *being*; where they embody positive masculinity through the promotion of authenticity, connectedness and motivation as key human strengths that can be utilised to allow men to forge their own positive pathway moving forward.

Key to this is the concept of becoming authentic, which recognises that many men face confusion around their roles and what is expected of them, which can cause them to 'mask' as more manly, resulting in hiding their true identities. Interventions that foster authenticity among men may help to promote openness, kindness and self-compassion, and encourage positive health behaviours such as increased help seeking and help giving. While this framework is yet to be validated in populations of boys and men, it may provide a guide for interventions in the Macedon

Ranges to assist men in managing the changing expectations of boys and men, and to support the promotion of healthier masculinities within the Macedon Ranges.

The Check Mate tool

The Check Mate tool provides evidence-based guidelines for incorporating gender sensitive content into men's health promotion programs. (2) The tool was developed on the basis of five key approaches found to be effective in planning, implementing and evaluating health promotion programs for men:

1. Creating a male-friendly space
2. Basing the program on activities that are appealing to men
3. Using masculine ideals to increase the wellbeing of men and their families
4. Considering aspects of men's identities other than gender
5. Encouraging independence and participation

Feedback from programs using the Check Mate tool suggests it is practical, adaptable, and useful for priming thinking to include gender sensitisation in the development of health promotion programs. (2) The tool involves using masculine ideals such as strength and provider roles to engage with men, which may inadvertently reinforce these norms for some men. Care should be taken with the examples given or way the tool is used to reduce this risk. Despite this, the Check Mate tool offers a simple way for organisations to include gender sensitive content in the development of health promotion programs for men. The full Check Mate tool is provided in appendix B.

PROJECT LEARNINGS AND REFLECTIONS

The Human Code project was conducted from September 2020- August 2021, in the midst of the COVID-19 global pandemic. During this time, both metropolitan Melbourne and regional Victoria were subject to various periods of lockdowns and travel restrictions. This impacted Orygen's ability to engage in community-based recruitment activities in the Macedon Ranges. In addition, the Victorian Department of Education placed COVID-19 related restrictions on school-based research in government schools for the duration of the recruitment period of The Human Code. This meant that participation from stakeholders in education was limited to the independent schools in the Macedon Ranges. Additionally, we were unable to partner with the schools to promote The Human Code amongst students, staff and parents which may have increased participation rates and provided a larger group of adolescent boys in the study sample.

Recruitment into The Human Code online survey posed numerous challenges in engaging with men and the Macedon Ranges community more widely. The recruitment strategy initially focused utilising social media recruitment advertising, which previously has had much success in other Orygen research projects. However, this approach was not as successful as expected, suggesting that regional and rural communities may be less likely to engage with health research when shared digitally (e.g., via social media). To overcome this, a new recruitment strategy involving presentations to organisations, attendance at community farmers' markets, and distribution of posters and flyers was carried out. This saw a significant increase in survey responses, and provided valuable lessons about the need to actively engage with regional communities about masculinity and health research more broadly.

Despite the efforts to increase project visibility within the community and target diverse groups of men, we still faced challenges in reaching those groups of men that are traditionally hard to engage in health promotion work. Feedback from some participants suggested that the survey length and form of some questions perhaps served as barriers to engagement and survey completions. In addition, the marketing developed for The Human Code project including the tag lines *'what if being a good man just meant being a good human?'* and *'freedom of expression never felt so good'* possibly had low appeal to men holding highly traditional views of masculinity or men from male-dominated industries (e.g., agriculture, manufacturing), contributing to the markedly low levels of conformity to masculine norms found in the survey sample relative to comparable research. Nonetheless, even with a sample holding progressive masculinity views, self-reliance was an important associate of suicide risk, giving important insights into how masculinity contributes to suicide risk in the Macedon Ranges.

Lastly, the project faced some challenges regarding timeline considerations for supporting research ethics and communications work. Future work should ensure sufficient time to enable research ethics approval (and approval of project amendments), mindful of times during the calendar year where recruitment is likely to be very slow (e.g., late December and January).

REFLECTIONS FROM LOCAL PARTNERS

"We now have the information we need to start a genuine conversation with the community on the impact traditional masculine stereotypes can have on the health of men and boys. Sunbury and Cobaw Community Health look forward to working alongside local people to design activities that are driven by and are meaningful to the local community."
Jeremy Hearne, General Manager, Building Healthy Communities, Sunbury and Cobaw Community Health

"I hope this project can support people in the Macedon Ranges to see gender equality as an important issue for everyone, because it really does impact us all. Based on the findings of The Human Code I see my role as providing ongoing support to projects which build capacity for men and boys to become key agents of change."
Hayley Davis, Health Promotion Officer in prevention of violence against women, Women's Health Loddon Mallee

"My hope is that this project moves the community understanding of masculinity to be more like humanity, whereby we all keep an eye out for those needing assistance, we don't walk past what we don't accept and it is okay for any of us to ask for help." *Ken Reither, Chairman, Gisborne Men's Shed*

APPENDIX A

COMMUNITY SURVEY INFORMATION

DATA COLLECTION

Once participants arrived at the community survey website they were informed of the purpose of the study, the content of the survey and risks of distress, and provided with a list of mental health support services (Lifeline, Men's Line, Beyond Blue, local services etc.). This list was also presented during the survey to participants who indicated any level of recent suicidal ideation as per their responses to the survey questions.

Following informed consent, participants were taken to survey eligibility questions (age and Macedon Ranges Shire postcode). Eligible participants were then invited to complete the remainder of the survey. Ineligible participants were directed out of the survey page and thanked for their interest. Paper copies of the survey were also printed and distributed at local libraries, neighbourhood houses, and at various community presentations. Completed paper surveys were posted to Orygen and entered manually into the online system. Participants were eligible to enter a prize draw to win one of four $500 Coles vouchers as a recognition of their time.

The Human Code survey included a range of standardised rating scales that have established validity and reliability. Scale totals and subscales (where scales comprised multiple domains) were generated based on published research. In addition, a bespoke measure was specifically designed to assesses local aspects of masculinity, help-seeking and gender equality. This measure was statistically validated in The Human Code sample, and this is reported below. A summary of survey measures is presented in table A1.

Table A1: Summary of outcome measures used in The Human Code community survey

Measure	Description
Demographics	Age, gender identity, trans/cisgender identification, sexuality, postcode, employment status, level of education completed, income range, relationship status, Indigenous identification, country of birth, language spoken at home, parent or not, mental health help-seeking experience.
***Man Box* Survey**	Man Box Scale (17 items): Measures an individual's personal beliefs about harmful masculine norms. Respondents mark their agreement with each item on a 4- point likert scale of 1 (strongly disagree) to 4 (strongly agree). Higher scores indicate higher endorsement of harmful masculine norms. (28)
Masculine norms	Conformity to Masculine Norms Inventory (22 items and 30 items): Assesses the extent to which an individual male conforms or does not conform to actions, thoughts and feelings that reflect dominant masculinity norms. Respondents mark their agreement with each item on a 4-point likert scale of 1 (strongly disagree) to 4 (strongly agree). Higher scores indicate higher conformity to masculine norms. (61, 62)
Masculine Values Scale	Intensions Health-related Masculine Values Scale (15 items): Measures two domains of health-related masculine values; Open and Selfless, and Healthy and Autonomous. Responses are made on a 5-point likert scale from 1 (strongly disagree) to 5 (strongly agree). Higher sub-scale scores indicate higher endorsement of each value domain. (63)

(Table A1 continues)

Table A1: Summary of outcome measures used in The Human Code community survey

Measure	Description
Macedon Ranges Healthier Masculinities	Community Perceptions of Men's Mental Health Behaviours (19 items): Bespoke survey created for The Human Code project, measuring community perceptions of men's help seeking, relationships, and adherence to masculine norms. Responses are made on a 4-point likert scale from 1 (disagree) to 4 (agree). Higher scores indicate more positive evaluations of men's health related behaviours.
Loneliness	UCLA Loneliness Scale (3 items): Scale used to assess feelings of loneliness or social isolation. For each item, respondents are asked to indicate how often they feel that way, from 1 (hardly ever), 2 (some of the time), to 3 (often). Higher scores indicate a greater degree of loneliness. (64)
Depression	Patient Health Questionnaire (9 items): A brief screening tool which assesses each of the DSM-5 criteria for clinical depression over the preceding 2 weeks from a scale of 0 (not at all) to 3 (nearly every day). Higher scores indicate higher levels of depression. (65)
Anxiety	Generalised Anxiety Disorder Scale (7 items): A brief screening tool with assesses symptom severity for generalised anxiety disorder. Respondents are asked how often they have been bothered by symptoms in the preceding two weeks, on a scale of 0 (not at all) to 3 (nearly every day). Higher scores indicate higher levels of anxiety. (66)
Problematic Alcohol Use	Alcohol Use Disorders Identification Test (10 items): Screening tool to assess alcohol consumption, drinking behaviours, and alcohol related problems. Higher scores indicate increased risk of problematic drinking behaviour, with a score of 8 or more considered to indicate harmful or hazardous alcohol use. (67)
Suicide Interpersonal Risk Factors	Interpersonal Needs Questionnaire (15 items): Scale measuring thwarted belongingness and perceived burdensomeness; key risk factors associated with suicidal ideation and behaviours. Responses are made on a 7- point likert scale from 1 (not at all true for me) to 7 (very true for me). Higher scores for each subscale indicate higher levels of thwarted belongingness and perceived burdensomeness. (68)
Attitudes towards violence against women	Community Attitudes Supportive of Violence Against Women (CASVWAS) – from the NCAS delivered by VicHealth (35 items): Measures attitudes towards intimate partner violence and sexual violence. Responses are made on a 4-point likert scale from 1 (strongly agree) to 4 (strongly disagree). Higher scores indicate lower endorsement of attitudes supporting violence against women. (69)

DATA ANALYSIS & INTERPRETATION

Analysis is presented in the form of percentages, mean and standard deviation (SD) or standard error (SE) to enable comparisons with existing data. Where comparison data existed, we contrast The Human Code results with population-level data from the Ten to Men longitudinal study into male health (22) or other available resources (e.g., 2018 *Man Box* Report) Data is presented in a number of formats, including per validated categories (e.g. depression symptoms according to mild, moderate, severe cut-offs) where these exist. In several instances, binary categories have been developed for survey items based on respondents endorsing 'agree/strongly agree' etc. While this provide a useful way of presenting data in bar graphs, such groupings are also limited, as respondents on the inner boundaries tend to be more similar than different, which should be considered as part of data interpretation.

