

RESEARCH

Open Access



Men's mental health and suicide prevention service landscape in Australia: a scoping review

Aimy Slade^{1*†}, Natalie M. Reily^{1†}, Hiroko Fujimoto¹, Zac E. Seidler^{2,3,4}, Helen Christensen¹, Fiona Shand¹ and Samantha Tang¹

Abstract

Background Men represent the majority of suicide deaths globally and men are more likely to die by suicide without contact with formal mental health services. In Australia, three-quarters of suicide deaths are men. If services were better able to meet their needs, men might be more likely to seek help. In this scoping review, we sought to describe the formal and informal service landscape for men at risk of suicide in Australia, and to determine the extent of research evidence for the effectiveness of these in lowering suicidality, and improving mental health or help-seeking behaviours. We limited our investigation to Australian services, in order to comprehensively identify all community and health system services.

Methods Relevant services and initiatives in Australia were identified through multiple methods: (1) a hand search of key websites and directories; (2) a systematic search of PsycINFO, Cochrane Central, EmBASE, and PubMed; and (3) suggestions by researchers, consumers and clinicians. Evaluations were also identified using multiple methods, including the initial systematic search, targeted website searches, and via multiple search engines. Findings are presented using narrative synthesis.

Results Included services and initiatives ($N=88$) were diverse in their characteristics (e.g., cost to the user, mode of delivery, location), however, there was considerable overlap in the types of components offered. Awareness and education were the most commonly offered (84.1% of services and initiatives). Only 22.7% of services and initiatives had been formally evaluated and existing evaluations varied in quality. Pre-post intervention designs were most often used, and only three evaluations assessed outcomes in a randomised controlled trial.

Conclusions The service landscape for Australian men is broad. However, there appears to be substantial overlap in the components offered by services and initiatives. The prevalence of awareness and education-based offerings is disproportionate to evidence about men's preferences for support. There is a lack of high-quality evaluations. We conclude that the cohesiveness of men's suicide prevention approaches must improve through service development and policy.

Keywords Men, Mental health, Suicide prevention, Services, Initiatives

[†]Aimy Slade and Natalie M. Reily equal first authors.

*Correspondence:

Aimy Slade
aimy.slade@blackdog.org.au

Full list of author information is available at the end of the article



© The Author(s) 2025. **Open Access** This article is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License, which permits any non-commercial use, sharing, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if you modified the licensed material. You do not have permission under this licence to share adapted material derived from this article or parts of it. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-nd/4.0/>.

Background

Addressing high suicide rates in men is a global public health issue that warrants urgent attention. Men represent the majority of suicide deaths in most countries around the world [1], despite the fact that mood disorders are more prevalent in women [2], and that women make more suicide attempts [3]. In Australia, 75% of people who die by suicide are men [4], with similar gender ratios in other high-income countries [1].

Gender differences in help-seeking and mental health service use may partly contribute to the higher suicide rate for men relative to women. Indeed, among people at risk of suicide, men are less likely than women to disclose suicidal ideation [5], and be in contact with formal mental health services such as psychologists and psychiatrists [6, 7]. This was also reflected in coded ambulance data, which points to high rates of suicidal ideation and distress in men that go undetected [8]. Lower use of formal mental health services by men is often linked to the influence of socialised traditional masculinity, whereby norms like stoicism and strength are often seen as desirable traits for men [9]. Indeed, endorsement of traditional masculine norms, and in particular, preferences for self-reliance in men are associated with suicidal thinking [10]. Relatedly, men may experience greater stigma towards help-seeking and mental health services that is both internalised, and experienced through interactions with family, colleagues, and health professionals [11].

Lower service use in men may also be due to the lack of availability of male-oriented services that align with men's preferences for support. Existing research has shown that men prefer therapies that are goal-focused, action-oriented, and gender-sensitive [12, 13] and more informal supports such as social groups or community-based support [14]. Despite gender differences in suicide risk and help-seeking, most evaluations of suicide prevention interventions have not assessed whether gender influences the efficacy of existing suicide prevention approaches [15]. However, one experimental study demonstrated that mental health professionals were more willing to treat and refer a hypothetical female patient, relative to a hypothetical male patient when both were described as experiencing high suicidality [16]. Additionally, one review of adolescent interventions found evidence that services such as school-based and health-based suicide prevention programs might be less effective for males than females [17].

Internationally, advocacy in men's suicide prevention has increasingly focused on the need for new clinical and non-clinical approaches that recognise and are tailored to men's strengths, giving rise to new initiatives targeted towards men [18–21]. In Australia, several of these approaches are funded by the Australian Government

[22]. However, despite a plethora of new campaigns, grassroots initiatives, models of care, and interventions for men emerging over the last decade across different countries, publicly available or published data evaluating these programs is lacking. It is now timely to review our current approaches, their suitability and effectiveness, and to identify any gaps in service provision. Identifying existing suicide prevention and mental health services, campaigns and initiatives targeting men and determining their usage and efficacy will shape policy and service development. Further, knowledge of the elements of suicide prevention service provision that are successfully attracting and retaining men allows investment in suicide prevention initiatives to be directed towards the most effective services.

The current scoping review focuses on the suicide prevention service landscape for men in Australia. While there may be differences in the approaches seen in Australia compared to other countries, there are similar barriers to mental healthcare for men in other high-income nations such as the United States, Canada, and the United Kingdom [12]. There were several aims for this review. Firstly, we sought to describe and categorise existing suicide prevention and mental health services and initiatives (including awareness campaigns, information and resources, social and peer support interventions, gatekeeper programs, referral services, clinical/therapeutic interventions and helplines) that predominantly target Australian men. We also sought to report on service outcomes and evaluations. The included evaluations focused on outcomes related to suicidality, mental health or related outcomes, and/or help-seeking intentions or behaviours.