Group differences are examined (e.g., males compared to non-males). Where age comparisons are reported, these reflect percentages comparing males aged ≤30 years with the full male sample, or inferential statistical tests of mean differences for males ≤30 years and males ≥31 years. The inferential statistics used were independent groups t-tests, analysis of variance (ANOVA) or multivariate analysis of variance (MANOVA) for continuous outcomes, and chi-square tests for categorical outcomes. The MANOVA analysis tested main effects (and interaction) of gender identity (male/non-male) and past two-week suicide ideation (ideation/no-ideation) on outcome variables. In some instances, group comparisons are relatively small (e.g., number of male respondents who indicated suicide / self-harm ideation in past two-weeks), leading to greater variance and less precision of these estimates. To account for multiple comparisons and the risk of detecting spurious effects, we used a stringent alpha (probability) value of (α<.01; 1 in 100 chance of detecting a false effect). This guided interpretation to reduce the likelihood of identifying false positive effects. Any effects at the conventional α<.05 level (1 in 20 chance of detecting a false effect) are referred to as "trend level effects" in the report.

A factor analysis was conducted on items designed for the bespoke local scale, in order to determine reliable overarching domains (e.g., subscales). Statistics for the factor analysis are presented in Appendix 3. Reliability indices were calculated for each of the standardised scales (or subscales) used (see below). Each of the standardised measures reported robust reliability indices (e.g., Cronbach alpha coefficients >.80), indicating that the measures offer highly reliability; they provided precision and would be likely to result in reproducible results with the same sample.

While several of the outcome variables reported mild to moderate skewness values (see below) indicating a deviation from normally distributed data, the tests reported are relatively robust to minor departures from normality. Nonetheless, when reporting associations (correlations) between variables, we present non-parametric indices using Spearman's rho, which provides a relatively conservative estimate of association for non-normally distributed data. Effect sizes for group differences are presented using the Cohen's d or partial η^2 (eta-squared) coefficient where; d≥.20 (small effect), d≥.50 (medium effect), d≥.80 (large effect), or η^2 ≥0.01 (small effect), η^2≥0.06 (medium effect), η^2 ≥ 0.14 (large effect). Effect sizes for associations are reported using ϕ (phi; .20 weak; .30 moderate; .40 strong; .70 very strong) or ρ (rho; .30 weak; .50 moderate; .70 strong). Finally, a series of exploratory mediation analyses were conducted to determine whether domains from the CMNI (e.g., traditional masculine norms) accounted for unique variance in the relationship between interpersonal need domains and depression. These were undertaken using the SPSS PROCESS plugin (Ver 3.4) by Hayes, (70) which uses a bootstrapping approach that does not assume normally distributed data.

SCALE RELIABILITIES

Each of the standardised measures reported robust reliability indices (e.g., Cronbach alpha coefficient >.70) with the exception of the CMNI-22. Five of the CMNI-30 subdomains reported poor reliability, hence these outcomes should be interpreted with caution.

Table A2: Normality of variables and reliability indices

Variable	Skewness	Kurtosis	Cronbach alpha
Man Box Survey	1.024	1.678	.90
Masc Values - Open/Selfless	-0.317	-0.668	.76
Masc Values -Healthy/Autonomous	-0.168	0.212	.79
Loneliness (UCLA)	0.919	-0.294	.85
Depression (PHQ-9)	1.263	0.934	.89
Anxiety (GAD-7)	1.338	1.901	.92
Alcohol (AUDIT)	1.237	1.306	.80
Thwarted Belonging (INQ)	0.527	-0.712	.87
Perceived Burdensomeness (INQ)	**2.079**	3.937	.88
Recent suicide/self-harm ideation (PHQ-9)	**3.140**	9.634	NA
CMNI30_total	0.472	0.482	.73
CMNI22_total	0.287	0.487	**.60**
CMNI Primacy of Work	**2.603**	8.007	**.64**
CMNI Risk-taking	0.485	-0.443	.78
CMNI Heterosexual presentation	**2.853**	7.939	.73
CMNI Power over women	**7.264**	65.854	**.55**
CMNI Emotional control	-0.555	-0.557	.89
CMNI Playboy	1.757	1.932	**.63**
CMNI Violence	0.247	-1.133	.75
CMNI Status	-0.753	0.423	**.50**
CMNI Winning	**3.101**	10.993	**.50**
CMNI Self-reliance	0.938	0.212	.79

Note. Skewness values in read are above the recommended skewness of 2.0; reliability values in red are below the recommended minimum of α>.65.

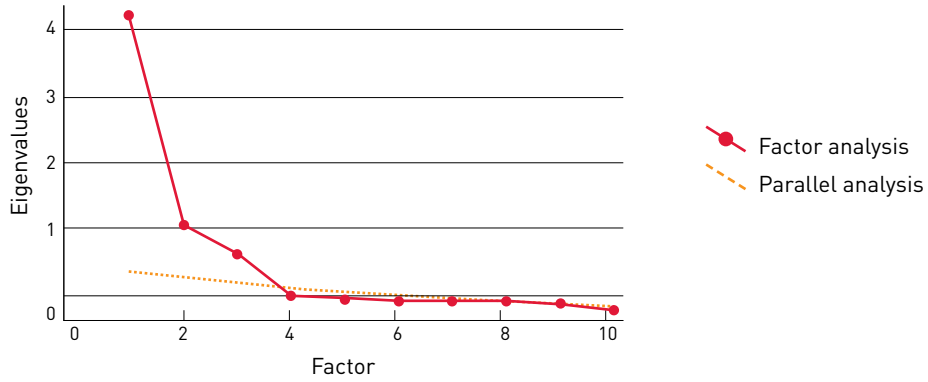
FACTOR ANALYSIS - COMMUNITY PERCEPTIONS OF MEN'S MENTAL HEALTH BEHAVIOURS SCALE

Factor analysis (principal axis factoring) with Varimax rotation was undertaken on the 19 bespoke items to determine underlying factors in the data. Analyses were progressively reiterated, based initially on parallel analysis to determine the number of factors to pre-specify for extraction, retaining item loadings ≥.63, which reflect 40 per cent overlapping variance, and are considered a 'very good' approximation of the overarching factor. (71, 72) Any cross-loading items ≥.63 were omitted as were items loading below this threshold, and the analyses were iteratively re-run.

The initial parallel analysis indicated 6 overarching factors for the full 19 items. The dataset was considered exceptionally suitable for factor analysis (KMO=.922, Bartlett's test p<.001). After this initial analysis, 5 items were omitted due to low factor loadings (e.g., <.63). Parallel analysis was re-run indicting there were now 4 overarching

factors. A pre-specified four factor solution subsequently resulted in a further 4 items being omitted due to low loadings. Parallel analysis was re-undertaken, indicating 3 factors (see figure A1). This resulted in a stable solution using 10 of the original 19 items, converging in 5 iterations (KMO=.871, Bartlett's test p<.001; see table A3).

Figure A1: Parallel analysis of final factor analysis solution



Following an iterative approach, including omission of poorly performing items, the scale evidenced a 3-factor solution, accounting for a total of 62.6 per cent of scale variance. All three factors reported satisfactory reliability using Cronbach's internal consistency coefficient. The first factor was labelled 'Informal and formal help-seeking behaviours' (Help-seeking) and accounted for 26.93 per cent of variance (α=.89). The second factor was labelled 'Respectful relationships and gender equality' (Respect & Equality) and accounted for 22.97 per cent of variance (α=.84). The third factor was labelled 'Masculine norm pressures' and accounted for 12.69 per cent of variance (α=.72).

Table A3: Rotated (Varimax) factor solution for the Community Perceptions of Men's Mental Health Behaviours scale items

In our community (the Macedon Ranges) men and boys...	Help-seeking	Respect & Equality	Masculine Norm Pressures
feel able to talk about their mental health	**.851**	.215	-.179
are comfortable talking about their mental health before things reach a breaking point	**.849**	.182	-.171
are comfortable seeking out health services when they require them	**.742**	.238	-.075
are able to talk to friends about their mental health	**.671**	.251	-.202
are able to feel confident calling out sexist behaviour	.292	**.740**	-.194
are able to create and maintain respectful relationships with others	.130	**.722**	-.213
treat all genders equally	.213	**.709**	-.189
receive sufficient information about sexual consent in relationships	.211	**.684**	-.023
are expected to take on traditional masculine roles (e.g., men as the main provider, showing strength)	-.148	-.205	**-.803**
are expected not to show emotion	-.179	-.135	**-.631**

DEPRESSION (PHQ-9) & ANXIETY (GAD-7) RESULTS

Table A4: Clinical cut-offs for PHQ-9 and GAD-7

Indicative severity	Anxiety (GAD-7)		Macedon Ranges Depression (PHQ-9)		Ten to Mena Depression (PHQ-9)
Scale cut-off (score range)	Males %	Non-males %	Males %	Non-males %	Males %
Normal (0-4)	57.2%	39.9%	58.0%	44.7%	63.2%
Mild (5-9)	29.4%	36.6%	24.9%	28.3%	23.7%
Moderate (10-14)	8.9%	13.7%	9.4%	15.1%	7.6%
Moderate-severe (≥15)	4.4%	9.8%	7.7%	11.8%	5.5%

Note. [a]=Terhaag et al., (2020). Ten to Men insights report.

Table A5: Recent thoughts of suicide or self-harm

In the previous 2-weeks:	Recent suicide / self-harm thoughts		
	Males %	Non-males %	Ten to Men
Not at all	89.5%	87.5%	90.5%
Several days	**7.7%**	**9.2%**	**6.9%**
More than half the days	**2.8%**	**2.0%**	**1.7%**
Nearly every day	–	**1.3%**	**1.0%**
(Any response ≥ Several days)	**(10.5%)**	**(12.5%)**	**(9.5%)**

Note. Vales in red reflect suicide ideation in past 2 weeks.

ALCOHOL USE RESULTS (AUDIT)

Table A6: % endorsing alcohol use items by gender (non-male rates are in parentheses) [Ten to Men[a] rates in square brackets]

	Never	Less than monthly	2-4 times a month	2-3 times a week	4 or more times a week
How often do you have a drink containing alcohol?	10.9% (6.3%)	14.7% (23.4%)	25.0% (32.3%)	32.6% (27.2%)	16.8% (10.8%)
	1 or 2	**3 or 4**	**5 or 6**	**7 to 9**	**10 or more**
How many drinks containing alcohol do you have on a typical day when you are drinking?	61.7% (51.7%)	21.6% (23.8)	8.0% (11.6)	3.7% 8.8%	4.9% (4.1%)
	Never	**Less than monthly**	**Monthly**	**Weekly or more often**	**-**
How often do you have six or more standard drinks on one occasion?	27.8% (33.8%) [21.5%]	32.7% (35.8%) [35.2%]	24.1% (19.6%) [18.9%]	15.3% (10.8%) [24.4%]	(–)
How often during the last year have you found that you were not able to stop drinking once you had started?	75.3% (74.3%) [78.7%]	14.2% (14.9%) [16.0%]	**6.2% (8.8%) [3.3]**	**4.3% (2.0%) [2.1%]**	(–)
How often during the last year have you failed to do what was normally expected of you because of drinking?	85.8% (85.8%) [78.6%]	9.9% (11.5%) [16.0%]	**3.1% (2.0%) [3.3%]**	**1.2% (0.7) [2.1]**	(–)
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	98.1% (97.3%) [95.5%]	1.2% (2.7%) [3.0%]	**0.6%** (–) **[0.7%]**	– (–) **[0.8%]**	(–)
How often during the last year have you had a feeling of guilt or remorse after drinking?	68.5% (60.1%) [71.9%]	21.6% (27.7%) [20.3%]	7.4% (8.1%) [4.7%]	2.5% (4.1%) [3.1%]	(–)
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	82.7% (75.7%) [71.5%]	12.3% (22.3%) [22.2%]	3.1% (0.7%) [4.3%]	1.8% (1.4%) [2.1%]	(–)

(Table A6 continues)

Table A6: % endorsing alcohol use items by gender (non-male rates are in parentheses) [Ten to Men[a] rates in square brackets]

	Never	Less than monthly	2-4 times a month	2-3 times a week	4 or more times a week
	No	**Yes, but not in the last year**		**Yes, during the last year**	
Have you or someone else been injured because of your drinking?	83.3% (81.8%) [84.2%]	14.2% (12.8%) [13.0%]		2.5% (5.4%) [2.8%]	
	No	**Yes, but not in the last year**		**Yes, during the last year**	
Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	81.5% (90.5%) [82.1%]	10.5% (3.4%) [7.8%]		8.0% (6.1%) [10.2%]	

Note. [a]=(73)Ten to Men insights report. Items in red are used to identify potential risk of alcohol dependence.

Table A7: % of alcohol use risk categories by gender

Indicative severity	Macedon Ranges		Ten to Men[a] Depression (PHQ-9)
Scale cut-off (score range)	Males %	Non-males %	Males %
Low Risk (0-7)	66.7%	64.6%	60.3%
Moderate Risk of Harm (8-15)	29.0%	33.3%	29.9%
High Risk / Harmful Level (16-19)	3.7%	2.0%	9.8%
Dependence Likely (≥20)	0.6%	–	

LONELINESS RESULTS

Table A8: % of respondents endorsing statement '*Often*' for loneliness items

	Males (all ages) (n=181)	Males (16-30 yrs) (n=31)	Non-males (n=152)
How often do you feel that you lack companionship?	13.3%	**29.0%**	13.8%
How often do you feel left out?	10.6%	**23.3%**	10.6%
How often do you feel isolated from others?	13.9%	**26.7%**	11.8%
% scoring at or above cut-off of ≥6 for loneliness[a]	**26.7%**	**46.7%**	**41.7%**

Note. [a](74)

INTERPERSONAL NEEDS QUESTIONNAIRE RESULTS

Table A9: % of respondents endorsing items from the Interpersonal Needs Questionnaire

	% of respondents (all ages) endorsing statement 'Somewhat true of me' – 'Very true of me'		
	Males (all ages) (n=182)	Males (16-30 yrs) (n=31)	Non-males (all ages) (n=152)
Perceived Burdensomeness			
The people in my life would be better off if I were gone	8.1%	9.6%	7.9%
The people in my life would be happier without me	7.1%	9.7%	6.0%
I think I am a burden on society	6.0%	10.9%	7.8%
I think my death would be a relief to the people in my life	3.3%	3.2%	3.3%
I think the people in my life wish they could be rid of me	2.6%	3.2%	3.4%
I think I make things worse for the people in my life	7.1%	9.7%	7.1%
Thwarted Belongingness			
Other people care about me (Reversed)	14.2%	22.7%	18.3%
I feel like I belong (Reversed)	29.6%	42.0%	30.2%
I rarely interact with people who care about me	16.6%	38.9%	21.7%
I am fortunate to have many caring and supportive friends (Reversed)	31.3%	22.6%	25.6%
I feel disconnected from other people	37.9%	45.2%	43.0%
I often feel like an outsider in social gatherings	40.8%	51.6%	45.0%
I feel that there are people I can turn to in times of need (Reversed)	31.8%	45.2%	24.9%
I am close to other people (Reversed)	37.9%	48.5%	29.6%
I have at least one satisfying interaction every day (Reversed)	39.0%	48.4%	32.1%

ATTITUDES TOWARDS VIOLENCE AGAINST WOMEN RESULTS

Table A10: Differences for Community Attitudes towards Violence against Women Scale items by gender group

	Male identifying (n=98)		Not-male identifying (n=110)		Inferential, effect size	
	Mean	SD	Mean	SD	*F*, *p*	Partial η^2
A lot of what is called domestic violence is really just a normal reaction to day-to-day stress and frustration	3.77	0.64	3.87	0.54	1.72, .192	.01
Domestic violence can be excused if it results from people getting so angry that they temporarily lose control	3.87	0.51	3.95	0.40	1.52, .220	.01
Domestic violence can be excused if the violent person was themselves abused as a child	3.94	0.35	3.95	0.33	0.02, .886	.00
Domestic violence can be excused if, afterwards, the violent person genuinely regrets what they have done	3.89	0.45	3.93	0.38	0.47, .492	.00
Sometimes a woman can make a man so angry that he hits her when he didn't mean to	3.68	0.73	3.86	0.50	4.42, .037	.02
Women who flirt all the time are somewhat to blame if their partner gets jealous and hits them	3.81	0.57	3.93	0.38	3.35, .069	.02
Domestic violence is a private matter to be handled in the family	3.87	0.47	3.96	0.19	3.94, .049	.02
It's a woman's duty to stay in a violent relationship in order to keep the family together	3.97	0.17	4.00	0.00	3.44, .065	.02
A female victim who does not leave an abusive partner is partly responsible for the abuse continuing	3.74	0.60	3.78	0.58	0.20, .652	.00
I don't believe it's as hard as people say it is for women to leave an abusive relationship	3.79	0.54	3.82	0.55	0.19, .668	.00
If a woman keeps going back to her abusive partner then the violence can't be very serious	3.81	0.59	3.95	0.25	5.87, .016	.03
It's acceptable for police to give lower priority to domestic violence cases they've attended many times before	3.85	0.46	3.95	0.30	3.41, .066	.02
Women who stay in abusive relationships should be entitled to less help from counselling and support services than women who end the relationship	3.95	0.22	4.00	0.00	5.86, .016	.03
In domestic situations where one partner is physically violent towards the other it is entirely reasonable for the violent person to be made to leave the family home	3.42	0.97	3.35	1.13	0.25, .620	.00
Women who are sexually harassed should sort it out themselves rather than report it	3.94	0.28	3.96	0.19	0.57, .449	.00
In my opinion, if a woman reports abuse by her partner to outsiders it is shameful for her family	3.82	0.56	3.89	0.46	1.11, .293	.00
It is a serious problem when a man tries to control his partner by refusing her access to their money	3.64	0.91	3.66	0.92	0.03, .871	.00
Many women tend to exaggerate the problem of male violence	3.66	0.64	3.83	0.43	4.82, .029	.02
Women going through custody battles often make up or exaggerate claims of domestic violence in order to improve their case	**3.38**	0.78	**3.65**	0.64	7.35, **.007**	.03
A lot of times, women who say they were raped had led the man on and then had regrets	3.77	0.52	3.85	0.40	1.97, .163	.01
It is common for sexual assault accusations to be used as a way of getting back at men	3.60	0.69	3.69	0.63	0.95, .331	.01

Note. Scored 1=*Strongly agree*; 2=*Somewhat agree*; 3= *Somewhat disagree*; 4= *Strongly disagree*; Higher scores indicate lower endorsement of attitudes supportive of VAW; Partial η^2 values represent effect size where; $\eta^2 \geq 0.01$ (small effect), $\eta^2 \geq 0.06$ (medium effect), $\eta^2 \geq 0.14$ (large effect). Items 14 and 17 reverse coded.