Methods

Search strategy

This scoping review followed an adapted version of the five stages of a scoping review recommended by Arksey and O'Malley (2005): 1) defining the research question/s, 2) identifying relevant information sources, 3) information source selection, 4) charting the data, and 5) collating, summarising, and reporting the results. An adapted version of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) extension for scoping reviews (PRISMA-ScR) checklist (Tricco et al., 2018) was used in reporting the results of this review. These guidelines were adapted given the focus of this scoping review on services/initiatives, rather than scientific studies.

Men's services and initiatives were identified through three different strategies, conducted in the following order:

- (1) Hand search of key Australian websites and directories that list available suicide prevention services and mental health services: Head to Health (<https://www.headtohealth.gov.au/>), Suicide Prevention Australia (<https://www.suicidepreventionaust.org/>), Life in Mind (<https://lifeinmind.org.au/>), Australian Men's Health Forum (<https://www.amhf.org.au/>), Men's Health Australia (<https://menshealthaustralia.info/mens-support-services>), Movember (<https://au.movember.com/about/mental-health>), Mr Perfect (<https://mrperfect.org.au/pages/mens-health-directory>), and eMHprac (<https://www.emhprac.org.au/directory/>).
- (2) Systematic search of academic electronic databases PsycINFO, Cochrane Central, EmBASE, PubMed. Three key blocks of terms related to (i) men, (ii) suicide prevention or mental health, and (iii) Australia-based services were used (see Appendix A). Databases were searched from database inception, and only English-language articles were included.
- (3) Services and initiatives suggested by Australian researchers, lived experience advisors (recruited for this project from a network of lived experience advisors from the Black Dog Institute), and clinicians within the project team, with working knowledge of the mental health and suicide prevention landscape in Australia.

This scoping review was preregistered on OSF Registries: <https://doi.org/10.17605/OSF.IO/GE9ZB>.

Inclusion/exclusion criteria

Services/initiatives were included if they predominantly targeted Australian men aged 18+ and/or carers/peers of men (with the purpose of supporting male loved ones) and describe mental health or suicide prevention as a main purpose of the service/initiative based on the information provided on their website. Services targeting specific populations of Australian men (e.g., men in a particular profession, male-dominated industry, or of a particular cultural group) were also included. Services and initiatives needed to be based in Australia. Services/initiatives were excluded if they indirectly targeted mental health and suicide by focusing on risk factors (e.g., financial stress, social isolation, parenting stress, grief etc.), if they were not promoted as specifically for men, male-dominated industries, and/or carers/peers of men, or if they targeted boys aged at maximum of 18 years or below (e.g., school-based interventions).

Selection of services/initiatives

Figure 1 presents an adapted PRISMA diagram. The initial search was conducted between April 2022 and June 2022. Additional services were identified during the evaluation search between December 2022 and March 2023. Across all three sources, services/initiatives were independently assessed by NMR and ST to assess eligibility for inclusion, with disagreements ($\kappa=0.82$) resolved by reaching a joint consensus between the two team members, or by discussion and consultation with a third author (HC or AS) if consensus could not be reached. Websites identified through key Australian online directories were compiled into a Microsoft Excel spreadsheet and duplicates were removed ($n=99$).

Titles and abstracts from the systematic search of academic electronic databases were imported into Covidence software, and duplicate articles were removed ($n=1,968$). All remaining titles and abstracts ($n=2,579$) were independently screened. Remaining full-text articles and, if available, associated service/initiative websites ($n=29$) were then screened. Duplicate services that were already identified via the search of online directories were also removed.

Service/initiative websites were also suggested by researchers, lived experience advisors, and clinicians within the project team or identified through other service websites. Duplicate services that were already identified via search of online directories and academic databases were removed ($n=24$).

Evaluations of identified services/initiatives

We sought to identify evaluations of the men's services and initiatives included in the review through five search methods conducted between December 2022 and March 2023:

- (1) Manual search: Evaluations were identified via the initial systematic search of the scientific literature (see above) and during data extraction from the service/initiative website.
- (2) Google search: A Google search combining the service/initiative/organisation name and terms such as 'evaluation' and 'report' (see Appendix B for the full list of search terms);
- (3) Google Scholar: First, the name of the service/initiative/organisation was searched. If there were no results, the Google Scholar search ceased. If there were multiple results, the same search terms from the Google search were combined with the service/initiative/organisation name;