MAN BOX SURVEY RESULTS

Table A11: *Man Box* percentages of males in agreement; comparisons with 2018 *Man Box* Report

	JSS Man Box Report – % of respondents (males; 18-30 yrs) who agree or strongly agree that *"In my opinion..."*	Macedon Ranges – % of respondents (males; all ages) who agree or strongly agree that *"In my opinion..."*	Macedon Ranges – % of respondents (males; 16-30 yrs) who agree or strongly agree that *"In my opinion..."*
Pillar 1: Self-sufficiency			
A man who talks a lot about his worries, fears, and problems shouldn't really get respect.	25%	3.2%	5.9%
Men should figure out their personal problems on their own without asking others for help.	27%	6.9%	5.9%
Pillar 2: Acting tough			
A guy who doesn't fight back when others push him around is weak.	34%	14.8%	14.7%
Guys should act strong even if they feel scared or nervous inside.	47%	27.5%	32.4%
Pillar 3: Physical attractiveness			
It is very hard for a man to be successful if he doesn't look good.	42%	20.6%	23.5%
A guy who spends a lot of time on his looks isn't very manly.	32%	10.6%	8.8%
Women don't go for guys who fuss too much about their clothes, hair and skin.	39%	10.1%	8.8%
Pillar 4: Rigid gender roles			
It is not good for a boy to be taught how to cook, sew, clean the house or take care of younger children.	23%	3.7%	8.8%
A man shouldn't have to do household chores.	19%	2.1%	5.9%
Men should really be the ones to bring money home to provide for their families, not women.	35%	7.4%	14.7%
Pillar 5: Heterosexuality and homophobia			
A gay guy is not a 'real man'.	28%	3.2%	2.9%
Straight guys being friends with gay guys is totally fine and normal (positive statement).	83%	98.4%	97.1%
Pillar 6: Hypersexuality			
A 'real man' should have as many sexual partners as he can.	25%	1.6%	2.9%
A 'real man' would never say no to sex.	24%	2.7%	2.9%
Pillar 7: Aggression and control			
Men should use violence to get respect if necessary.	20%	1.1%	2.9%
A man should always have the final say about decisions in his relationship or marriage.	27%	1.1%	2.9%
If a guy has a girlfriend or wife, he deserves to know where she is all the time.	37%	2.6%	2.9%

Note. Numbers of Macedon Ranges male respondents aged 16-30 *n*=38 (18.7% of sample)

Table A12: Differences for *Man Box* Scale items by gender group

	Male identifying (n=189)		Not-male identifying (n=165)		Inferential, effect size	
	Mean	SD	Mean	SD	*F*, *p*	Partial η^2
Pillar 1: Self-sufficiency						
A man who talks a lot about his worries, fears, and problems shouldn't really get respect.	1.42	0.58	1.12	0.40	40.40, <.001	.10
Men should figure out their personal problems on their own without asking others for help.	1.57	0.64	1.05	0.23	95.12, <.001	.21
Pillar 2: Acting tough						
A guy who doesn't fight back when others push him around is weak.	1.77	0.69	1.24	0.48	69.86. <.001	.17
Guys should act strong even if they feel scared or nervous inside.	2.01	0.78	1.24	0.47	116.39, <.001	.25
Pillar 3: Physical attractiveness						
It is very hard for a man to be successful if he doesn't look good.	1.92	0.77	1.38	0.57	54.07, <.001	.13
A guy who spends a lot of time on his looks isn't very manly.	1.74	0.65	1.35	0.54	37.63, <.001	.01
Women don't go for guys who fuss too much about their clothes, hair and skin.	1.87	0.58	1.74	0.70	3.36, .068	.01
Pillar 4: Rigid gender roles						
It is not good for a boy to be taught how to cook, sew, clean the house or take care of younger children.	1.26	0.63	1.08	0.43	9.57, .002	.03
A man shouldn't have to do household chores.	1.22	0.48	1.04	0.19	19.15, <.001	.05
Men should really be the ones to bring money home to provide for their families, not women.	1.47	0.65	1.19	0.41	23.35, <.001	.06
Pillar 5: Heterosexuality and homophobia						
A gay guy is not a 'real man'.	1.26	0.53	1.05	0.22	23.51, <.001	.06
Straight guys being friends with gay guys is totally fine and normal (positive statement).	1.31	0.50	1.18	0.57	7.36, .007	.02
Pillar 6: Hypersexuality						
A 'real man' should have as many sexual partners as he can.	1.34	0.53	1.21	0.49	4.83, .029	.01
A 'real man' would never say no to sex.	1.46	0.55	1.12	0.35	46.19, <.001	.117
Pillar 7: Aggression and control						
Men should use violence to get respect if necessary.	1.19	0.42	1.01	0.11	26.74, <.001	.07
A man should always have the final say about decisions in his relationship or marriage.	1.35	0.50	1.14	0.41	19.26, <.001	.05
If a guy has a girlfriend or wife, he deserves to know where she is all the time.	1.37	0.56	1.25	0.51	5.11, 0.24	.01

Table A13: *Man Box* item means compared to UK, US and Mexico samples

	Macedon Ranges M(SE)		Comparison M(SE)		
	Males (all ages) n=189	Males (16-30 yrs) n=31	USA (18-30 yrs) n=1,328	UK (18-30 yrs) n=1,225	Mexico (18-30 yrs) n=1,120
Pillar 1: Self-sufficiency					
A man who talks a lot about his worries, fears, and problems shouldn't really get respect.	1.42 (0.04)	1.44 (0.12)	2.10 (0.02)	2.08 (0.03)	1.91 (0.02)
Men should figure out their personal problems on their own without asking others for help.	1.57 (0.05)	1.59 (0.10)	2.32 (0.02)	2.23 (0.03)	2.29 (0.02)
Pillar 2: Acting tough					
A guy who doesn't fight back when others push him around is weak.	1.77 (0.05)	1.65 (0.13)	2.35 (0.03)	2.29 (0.03)	2.30 (0.03)
Guys should act strong even if they feel scared or nervous inside.	2.01 (0.06)	2.06 (0.16)	2.64 (0.02)	2.49 (0.02)	2.43 (0.03)
Pillar 3: Physical attractiveness					
It is very hard for a man to be successful if he doesn't look good.	1.92 (0.06)	1.88 (0.15)	2.45 (0.02)	2.40 (0.02)	2.35 (0.03)
A guy who spends a lot of time on his looks isn't very manly.	1.74 (0.05)	1.56 (0.11)	2.32 (0.02)	2.39 (0.02)	2.19 (0.02)
Women don't go for guys who fuss too much about their clothes, hair and skin.	1.87 (0.04)	1.79 (0.10)	2.49 (0.02)	2.44 (0.02)	2.40 (0.02)
Pillar 4: Rigid gender roles					
It is not good for a boy to be taught how to cook, sew, clean the house or take care of younger children.	1.26 (0.05)	1.32 (0.14)	1.90 (0.03)	1.96 (0.03)	1.72 (0.03)
A man shouldn't have to do household chores.	1.22 (0.04)	1.24 (0.10)	1.88 (0.02)	1.98 (0.03)	1.65 (0.02)
Men should really be the ones to bring money home to provide for their families, not women.	1.47 (0.05)	1.62 (0.14)	2.33 (0.03)	2.30 (0.03)	2.05 (0.02)
Pillar 5: Heterosexuality and homophobia					
A gay guy is not a 'real man'.	1.26 (0.04)	1.21 (0.08)	1.97 (0.03)	2.04 (0.03)	1.91 (0.03)
Straight guys being friends with gay guys is totally fine and normal (positive statement).	1.31 (0.04)	1.26 (0.88)	1.78 (0.02)	1.81 (0.02)	1.78 (0.02)
Pillar 6: Hypersexuality					
A 'real man' should have as many sexual partners as he can.	1.34 (0.04)	1.35 (0.09)	1.93 (0.03)	1.95 (0.03)	1.65 (0.02)
A 'real man' would never say no to sex.	1.46 (0.04)	1.41 (0.10)	2.03 (0.03)	2.12 (0.03)	2.09 (0.02)
Pillar 7: Aggression and control					
Men should use violence to get respect if necessary.	1.19 (0.03)	1.32 (0.09)	1.78 (0.03)	1.82 (0.03)	1.51 (0.02)
A man should always have the final say about decisions in his relationship or marriage.	1.35 (0.04)	1.32 (0.09)	2.19 (0.03)	2.16 (0.03)	1.98 (0.03)
If a guy has a girlfriend or wife, he deserves to know where she is all the time.	1.37 (0.04)	1.56 (0.11)	2.41 (0.02)	2.26 (0.03)	2.07 (0.02)
Mean – Man Box Scale 17-item	25.49 (0.47)	25.59 (1.18)	36.9 (0.28)	36.7 (0.29)	34.3 (0.24)