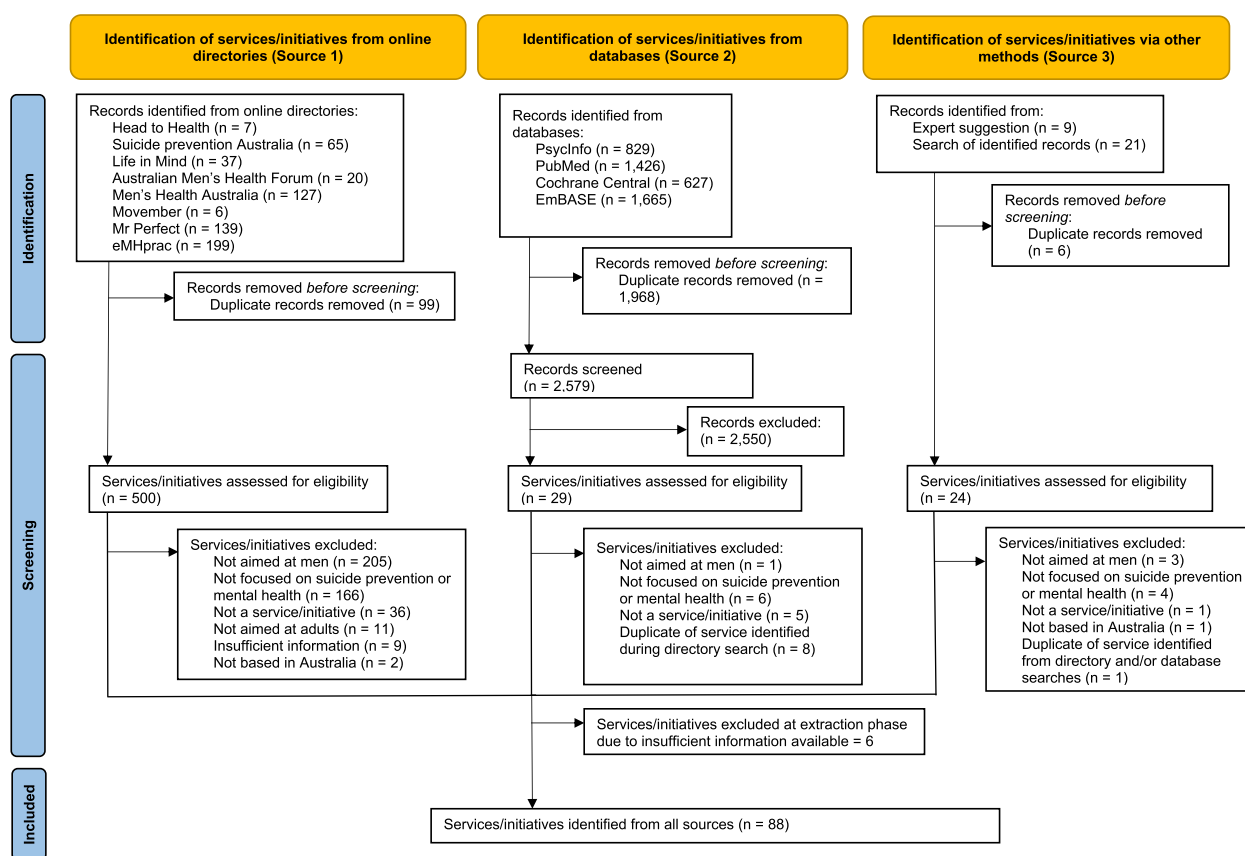


Fig. 1 Adapted PRISMA flowchart

- (4) Website search: A targeted Google site search of the website of each service/initiative/organisation for specific terms (see Appendix B for examples);
- (5) DuckDuckGo search: As the Google search engine uses sophisticated algorithms to influence the ranking of search results [23], we complemented our search methods using another search engine – DuckDuckGo. Unlike Google, DuckDuckGo searches are not influenced by past search history [24]. We combined the same service/initiative/organisation name and search terms from search method two to detect any evaluations that may have been missed with the prior search strategies. The region was set to Australia to improve the relevance of search results; this does not restrict results to only those from Australia, but it helps increase search results from that region [25].

The purpose of an evaluation is to assess a program's quality or value [26]. As the services included in this scoping review aim to improve mental health and suicide prevention outcomes, evaluations were only included if they assessed outcomes for service users that were

specific to mental health and suicidality (e.g., changes in suicidal ideation, depression, loneliness, help-seeking intentions and behaviours), or that captured the users' experiences or satisfaction with the service. Other essential eligibility criteria for this review were that the evaluation should be reported in a primary source, be publicly available, and clearly describe the methodology used to obtain outcome data (in order for it to be classified using NHMRC Evidence Hierarchy guidelines; see below). Protocols were excluded in our search. If the same evaluation was reported in multiple formats (e.g., in a report produced as part of an independent evaluation and the same data was later published in a peer-reviewed journal), the most rigorous format was included in this review.

In line with scoping review guidelines, and given the focus of this review on the identification of services, rather than treatment evaluations, study quality was not assessed in this review [27].

Data extraction and synthesis

Services. Two authors (AS and NMR) independently extracted data into a customised Microsoft Excel spreadsheet. All disagreements were resolved through

discussion between the two authors. Data extracted for included services were: service name and website, target population, service status (active/inactive), the cost to user (free/paid), components offered by the service (e.g., awareness/education, gatekeeper training, clinical intervention etc.), the mode of delivery (e.g., in person, online etc.), the service location (e.g., national, or specific states or cities), whether the service described suicide prevention as an explicit aim, service usage, and whether or not the service had been evaluated.

We also extracted information on the funding arrangements for each service or initiative using the Australian Charities and Not-for-profits Commission (ACNC) website (<https://www.acnc.gov.au/>). The ACNC is the national regulator for charities in Australia and maintains a public register of information about registered charities, including their sources of revenue. We adapted the revenue categories listed on the ACNC website: government funding, donations and bequests (which could include from individuals and organisations), revenue from goods and services, and other revenue (including from investments). For those registered with the ACNC, we extracted whether they received revenue for each category ('Yes'/'No'). For those not registered, or whose registration was revoked, we examined their website, associated research, and grey literature (e.g., annual reports) for information on funding arrangements.

Next, we examined only those services that were registered on ACNC, extracting data on the proportion of funding received from each of the revenue categories noted above. For organisations with multiple initiatives (i.e., Beyond Blue, Black Dog Institute, Movember), we extracted funding data from the ACNC website for the overarching organisation rather than the specific initiative within the organisation. This was because the ACNC website only provided funding information for the overarching organisations.

Between search completion and data extraction, some of the included services were discontinued or their websites had become inaccessible ($n=12$). Where possible, data were extracted using a digital archive ($n=6$), where the URL was searched in a digital library to find the last available version of the webpage. The remaining services had insufficient information available to determine the components offered and were excluded at the extraction stage ($n=6$).

Evaluations. Two authors (AS and HF) independently extracted data into a customised Microsoft Excel spreadsheet. Disagreements ($\kappa=0.36$) were resolved through discussion between the two authors, or with a third author (ST) if consensus could not be reached. The following data was also extracted by AS and HF: description of service/initiative, description of the key

evaluation (e.g., time points, sample size), outcomes assessed (e.g., presence of suicidal ideation, depression, loneliness, help-seeking intentions and behaviours), findings of the key evaluation, whether the evaluation was peer-reviewed, the total number of evaluations for each service/initiative, the total number of peer-reviewed evaluations for each service/initiative, and the evaluation methodology (e.g., randomised controlled trial [RCT], pre-post intervention).

We did not assess the quality of included evaluations using a multi-item assessment tool given that such assessments are not typically included in scoping reviews [27]. However, we classified evaluation methodology using a similar approach to the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project, which used an evidence classification scale adapted from the NHMRC Evidence Hierarchy in their meta-evaluation of suicide prevention programs [28] (please see Appendix C). This hierarchy classifies evaluations according to their methodology, with higher levels of the hierarchy corresponding with a higher level of evidence. Ratings using this tool therefore also provide an indicator of evaluation quality.

If multiple evaluations existed for a single service/initiative, information was extracted for the key evaluation. The key evaluation was selected based on a combination of factors, such as the quality and comprehensiveness of the evaluation, and all other evaluations were summarised in a column for additional evaluations.

Synthesis. A narrative synthesis approach was undertaken to summarise findings in relation to each identified variable.

Results

Service characteristics

A total of 5,177 websites and articles were identified across three search methods. Following screening and removal of duplicates, there were 88 services and initiatives that met inclusion criteria. Characteristics of the services and initiatives including all components offered are presented in Table 1, and the service landscape is visualised in Fig. 2.

Services and initiatives were diverse in their target populations, mode of delivery, and whether there was a cost to the user. A total of 47 (53.4%) services targeted men in general, 22 (25%) targeted specific groups of men (e.g., new and expecting fathers, elderly men in aged care), and 19 (21.6%) targeted male-dominated industries (e.g., the construction industry, the Australian Defence Force). Regarding cost, 42 (47.7%) services offered completely free components, 12 (13.6%) offered only paid components, 19 (21.6%) services offered a combination of free

Table 1 Characteristics of included services

Name of service/initiative/Website	Target population	Active?	Cost to user	Awareness/education	Social/peer support	Gatekeeper training	Referral	Clinical/therapeutic	Helpline/crisis line	Other	Mode of delivery	Location	Suicide specific?	Service outcomes?	Evaluated?
100Words – mate to mate https://100words.org.au/	Men	Active	Free and paid	x	x			x			Online and in person	National	Yes	No	No
2 Minute Mates https://2minutemates.com	Men	Inactive #	Free	x	x						Online and in person	National	No	No	No
A Chance for Change https://www.adfc.org.au/	Men	Active	Not reported	x	x						In person	Unable to determine	Yes	No	No
ALIVE & Kicking Goals! https://mensourcea.ch.org.au/alive-kicki-ng-goals/	Aboriginal and Torres Strait Islander young men (expanded to women)	Active	Not reported	x	x	x					In person	Kimberley, WA	Yes	No	No
Anglicare WA – Men'sTime https://www.angli carewa.org.au/get-help/relationships-and-separation/menstime	Men	Active	Paid	x			x				In person	Jonndalup, WA	No	No	No
Are you bogged mate? https://areyouboggedmate.com.au/	Men living in rural Australia	Active	Free	x							Online and in person	National	Yes	No	No

Table 1 (continued)

Name of service/initiative Website	Target population	Active?	Cost to user	Awareness/education	Social/peer support	Gatekeeper training	Referral	Clinical/therapeutic	Helpline/crisis line	Other	Mode of delivery	Location	Suicide specific?	Service outcomes?	Evaluated?
Australian Defence Force (ADF) – All-hours Support Line https://www.defence.gov.au/adf-members-families/health-well-being/services-support-fighting-fit/need-help-now/all-hours-support-line	ADF members (and their families)	Active	Free				x		x		Telephone	National	No	Yes	No
Australian Defence Force (ADF) – Suicide Prevention Program https://www.defence.gov.au/adf-members-families/health-well-being/program-initiatives/australian-defence-force-suicide-prevention-program	ADF members and mental health professionals working with ADF	Active	Free	x		x					Not reported	National	Yes	No	No

Table 1 (continued)

Name of service/initiative Website	Target population	Active?	Cost to user	Awareness/education	Social/peer support	Gatekeeper training	Referral	Clinical/therapeutic	Helpline/crisis line	Other	Mode of delivery	Location	Suicide specific?	Service outcomes?	Evaluated?
Beyond Blue – Dadvice https://healthyfamilylies.beyondblue.org.au/pregnancy-and-new-parents/dadvice-for-new-dads	New fathers	Active	Free	x							Online	National	No	Yes	No
Beyond Blue – Men Resource Page https://www.beyondblue.org.au/who-does-it-affect/men	Men	Active	Free	x							Online	National	No	No	No
Beyond Blue/National LGBTI Health Alliance – Wingmen https://www.beyondblue.org.au/who-does-it-affect/lesbian-gay-bi-trans-and-inter-sex-lgbti-people/wingman-for-gay-guys-by-gay-guys	Gay men	Active	Free	x	x						Online	National	Yes	Yes	No

Table 1 (continued)

Name of service/initiative Website	Target population	Active?	Cost to user	Awareness/ education	Social/ peer support	Gatekeeper training	Referral	Clinical/ therapeutic	Helpline/ crisis line	Other	Mode of delivery	Location	Suicide specific?	Service outcomes?	Evaluated?
Beyond the Barbell – Move for Men's Health https://www.beyondthebarbell.net.au/	Men	Active	Free		x					Exercise sessions	In person	Melbourne, VIC	No	No	No
Black Dog Institute – Bush Fire Support Service' https://www.blackdoginstitute.org.au/bush-fire-support-service/	Emergency service workers and volunteers (and their families)	Active	Free	x				x		Mental health assessment, training for GPs and Allied Health Professionals	Online, in person, and tel-ehealth	National	No	Yes	No
Black Dog Institute – HeadGear https://www.blackdoginstitute.org.au/resourcessupport/digital-tools-apps/headgear/	Men	Active	Free	x				x (app)			Digital (app)	National	No	Yes	Yes
Blokes Day Out https://blokesdayout.com.au/	Men	Active	Paid and free	x	x						In person and online	QLD	No	No	No
BLOKES IN MIND https://www.blokesinmind.com/	Men	Inactive #	Free and paid	x				x			Online and tel-ehealth	National	No	No	No