COMMUNITY PERCEPTIONS OF MEN'S MENTAL HEALTH BEHAVIOURS SCALE RESULTS

Table A14: Community Perceptions of Men's Mental Health Behaviours Scale items by gender

In our community (the Macedon Ranges) men and boys...	Male identifying (n=183)		Non-male identifying (n=151)		Inferential, effect size	
	Mean	SD	Mean	SD	*F*, *p*	Partial η^2
are comfortable seeking out health services when they require them	1.54	0.83	1.13	0.75	21.16, <.001	.06
are comfortable talking about their mental health before things reach a breaking point	1.34	0.86	1.01	0.77	14.09, <.001	.04
feel able to talk about their mental health	1.40	0.79	1.09	0.82	13.01, <.001	.04
know how to ask their friends about their mental health	1.37	0.80	1.05	0.84	12.70, <.001	.04
can talk about their emotions with friends or family without needing alcohol	1.52	0.88	1.23	0.87	9.70, .002	.03
are able to talk to friends about their mental health	1.62	0.76	1.26	0.82	16.53, <.001	.05
are comfortable with their friends asking them about their mental health	1.62	0.80	1.27	0.83	15.01, <.001	.04
are expected not to show emotion*	1.60	0.82	1.48	0.89	1.44, .231	.00
are expected to take on traditional masculine roles (e.g., men as the main provider, showing strength)*	1.55	0.84	1.30	0.89	6.87, .009	.02
treat all genders equally	1.94	0.92	1.24	0.93	47.63, <.001	.13
are able to feel confident calling out sexist behaviour	1.45	0.88	1.01	0.93	20.45, <.001	.06
are able to create and maintain respectful relationships with others	2.23	0.62	1.83	0.80	25.95, <.001	.07
receive sufficient information about sexual consent in relationships	1.64	0.95	1.27	0.92	12.72, <.001	.04
experience supportive connections and relationships that promote good mental health	1.77	0.76	1.56	0.77	6.05, .014	.02
benefit from being connected with community services and organisations	2.18	0.69	2.09	0.85	1.25, .264	.00
feel connected with others in their local community	2.04	0.71	1.75	0.70	13.98, <.001	.04
face judgment for acting in traditionally feminine ways (e.g., showing emotion, being vulnerable)*	1.46	0.86	1.17	0.88	9.08, .003	.03
feel pressure to act in accordance with traditional masculine norms*	1.25	0.79	0.96	0.77	11.00, .001	.03
are free to be themselves	1.86	0.78	1.47	0.79	20.25, <.001	.06

Note. Partial η^2 values represent effect size where; $\eta^2 \geq 0.01$ (small effect), $\eta^2 \geq 0.06$ (medium effect), $\eta^2 \geq 0.14$ (large effect)

CONFORMITY TO MASCULINE NORMS RESULTS

Table A15: Conformity to Masculine Norms items for males by age

CMNI Item	% males (all ages) in agreement	% males (16-30 yrs) in agreement	% males (TTM dataset) in agreement
My work is the most important part of my life	2.6%	2.7%	38.5%
I make sure people do as I say	1.6%	0.0%	29.3%
In general, I do not like risky situations (Reversed)	4.1%	2.7%	37.5%
It would be awful if someone thought I was gay	4.1%	0.0%	47.7%
I love it when men are in charge of women	1.6%	2.7%	10.8%
I like to talk about my feelings (Reversed)	11.9%	5.4%	54.9%
I would feel good if I had many sexual partners	2.1%	0.0%	16.3%
It is important to me that people think I am heterosexual	2.1%	0.0%	46.3%
I believe that violence is never justified (Reversed)	38.8%	13.5%	35.5%
I tend to share my feelings (Reversed)	8.3%	5.4%	54.1%
I should be in charge	1.0%	0.0%	34.6%
I would hate to be important (Reversed)	1.0%	5.4%	21.7%
Sometimes violent action is necessary	1.0%	2.7%	44.7%
I don't like giving all my attention to work (Reversed)	15.5%	13.5%	33.5%
More often than not, losing does not bother me (Reversed)	7.8%	8.1%	40.6%
If I could, I would frequently change sexual partners	0.5%	0.0%	11.6%
I never do things to be an important person (Reversed)	7.8%	8.1%	46.3%
I never ask for help	2.6%	2.7%	24.6%
I enjoy taking risks	2.1%	8.1%	44.6%
Men and women should respect each other as equals (Reversed)	1.0%	10.8%	2.7%
Winning isn't everything, it's the only thing	1.0%	0.0%	17.6%
It bothers me when I have to ask for help	5.7%	10.8%	41.7%
I would get angry if people thought I was gay	1.6%	2.7%	NA
I dislike any kind of violence (Reversed)	25.4%	13.5%	NA
I bring up my feelings when talking to others (Reversed)	8.8%	8.1%	NA
Work comes first for me	1.0%	2.7%	NA
For me, the best feeling in the world comes from winning	1.0%	2.7%	NA
I think that trying to be important is a waste of time (Reversed)	7.3%	8.1%	NA

(Table A15 continues)

Table A15: Conformity to Masculine Norms items for males by age

CMNI Item	% males (all ages) in agreement	% males (16-30 yrs) in agreement	% males (TTM dataset) in agreement
The women in my life should obey me	0.5%	2.7%	NA
I would be furious if someone thought I was gay	1.6%	2.7%	NA
I would change sexual partners often if I could	0%	0%	NA
I would find it enjoyable to date more than one person at a time	0.5%	2.7%	NA
It's never ok for me to be violent (Reversed)	42.5%	16.2%	NA
In general I must get my way	1.6%	2.7%	NA
Having status is not important to me (Reversed)	11.9%	16.2%	NA
I put myself in risky situations	1.0%	2.7%	NA
Things tend to be better when men are in charge	1.6%	2.7%	NA
I feel good when work is my first priority	0.5%	0.0%	NA
I will do anything to win	1.6%	0.0%	NA
I think that violence is sometimes necessary	2.1%	5.4%	NA
I need to prioritize my work over other things	1.6%	2.7%	NA
I am not ashamed to ask for help (Reversed)	17.6%	16.2%	NA
I take risks	1.6%	5.4%	NA

The CMNI-30 also provides 10-subcales (comprising 3-items per subscale) assessing CMNI subdomains. The reliability indices for five of these domains were lower than the typically accepted lower bound of $\alpha \geq .65$ (see Appendix), therefore these five domains should be interpreted with caution; Primacy of Work, Risk-taking, Emotional control, Status, Winning. Consistent with the age difference for the CMNI-30 total score reported above, a large multivariate effect of age was observed (higher scores for younger males) across the 10 CMNI subdomains ($p<.001$, $\eta^2=.216$). Table A16 shows the CMNI subdomain means, with significant differences observed for higher scores for younger men on the CMNI Risk-Taking and CMNI Violence domains, and trends observed for CMNI Self-reliance and CMNI Winning.

Table A16: Conformity to Masculine Norms subdomain means for males by age

	Males 16-30 years (n=98)		Males 31+ years (n=110)		Inferential, effect size	
	Mean	SD	Mean	SD	*F, p*	Partial η^2
CMNI Primacy of Work	0.51	0.87	0.39	0.83	0.61, .436	.00
CMNI Risk-taking	**2.35**	1.34	**1.16**	1.17	29.19, **<.001**	**.13**
CMNI Heterosexual presentation	0.59	1.04	0.37	0.97	1.51, .221	.01
CMNI Power over women	0.27	1.04	0.13	0.40	1.94, .166	.01
CMNI Emotional control	7.30	1.70	7.05	1.79	0.57, .450	.00
CMNI Playboy	0.51	0.99	0.41	0.84	0.48, .488	.00
CMNI Violence	**5.41**	1.71	**4.04**	1.71	20.92, <.001	**.10**
CMNI Status	7.57	1.51	7.53	1.17	0.04, .843	.00
CMNI Winning	**0.51**	0.99	**0.24**	0.94	4.40, **.037**	.02
CMNI Self-reliance	**3.24**	1.66	**2.71**	1.42	3.84, **.051**	.02

Note. Values in red are statistically significant after controlling for multiple comparisons; values in orange show trend-level effects.