Table 1 (continued)

Name of service/initiative Website	Target population	Active?	Cost to user	Awareness/education	Social/peer support	Gatekeeper training	Referral	Clinical/therapeutic	Helpline/crisis line	Other	Mode of delivery	Location	Suicide specific?	Service outcomes?	Evaluated?
Blockes Psychology https://blockespsychology.com.au/	Men (and boys)	Active	Free and paid	x				x			Telehealth and in person	National	No	No	No
BLU Health https://bluehealth.com.au/	Men	Active	Paid					x			Telehealth	National	No	No	No
Bolton Brothers https://boltonbrothers.com.au/	Men	Inactive #	Free and paid	x				x			Online and in person	Adelaide, SA	No	No	No
Boys Do Cry https://boysdocry.com.au/	Men	Active	Free	x						Community engagement activities	Online	National	No	No	In progress
Build a Brotherhood https://www.buildabrotherhood.com/	Men	Active	Free and paid	x	x						In person and online	Melbourne, VIC	No	No	No
Centre for Men Australia https://centreformenaustralia.org.au/	Men (and their families)	Active	Paid	x	x			x			In person, online, and tel-ehealth	National	No	No	No
Circle of Men (QLD) https://circleofmenqld.com/	Older men living in aged care	Active	Free		x						In person	QLD	No	Yes	No

Table 1 (continued)

Name of service/initiative Website	Target population	Active?	Cost to user	Awareness/education	Social/peer support	Gatekeeper training	Referral	Clinical/therapeutic	Helpline/crisis line	Other	Mode of delivery	Location	Suicide specific?	Service outcomes?	Evaluated?
Coach the Coach http://www.coachthecoach.net.au/	Young men in rural towns aged 15–30 (expanded to include women)	Inactive #	Free	x		x					In person and online	VIC	Yes	No	Yes
EveryMan Australia https://www.everyman.org.au/	At risk men	Active	Free		x		x	x			In person and online	Canberra, ACT	No	No	No
For Men https://formen.org.au/	Men aged 16–35	Active	Not reported	x	x						In person	Unable to determine	Yes	No	No
Gidget Foundation Australia – Support for Dad https://www.gidgetfoundation.org.au/support-for-dad/	New and expectant fathers	Active	Free	x	x			x	x		In person and online	National	No	Yes ²	No
Grab Life by the Balls https://www.grablifebytheballs.com.au/	Men	Active	Free and paid	x	x						In person	QLD	No	No	No
Healthy Heads in Trucks & Sheds https://www.healthyheads.org.au/	Transport and logistics industry workers	Active	Free and paid	x		x				Wellbeing app	In person, online and digital (app)	National	No	Yes	No

Table 1 (continued)

Name of service/initiative Website	Target population	Active?	Cost to user	Awareness/education	Social/peer support	Gatekeeper training	Referral	Clinical/therapeutic	Helpline/crisis line	Other	Mode of delivery	Location	Suicide specific?	Service outcomes?	Evaluated?
Hope Assistance Local Trades (HALT) https://halt.org.au/	Tradespeople and apprentices	Active	Free	x	x	x	x			Digital stories	In person and online	National	Yes	Yes	Yes
farmwell https://farmwell.com.au/	Farmers (and those who support farmers)	Active	Free	x				x		Resources for health professionals working with farmers	In person and online	National	No	Yes	Yes
Incolink – Bluehats Suicide Prevention https://incolink.org.au/wellbeing-support-services/bluehats	Construction workers	Active	Not reported	x	x	x					In person and online	VIC	Yes	Yes	In progress
Incolink – Life Care and Skills Programme No dedicated website	Apprentices and young workers in the construction industry	Inactive	Not reported	x			x	x		Outreach visits to building sites	In person	VIC	Yes	Yes	Yes
Lost Motos http://lostmotos.com/	Men	Unable to determine #	Not reported	x	x						In person and online	Unable to determine	No	No	No
Male Suicide Prevention Australia https://malesuicidepreventionaustralia.com.au/	Men	Active	Not reported	x	x	x		x			In person, online, telehealth	National	Yes	Yes	No

Table 1 (continued)

Name of service/initiative Website	Target population	Active?	Cost to user	Awareness/education	Social/peer support	Gatekeeper training	Referral	Clinical/therapeutic	Helpline/crisis line	Other	Mode of delivery	Location	Suicide specific?	Service outcomes?	Evaluated?
Man Up https://manup.org.au/	Men	Active	Free	x							Online and television	National	Yes	No	Yes
Man Up Tasmania https://www.manuptas.com/	Men	Active	Free and paid	x		x					In person	TAS	No	No	No
Mantle https://mantlehealth.com.au/	Men	Active	Paid				x				Telehealth	National	No	No	No
MATES (in Construction, Mining, in Energy) https://mates.org.au/	Workers in the construction, mining and energy industries	Active	Free and paid	x		x	x		x	Case management, critical incident support, postvention	In person	National	Yes	Yes	Yes
Mates-4Mates https://mates.org/	Current and ex-serving ADF members and their families	Active	Free	x	x			x		Exercise physiology sessions that integrate mindfulness	In person, online, telehealth	National	No	Yes	Yes
Med For Men https://www.medforment.com.au/	Men and veterans	Active	Paid					x			In person or telehealth	Ashgrove/Brisbane, QLD	No	No	No
Men's Information and Support Association (MISA) https://misa.org.au/	Men and their families	Active	Paid	x				x			In person, online and telehealth	National	No	Yes	No

Table 1 (continued)

Name of service/initiative Website	Target population	Active?	Cost to user	Awareness/ education	Social/ peer support	Gatekeeper training	Referral	Clinical/ therapeutic	Helpline/ crisis line	Other	Mode of delivery	Location	Suicide specific?	Service outcomes?	Evaluated?
Men's Resource Centre http://www.mensresourcecentre.org/	Men and their families	Active	Not reported	x			x				In person	Coffs Harbour, NSW	Yes	Yes	No
Men's Resources Tasmania https://www.mrtasmania.org/	Men	Active	Free and paid	x		x					In person and online	TAS	Yes	No	No
MensTalk https://mtalk.com.au/	Men	Active	Free	x							In person and online	Perth, WA	No	No	No
Mensline Australia https://mensline.org.au/	Men	Active	Free	x			x	x			Telehealth, telephone and online	National	No	Yes	No
Menslink https://menslink.org.au/	Men, transgender or non-binary young people (10–25)	Active	Free	x			x				In person	Canberra, ACT	No	Yes	Yes
Mentoring Men https://mentoringmen.org.au/	Men	Active	Free	x	x	x					In person and online	National	Yes	Yes	Yes
MENtors for Men https://mentorsformen.com.au/	Men	Active	Free		x						In person	Coffs Harbour, NSW	No	No	No

Table 1 (continued)

Name of service/initiative Website	Target population	Active?	Cost to user	Awareness/ education	Social/ peer support	Gatekeeper training	Referral	Clinical/ therapeutic	Helpline/ crisis line	Other	Mode of delivery	Location	Suicide specific?	Service outcomes?	Evaluated?
Might & Mane https://www.mightandmane.org/	Men	Inactive #	Not reported	x						Haircuts with mental health conversations	In person and online	Sydney, NSW	No	Yes	No
MindMax https://play.google.com/store/apps/details?id=au.com.mindmax&hl=en_AU	Men aged 16–35 interested in AFL	Active	Free	x						Applied games	Digital (app)	National	No	Yes	Yes
Mineset https://minesetaus.com.au/	Mining industry workers and their families	Active	Free and paid	x						Wellness app/program	Online and digital (app)	National	No	No	No
Mongrels Men https://mongrels-men.com/	Men	Active	Free and paid		x						In person	NSW & QLD	No	No	No
Mosh https://www.getmosh.com.au/	Men	Active	Paid				x			Health services for men (e.g., hair loss, erectile dysfunction)	Telehealth	National	No	No	No
Movember – Men in Mind https://meninmind.movember.com/	Men (via therapists working with male clients)	Active	Free	x						Clinician training	Online	National	Yes	No	Yes

Table 1 (continued)

Name of service/initiative Website	Target population	Active?	Cost to user	Awareness/education	Social/peer support	Gatekeeper training	Referral	Clinical/therapeutic	Helpline/crisis line	Other	Mode of delivery	Location	Suicide specific?	Service outcomes?	Evaluated?
Movember – Movember Conversations https://conversations.movember.com/en-us	Men (via general public for having conversations with men)	Active	Free	x						Practice conversations	Online	National	No	No	In progress
Movember/Waves of Wellness Foundation – WOW Sand n' Surf https://www.foundationswow.org/sand-n-surf	Men 16+ (women also welcome)	Active	Free	x	x					Surf therapy lessons	In person	NSW, QLD & VIC	No	No	No
Open Arms (previously known as the Veterans and Families Counselling Service) https://www.openarms.gov.au/	Current and ex-serving ADF members and their families	Active	Free	x	x		x	x	x	Apps (including safety planner and tel-ehealth app), crisis accommodation, training for health professionals	In person, online, digital (app)	National	Yes	Yes	Yes
OzHelp (and Health in Gear) https://ozhelp.org.au/ https://healthingear.com.au/	High risk industries (building and construction, transport and logistics)	Active	Free	x		x	x	x	x	Health & mental health tune ups (outreach)	In person, online, telehealth	National	Yes	Yes	Yes

Table 1 (continued)

Name of service/initiative Website	Target population	Active?	Cost to user	Awareness/education	Social/peer support	Gatekeeper training	Referral	Clinical/therapeutic	Helpline/crisis line	Other	Mode of delivery	Location	Suicide specific?	Service outcomes?	Evaluated?
PANDA – Support for Dads https://panda.org.au/get-support-support-dads	Expectant and new fathers	Active	Free	x					x	Mental health assessment	Online and telephone	National	No	Yes ²	No
Prevention Is the Only Cure: Raising Awareness to Prevent Suicide in Older Men No dedicated website	Older men (in or approaching retirement) and service providers working with them	Inactive	Not reported	x							In person	QLD	Yes	Yes	Yes
Real Mates Talk https://realmartestalk.com.au/	Men	Active	Free and paid	x	x						In person and online	Greater Whitsunday region, QLD	Yes	No	No
Right Mate http://www.rightmate.org.au/	Men	Active	Not reported	x	x						In person	Geelong, VIC	No	No	No
SMS4dads https://www.sms4dads.com.au/	Expectant and new fathers	Active	Free	x						Mood tracker (triggers health professional contact)	Online and SMS	National	No	Yes	Yes
Soldier On https://soldieron.org.au/	Current and ex-serving members of the Australian Defence Force and their families	Active	Paid and free	x	x		x			Employment & education support (Pathways program)	In person, telehealth and online	National	No	Yes	No

Table 1 (continued)