STUDY OUTCOMES BY GENDER AND RECENT SUICIDE IDEATION

Table A17: Outcomes by gender and recent suicide ideation

	Male identifying M (SD)		Non-male identifying M (SD)		Main effect – Gender		Main effect – Ideation		Gender × Ideation Interaction	
Outcome domain	No ideation	SI ideation	No ideation	SI ideation	*F, p*	Partial η^2	*F, p*	Partial η^2	*F, p*	Partial η^2
Man Box Survey	25.19 (6.17)	28.16 (8.98)	20.41 (3.19)	20.79 (3.97)	44.14, <.001	.12	3.34, .068	.01	2.00, .158	.01
Masc Values - Open/Selfless	17.90 (1.68)	17.32 (2.00)	16.89 (2.35)	16.74 (2.45)	5.12, .024	.02	1.08, .300	.00	0.38, .541	.00
Masc Values - Healthy/Autonomous	13.56 (2.82)	13.79 (1.87)	13.59 (2.87)	14.05 (2.12)	0.10, .752	.00	0.53, .468	.00	0.06, .814	.00
Loneliness	4.48 (1.80)	6.16 (2.24)	4.95 (1.64)	6.31 (1.56)	1.07, .300	.00	25.13, <.001	.07	0.26, .606	.00
Depression	3.97 (4.00)	13.79 (4.84)	5.59 (4.76)	14.95 (6.59)	3.15, .077	.01	150.20, <.001	.31	0.08, .768	.00
Anxiety	4.11 (4.25)	9.84 (4.32)	5.74 (4.64)	12.26 (5.59)	6.84, .009	.02	62.32, <.001	.16	0.25, .616	.01
Alcohol use	5.76 (3.98)	6.89 (5.71)	5.26 (3.72)	8.06 (4.24)	0.23, .635	.00	7.78, .006	.03	1.35, .246	.00
Thwarted Belonging	22.64 (10.95)	36.74 (12.60)	21.73 (9.76)	36.44 (12.46)	0.11, .747	.00	59.66, <.001	.16	0.03, .868	.00
Perceived Burdensomeness	7.69 (3.47)	15.16 (6.57)	7.24 (2.66)	17.17 (8.17)	1.37, .243	.00	169.55, <.001	.34	3.38, .067	.01

Note. Partial η^2 values represent effect size where; $\eta^2 \geq 0.01$ (small effect), $\eta^2 \geq 0.06$ (medium effect), $\eta^2 \geq 0.14$ (large effect).

CORRELATION TABLES

Table A18: Associations between variables by gender (non-parametric Spearman correlations)

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1. Man Box Survey	–	-.05	.06	.07	.09	.04	-.03	.14	.17*	.01
2. Masc Values - Open/Selfless	-.39***	–	.46***	-.06	.01	.06	-.01	-.14	.02	.00
3. Masc Values - Healthy/Autonomous	.30***	.07	–	-.09	.12	.14	-.09	.00	.06	.07
4. Loneliness	.19*	-.15	.05	–	.60***	.49***	.13	.72***	.54***	.27**
5. Depression	.23**	-.09	.13	.60***	–	.72***	.25**	.57***	.55***	.45***
6. Anxiety	.25**	-.10	.18*	.56***	.78***	–	.32***	.52***	.51***	.37***
7. Alcohol use	.04	-.05	.09	.15	.22**	.16*	–	.05	.20*	.23**
8. Thwarted Belonging	.26***	-.18*	.15*	.64***	.57***	.46***	.02	–	.56***	.38***
9. Perceived Burdensomeness	.18*	-.11	.14	.58***	.62***	.47***	.12	.63***	–	.53***
10. Recent suicide/self-harm ideation	.15	-.09	.03	.25**	.47***	.38***	.03	.32***	.42***	–

Note. Correlations for male respondents in grey below diagonal; *p<.05; **p<.01; ***p<.001

Mental ill-health outcomes were positively correlated. For male respondents, significant weak associations were observed between Man Box Survey scores and outcomes assessing loneliness, depression, anxiety, thwarted belonging and perceived burdensomeness. These associations were not observed for non-male respondents (with the exception of perceived burdensomeness).

Table A19: Associations between CMNI domains for males by age (non-parametric Spearman correlations)

		Man Box Survey	Masc Values Open/Selfless	Masc Healthy/Autonmous	Loneliness	Depression	Anxiety	Alcohol use	Thwarted Belonging	Perceived Burdensome-ness	Recent suicide/self-harm ideation
Males 16-31 years (n=38)	CMNI30_total	**.53****	-.11	.45**	.17	.22	.20	.34	.17	.39*	.20
	CMNI22_total	**.50****	-.03	.42*	.21	.32	.31	.40*	.31	.43*	.18
	CMNI Primacy of Work	.09	-.12	-.01	-.08	-.28	-.05	.26	-.04	-.06	-.05
	CMNI Risk-taking	.17	.17	.34	-.19	-.03	-.06	.17	-.15	-.01	-.07
	CMNI Heterosexual presentation	.25	.12	.40*	-.15	.12	.05	**.53****	.04	.14	-.03
	CMNI Power over women	.50**	-.12	.19	.18	-.14	-.10	-.18	-.05	-.05	-.13
	CMNI Emotional control	.07	.03	.20	.22	.36*	.37*	.14	**.49****	.43*	.25
	CMNI Playboy	.40*	-.23	.14	.16	-.03	-.06	.15	.05	.02	-.24
	CMNI Violence	.15	-.06	-.06	.17	.02	-.10	.26	-.14	.10	-.14
	CMNI Status	.08	-.08	-.02	-.30	-.27	-.34	.22	**-.44***	-.35	-.20
	CMNI Winning	.34*	-.05	.35*	-.06	-.23	-.28	.05	-.01	-.11	-.24
	CMNI Self-reliance	.18	-.05	.11	.25	**.47****	**.49****	.20	**.48****	**.63****	**.47****
Males 31+ years (n=165)	CMNI30_total	**.45*****	-.25**	.24**	.25**	.28**	.27**	.26**	.29***	.22**	.13
	CMNI22_total	**.46*****	-.33***	.21**	.21**	.27**	.26**	.14	.32***	.23**	.10
	CMNI Primacy of Work	.12	-.09	.12	.18*	.19*	.20*	.14	.22**	.18*	.05
	CMNI Risk-taking	.05	.04	.11	.19*	.18*	.13	.21*	.13	.13	.03
	CMNI Heterosexual presentation	.26***	-.18*	.14	.03	.03	.08	.11	.09	-.07	-.02
	CMNI Power over women	.17*	-.10	.18*	.01	-.05	-.04	.15	.01	-.04	.04
	CMNI Emotional control	.44***	-.37***	.05	.13	.11	.12	.05	.29**	.23**	.00
	CMNI Playboy	.13*	-.05	.07	.24**	.27**	.34***	.13	.26**	.17*	.23**
	CMNI Violence	.21*	=.15	.06	-.07	.08	.10	.05	-.04	-.06	.09
	CMNI Status	.13	-.10	.03	.16	-.00	.03	.10	.13	-.01	-.05
	CMNI Winning	.11	-.02	.02	.20*	.09	.26**	.03	.25**	.08	.09
	CMNI Self-reliance	.39***	-.23**	.15	.24**	.23**	.19*	.00	.36**	.18*	-.02

Note. Bolded correlations rho ≥.45; n's vary per outcome depending on missing data; *p<.05; **p<.01; ***p<.001.

EXPLORATORY MEDIATION ANALYSIS

Mediation analysis was undertaken to explore whether a third variable (the hypothesised mediator) affects the relationship between two other variables. From the correlation matrix (table A19), promising candidate CMNI domains were identified to examine their potential role as mediators in the relationship between the two interpersonal need domains (perceived burdensomeness, thwarted belongingness) and depression as the dependent variable (the variable being predicted). Depression was chosen as the dependent variable as it was the outcome with the strongest association with recent suicide/self-harm ideation. The most promising candidate mediators were the CMNI domains of Emotional Control, Status, Playboy and Self-reliance. These four variables were examined in bootstrapped multiple mediation models, using 5,000 resamples and α=.05

Of the four possible mediation pathways, in both models (either Model 1 where perceived burdensomeness predicted depression, or Model 2 where thwarted belongingness predicted depression) CMNI Self-reliance was identified as a significant mediator (table A20) but not the other three CMNI domains. We also examined whether age moderated (e.g., influenced) any effects in these pathways, which it did not (e.g., moderated mediation was not established). Each model accounted for a large proportion of variance in depression scores (53% for perceived burdensomeness; 44% for thwarted belonging).

These findings indicate that for male respondents, the association between both perceived burdensomeness and thwarted belongingness on depression is in part attributable to the CMNI Self-reliance domain (e.g., '*I never ask for help*', '*It bothers me when I have to ask for help*', and '*I am not ashamed to ask for help*' (reverse scored). This suggest that men's adherence to self-reliance norms may be important to address in efforts to reduce suicide for men in the Macedon Ranges Shire.

Table A20. Coefficients for direct and indirect effects of interpersonal domains predicting PHQ-9 (depression) through CMNI domains

(Standardised coefficients)	*B*	SE	*t*	*P*
DV: Depression (PHQ-9 total)				
IV: *Perceived burdensomeness*	.621	.06	11.17	<.0001
CMNI Self-reliance	.208	.20	3.54	.0005
CMNI Playboy	.146	.32	2.73	.0070
CMNI Status	-.044	.22	-0.82	.4179
CMNI Emotional control	-.070	.17	-1.20	.2303
Model summary		$F(5, 174)=39.83$, $R^2=.534$, $p<0.0001$		
		Bootstrap estimate		
Indirect effects (completely standardised)	**Effect**	**SE**	**Lower CI**	**Upper CI**
DV: Depression (PHQ-9 total)				
Perceived burdensomeness through CMNI Self-reliance	.054	.03	.01	.11
Perceived burdensomeness through CMNI Playboy	.022	.07	-.01	.06
Perceived burdensomeness through CMNI Status	.008	.01	-.01	.03
Perceived burdensomeness through CMNI Emotional control	-.015	.01	-.04	.01

(Table A20 continues)

Table A20. Coefficients for direct and indirect effects of interpersonal domains predicting PHQ-9 (depression) through CMNI domains

(Standardised coefficients)	*B*	SE	*t*	*P*
DV: Depression (PHQ-9 total)				
IV: *Thwarted belongingness*	.574	.03	8.52	<.0001
CMNI Self-reliance	.160	.23	2.40	.0175
CMNI Playboy	.141	.39	2.39	.0181
CMNI Status	-.160	.24	-2.76	.0064
CMNI Emotional control	-.082	.18	-1.27	.2051
Model summary			$F(5, 173)=27.32$, $R^2=.441$, $p<0.0001$	
			Bootstrap estimate	
Indirect effects (completely standardised)	**Effect**	**SE**	**Lower CI**	**Upper CI**
DV: Depression (PHQ-9 total)				
Thwarted belongingness through CMNI Self-reliance	.069	.03	.01	.14
Thwarted belongingness CMNI Playboy	.031	.02	-.00	.01
Thwarted belongingness CMNI Status	.001	.01	-.03	.03
Thwarted belongingness CMNI Emotional control	-.027	.02	-.07	.01

Note. DV=Dependent variable, CI=95% confidence interval (5,000 resamples), boldface text indicates statistically significant values at $p<.05$.