Name of service/initiative Website	Target population	Active?	Cost to user	Awareness/education	Social/peer support	Gatekeeper training	Referral	Clinical/therapeutic	Helpline/crisis line	Other	Mode of delivery	Location	Suicide specific?	Service outcomes?	Evaluated?
Soldiers & Sirens https://www.soldiersandsirens.com.au/	First responders and current and ex-serving ADF members	Active	Free and paid		x					Various workshops (woodworking, art, ceramics)	In person	WA	No	No	No
Speak Up Mate https://www.speakupmate.org/	Men	Active	Not reported	x	x						In person and online	National	Yes	No	No
Stay Afloat Australia https://www.stayafloat.com.au/	Seafood industry workers (male-dominated)	Active	Free	x	x	x					Online	National	No	Yes	No
The Banksia Project http://www.thebanksiaproject.com.au/	Men (expanded to include women)	Inactive #	Not reported	x	x						In person and online	Sydney, NSW	No	Yes	No
The Barstool Brothers https://barstoolbrothers.org.au/	Men	Active	Free	x	x					Mental health training for hospital-ity staff	In person	Wollongong, NSW	No	No	No
The Barter Barber https://kenoathbarbershop.gettimely.com/	Men	Active	Paid	x						Haircuts with mental health conversations	In person	Canberra, ACT & South Coast, NSW	No	No	No
The Fly Program http://flyprogram.org.au/	Men	Active	Paid	x	x						In person	Thredbo & Narooma, NSW	No	No	No

Table 1 (continued)

Name of service/initiative Website	Target population	Active?	Cost to user	Awareness/education	Social/peer support	Gatekeeper training	Referral	Clinical/therapeutic	Helpline/crisis line	Other	Mode of delivery	Location	Suicide specific?	Service outcomes?	Evaluated?
The Healthy Tradle Project https://thehealthytradleproject.com.au/	Tradespeople	Active	Not reported	x						Breath training, yoga, ZUU	In person and online	Unable to determine	Yes	No	No
The Male Hug https://themalehug.com.au/	Professional men	Active	Free and paid	x	x				x		In person, online, and telephone	National	No	No	No
The Men's Table https://themenstabledenbloke.com.au/	Men	Active	Paid		x						In person and online	National	No	No	Yes
The Modern Bloke https://www.themodernbloke.com.au/	Men	Active	Free and paid	x	x	x					In person and online	National	No	No	No
The Regional Men's Health Initiative https://regionalmenshealth.com.au/	Men	Active	Not reported	x						Song	In person	Regional/rural/remote WA	No	Yes	No
The Ripple Effect https://therippleeffect.com.au/	Males in the farming community aged 30–64	Active	Free	x							Online	National	Yes	No	Yes

Table 1 (continued)

Name of service/initiative Website	Target population	Active?	Cost to user	Awareness/education	Social/peer support	Gatekeeper training	Referral	Clinical/therapeutic	Helpline/crisis line	Other	Mode of delivery	Location	Suicide specific?	Service outcomes?	Evaluated?
This is a Conversation Starter (TIACS) https://www.tiacs.org/	Blue collar workers (male-dominated)	Active	Free	x				x	x	Callback service, mental health checklist	Online and telephone	National	No	Yes	No
TOMNET https://tomnet.org.au/	Men 50 years and older	Active	Free	x	x				x		In person, online and telephone	Toowoomba, QLD	No	Yes	No
Tomorrow Man https://www.tomorrowman.com.au/	Men, and boys year 10 and above	Active	Free and paid	x							In person or online	National	No	Yes	No
Tools for Depression No dedicated website	Men with depression	Inactive	Paid	x	x			x		Support group, exercise program and gym group	In person	Melbourne, VIC	No	Yes	Yes
Top Blokes Foundation http://www.topblokes.org.au	Boys and men aged 10–24	Active	Paid	x							In person	NSW & QLD	No	Yes	No
Trojan's Trek https://www.trojanstrek.com/	Current and ex-serving ADF members and first responders	Active	Free		x			x (POST)			In person	SA & QLD	No	Yes	Yes
Victorian Brotherhood https://victorianbrotherhood.info/	Men	Active	Free	x							Online	VIC	Yes	Yes	No

Table 1 (continued)

Name of service/initiative Website	Target population	Active?	Cost to user	Awareness/ education	Social/ peer support	Gatekeeper training	Referral	Clinical/ therapeutic	Helpline/ crisis line	Other	Mode of delivery	Location	Suicide specific?	Service outcomes?	Evaluated?
We Are Men https://wearemen.com.au/	Men	Active	Free	x						Wellbeing app	Online and digital (app)	National	Yes	Yes	No
When No One's Watching (WNOW) https://www.wnow.com.au/	Men	Active	Free		x						In person	National	No	No	No
You Got This Mate (Rural Adversity Mental Health Program) www.yougotthismate.com.au	Men living in rural Australia	Active	Free	x			x				Online or telephone	Rural/ remote NSW	Yes	No	No

[#]The website was no longer available so an Internet archiving tool was used to extract information about the service (the Wayback Machine)