EXAMPLE RECRUITMENT FLYERS AND POSTCARDS

EXAMPLE RECRUITMENT FLYERS AND POSTCARDS


Freedom of expression never felt so good
If you live in the Macedon Ranges and are over 16 we would like to hear from you
Complete a 20-minute survey about what it means to be a man in the Macedon Ranges and go into the draw to win one of four $500 Coles vouchers.
Visit: orygen.org.au/thehumancode
thehumancode
Beyond Gender Expectations
VicHealth
phn
orygen
Freedom of expression never felt so good
Freedom of expression never felt so good
We all want Macedon Ranges to be a community free of harmful gender stereotypes. Unfortunately, there is still a lot of pressure on men to live up to outdated stereotypes – you can help us change this.
Orygen is conducting a study that will support boys and men to break free from harmful gender stereotypes and improve the health of everyone in our community. If you live in the Macedon Ranges, we would like to hear from you.
Men, women and non-binary/gender diverse people aged over 16 are invited to take a 20-minute survey. Participants will enter the draw to win one of four $500 Coles vouchers.
Complete the survey at: orygen.org.au/thehumancode
If you need help now call Lifeline on 13 11 14 or text 0477 13 11 14 (6pm-midnight)
thehumancode
Beyond Gender Expectations
VicHealth
phn
orygen

APPENDIX B

ADDITIONAL RESOURCES

The Check-Mate Tool

Approaches Select any that are relevant, or add additional ones as needed	**Actions** For each approach you are using, please select the specific actions that you are taking, or include others not in the list	**Description** Briefly describe how you used each approach in your project
1. Is your project creating a safe, male-friendly space? ☐ Yes ☐ No	a. Are you using male-friendly words and labels to describe the program? ☐ Yes ☐ No b. Are you giving men permission and modelling how to talk openly with their peers and provide mutual help? ☐ Yes ☐ No c. Are you using familiar language (including banter and humour) to help men feel they belong and are accepted? ☐ Yes ☐ No d. Are you being positive and focusing on men's strength and work to achieve goals/change behaviour? ☐ Yes ☐ No e. Are you providing training to facilitators on how to deliver a male-friendly program? ☐ Yes ☐ No f. Are you making sure that physical spaces used for the project are familiar and appealing to men? ☐ Yes ☐ No g. Are you using online tools, including text and social media, to complement/meet the needs of men? ☐ Yes ☐ No h. Are you establishing ground rules that make men feel included and equal from the start? ☐ Yes ☐ No i. Other (please describe)_____	
2. Is your project basing the program on activities that are appealing to men? ☐ Yes ☐ No	a. Are you offering activities that appeal to the men in your project? ☐ Yes ☐ No b. Are you using men's participation in activities to create opportunities for men to talk about health and offer mutual help? ☐ Yes ☐ No c. Other (please describe)_____ ☐ Yes ☐ No	
3. Is your project using masculine ideals to increase the social connectedness and well-being of men and their families?	a. Are you pairing acceptable male-friendly activities or environments with topics or activities not normally considered male-oriented (e.g., using football to talk about healthy eating)? ☐ Yes ☐ No b. Are you using "conventionally" positive masculine ideals (e.g., strength, willpower, provider, etc.) to help men achieve their goals and change their behaviour? ☐ Yes ☐ No c. Are you providing opportunities for men to help each other, their immediate networks, and their ☐ Yes ☐ No	

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Struik LL, Abramowicz A, Riley B, Oliffe JL, Bottorff JL, Stockton LD. Evaluating a tool to support the integration of gender in programs to promote men's health. Am J Mens Health. 2019;13(6):1557988319883775.

ADDITIONAL RESOURCES

Approaches Select any that are relevant, or add additional ones as needed	**Actions** For each approach you are using, please select the specific actions that you are taking, or include others not in the list	**Description** Briefly describe how you used each approach in your project
☐ Yes ☐ No	community (e.g., having men become mentors or mutual helpers)? ☐ Yes ☐ No d. Are you promoting group problem-solving and working together to achieve goals? ☐ Yes ☐ No e. Are you using testimonials from similar men in the program or from well-respected male figures (e.g., celebrities, elders) to endorse project messages/ behaviour change? f. Other (please describe)_____	
4. Is your project considering aspects of men's' identities other than gender? ☐ Yes ☐ No	a. Are you engaging men at greatest risk of social isolation (e.g., groups with low socio-economic status)? ☐ Yes ☐ No b. Are you using characteristics other than gender to engage men (e.g., age, race, fatherhood, religion, ability, sexual orientation, etc.)? ☐ Yes ☐ No c. Are you considering factors other than gender that may prevent men from participating in the program (e.g., accessibility)? ☐ Yes ☐ No d. Other (please describe)_____	
5. Is your project encouraging independence and participation? ☐ Yes ☐ No	a. Are you allowing men to decide how and when they want to participate? ☐ Yes ☐ No b. Are you providing opportunities for men to co-create/co-design the program? ☐ Yes ☐ No c. Are you using a model where men become experts in the program and can lead the program? ☐ Yes ☐ No d. Other (please describe)_____ ☐ Yes ☐ No	
6. Is your project using another approach not listed above? ☐ Yes ☐ No	If yes, please describe	

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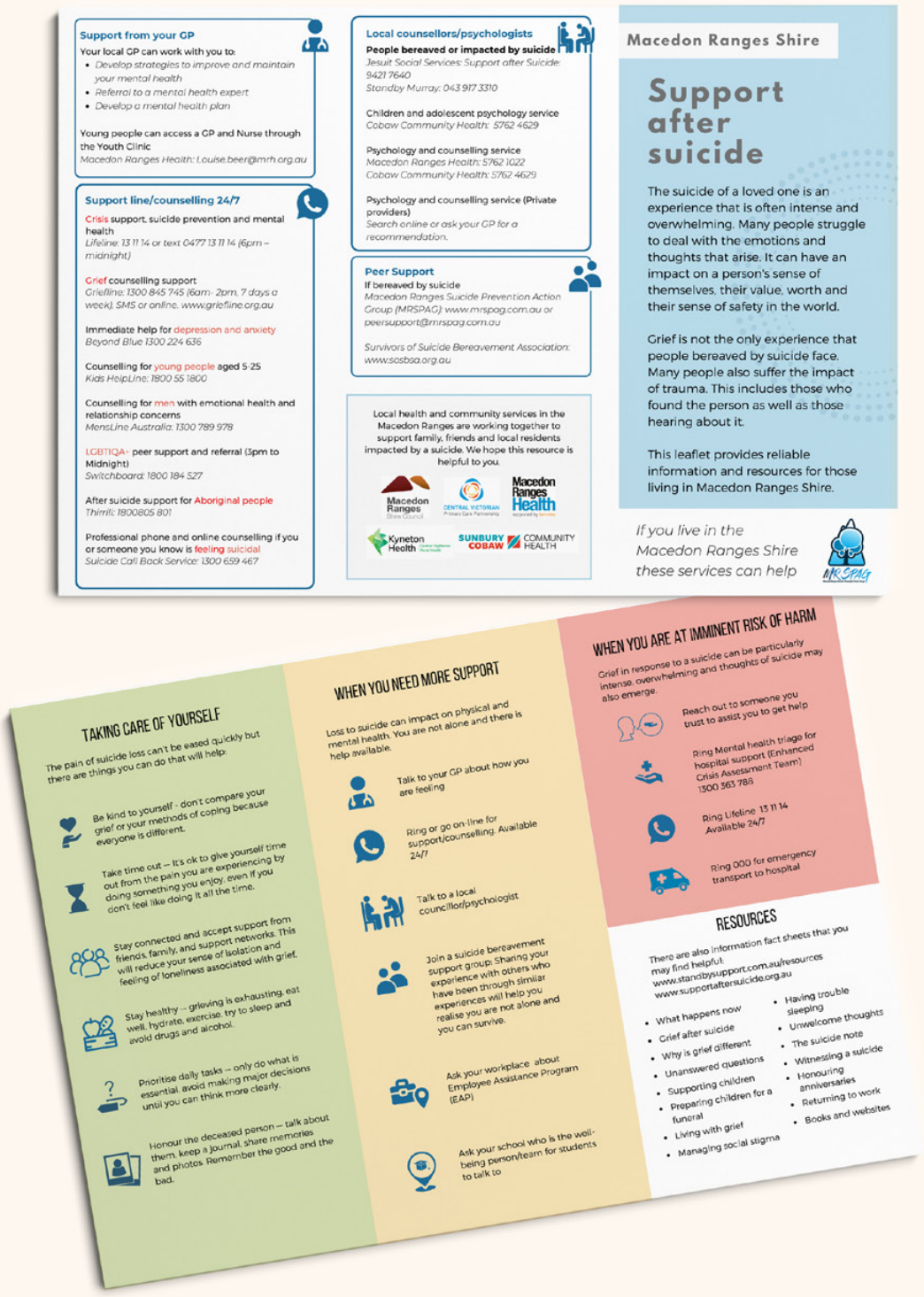
ADDITIONAL RESOURCES

Keeping mentally well:
https://centralvicpcp.com.au/wp-content/uploads/2021/07/3396-CVPCP-Mental-Wellbeing-fact-sheet-new-logo-B.pdf

Support after suicide:
https://centralvicpcp.com.au/wp-content/uploads/2021/03/Support-After-Suicide-Pamphlet.pdf



Support from your GP
Your local GP can work with you to:
- Develop strategies to improve and maintain your mental health
- Referral to a mental health expert
- Develop a mental health plan

Young people can access a GP and Nurse through the Youth Clinic
Macedon Ranges Health: t.louise.beer@mrh.org.au

Support line/counselling 24/7
Crisis support, suicide prevention and mental health
Lifeline: 13 11 14 or text 0477 13 11 14 (6pm – midnight)

Grief counselling support
Griefline: 1300 845 745 (6am- 2pm, 7 days a week), SMS or online. www.griefline.org.au

Immediate help for depression and anxiety
Beyond Blue 1300 224 636

Counselling for young people aged 5-25
Kids HelpLine: 1800 55 1800

Counselling for men with emotional health and relationship concerns
MensLine Australia: 1300 789 978

LGBTIQA+ peer support and referral (3pm to Midnight)
Switchboard: 1800 184 527

After suicide support for Aboriginal people
Thirrili: 1800805 801

Professional phone and online counselling if you or someone you know is feeling suicidal
Suicide Call Back Service: 1300 659 467

Local counsellors/psychologists
People bereaved or impacted by suicide
Jesuit Social Services: Support after Suicide: 9421 7640
Standby Murray: 043 917 3310

Children and adolescent psychology service
Cobaw Community Health: 5762 4629

Psychology and counselling service
Macedon Ranges Health: 5762 1022
Cobaw Community Health: 5762 4629

Psychology and counselling service (Private providers)
Search online or ask your GP for a recommendation.

Peer Support
If bereaved by suicide
Macedon Ranges Suicide Prevention Action Group (MRSPAG): www.mrspag.com.au or peersupport@mrspag.com.au

Survivors of Suicide Bereavement Association: www.sosbsa.org.au

Local health and community services in the Macedon Ranges are working together to support family, friends and local residents impacted by a suicide. We hope this resource is helpful to you.

Macedon Ranges Shire Council
Central Victorian Primary Care Partnership
Macedon Ranges Health
Kyneton Health
Sunbury Cobaw Community Health

Macedon Ranges Shire

Support after suicide

The suicide of a loved one is an experience that is often intense and overwhelming. Many people struggle to deal with the emotions and thoughts that arise. It can have an impact on a person's sense of themselves, their value, worth and their sense of safety in the world.

Grief is not the only experience that people bereaved by suicide face. Many people also suffer the impact of trauma. This includes those who found the person as well as those hearing about it.

This leaflet provides reliable information and resources for those living in Macedon Ranges Shire.

If you live in the Macedon Ranges Shire these services can help

MRSPAG

TAKING CARE OF YOURSELF

The pain of suicide loss can't be eased quickly but there are things you can do that will help:

- Be kind to yourself - don't compare your grief or your methods of coping because everyone is different.
- Take time out – It's ok to give yourself time out from the pain you are experiencing by doing something you enjoy, even if you don't feel like doing it all the time.
- Stay connected and accept support from friends, family, and support networks. This will reduce your sense of isolation and feeling of loneliness associated with grief.
- Stay healthy – grieving is exhausting, eat well, hydrate, exercise, try to sleep and avoid drugs and alcohol.
- Prioritise daily tasks – only do what is essential, avoid making major decisions until you can think more clearly.
- Honour the deceased person – talk about them, keep a journal, share memories and photos. Remember the good and the bad.

WHEN YOU NEED MORE SUPPORT

Loss to suicide can impact on physical and mental health. You are not alone and there is help available.

- Talk to your GP about how you are feeling
- Ring or go on-line for support/counselling. Available 24/7
- Talk to a local councillor/psychologist
- Join a suicide bereavement support group: Sharing your experience with others who have been through similar experiences will help you realise you are not alone and you can survive.
- Ask your workplace about Employee Assistance Program (EAP)
- Ask your school who is the well-being person/team for students to talk to

WHEN YOU ARE AT IMMINENT RISK OF HARM

Grief in response to a suicide can be particularly intense, overwhelming and thoughts of suicide may also emerge.

- Reach out to someone you trust to assist you to get help
- Ring Mental health triage for hospital support (Enhanced Crisis Assessment Team) 1300 363 788
- Ring Lifeline 13 11 14 Available 24/7
- Ring 000 for emergency transport to hospital

RESOURCES

There are also information fact sheets that you may find helpful:
www.standbysupport.com.au/resources
www.supportaftersuicide.org.au

- What happens now
- Grief after suicide
- Why is grief different
- Unanswered questions
- Supporting children
- Preparing children for a funeral
- Living with grief
- Managing social stigma
- Having trouble sleeping
- Unwelcome thoughts
- The suicide note
- Witnessing a suicide
- Honouring anniversaries
- Returning to work
- Books and websites

APPENDIX C

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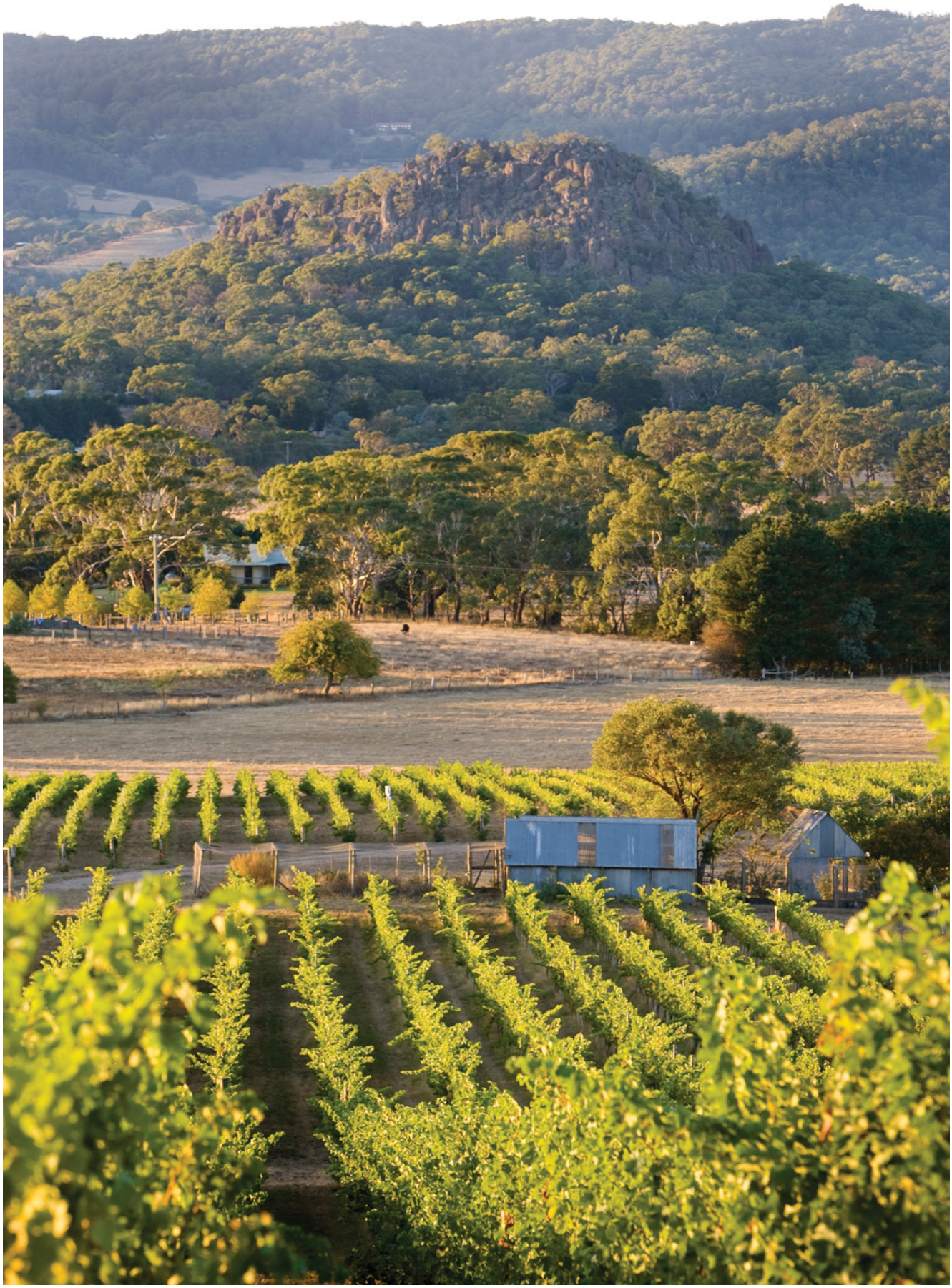

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