POST = Peer Outdoor Support Therapy

¹ Now called the National Emergency Worker Support Service

² Service usage is reported, however it is not specific to fathers

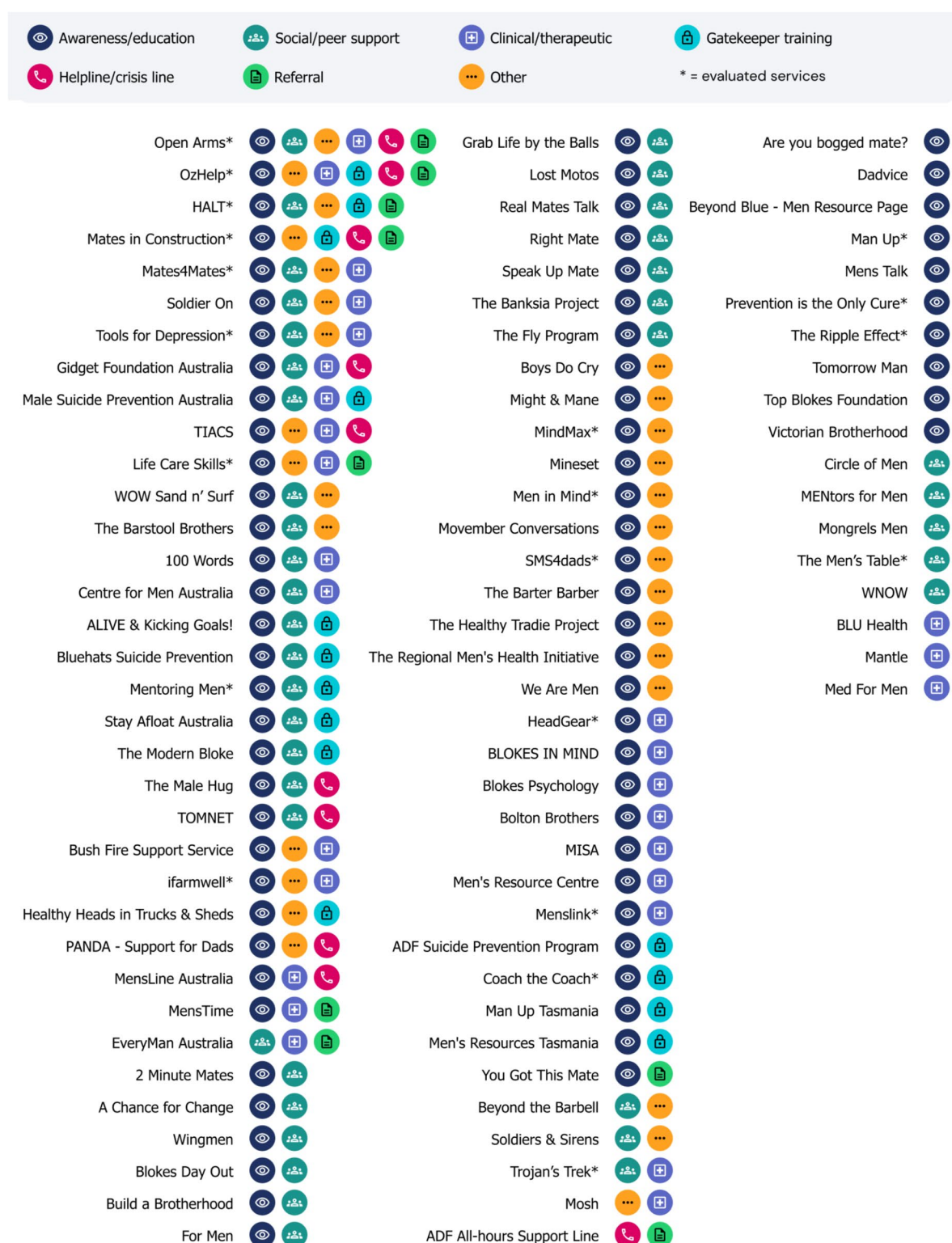


Fig. 2 Components offered by the included services and initiatives

and paid components, and 15 (17%) did not report the cost of their service on their webpage.

There were 41 (46.6%) services/initiatives that offered a component in one modality (e.g., online only), while 46 (52.3%) offered a combination of delivery modes. One service did not have information available about how their program was delivered. The most common modes of delivery were in person, followed by online (see Table 2). Some of the unique offerings included delivery via digital app (e.g., MindMax), SMS (SMS4dads), or television (the Man Up documentary).

Forty-seven (53.4%) services were available nationally, while 32 (36.4%) were delivered in specific geographical areas, such as one of Australia's states and territories (e.g., Coach the Coach training was rolled out to multiple sports clubs in Victoria), or a specific town or city (e.g., Menslink supports young men in Canberra). Another 5 services (5.7%) were delivered across multiple states (e.g., Trojan's Trek run programs in Queensland and South Australia). There was insufficient information to determine location for four of the services.

Twenty-eight (31.8%) of the services/initiatives described their aim to be specific to suicide prevention, while the remaining services described their aims to be related to mental health. Thirty-nine (44.3%) services reported service usage information, either on their webpage, in reports or published papers.

Of the 88 services, 18 (20.5%) offered only one component while the majority (70; 79.5%) offered two or more components. The components offered are summarised below, with further detail available in Table 1.

Awareness and/or education

The most common component was awareness or education, which was offered by 74 (84.1%) services and initiatives, with 10 of these services offering this as their sole component. Many of these services were predominately online and aimed to raise awareness or reduce stigma related to mental health and suicide by providing fact

sheets, information, resources or educational modules on topics related to mental health and suicide, help-seeking, or having conversations about mental health and suicide with friends and family (e.g., Beyond Blue Dadvice, Movember Conversations). Others provided similar content via in-person facilitated workshops, or in addition to online information or virtual workshops (e.g., Men's Talk, Tomorrow Man), and one provided similar content via an app (MindMax). There were also two awareness campaigns targeting men which aimed to reduce stigma associated with help-seeking for men (Boys Do Cry, Man Up). Other initiatives included an awareness-focused support group (Victorian Brotherhood) and initiatives for mental health conversations while having a haircut (The Barter Barber, Might & Mane).

Social and/or peer support

There were 40 (45.5%) services that included social or peer support components. Many offered social and community events such as meetups, barbecues, creative activities, walks or fundraising events to provide an opportunity for men to gather and connect with one another (e.g., Mongrels Men, TOMNET, When No One's Watching). Other services provided formalised peer mentoring in either a one-to-one (e.g., Mentors for Men, Mentoring Men) or a group setting (e.g., Circle of Men, The Men's Table). A number of initiatives focused on exercise and/or connection with nature as a setting for social and peer support (e.g., Beyond the Barbell, Movember WOW Sand n' Surf), or peer support and therapy (e.g., Trojan's Trek). Many of the services offering social or peer support also had resources targeting awareness or education. There were only six services that provided social support or peer support as their only component.

Clinical or therapeutic services

A total of 28 (31.8%) services provided clinical or therapeutic sessions tailored to men, including counselling, clinical psychology, or group therapy. The majority offered telehealth or online sessions as an option (e.g., Blokes Psychology, Mantle, MOSH), while a few offered only in-person sessions (e.g., Men's Resource Centre). Some services included online or app-based self-help that incorporated clinical or therapeutic intervention components (e.g., HeadGear, ifarmwell). One additional initiative aimed to provide clinical training to mental health professionals who work with men (Movember Men in Mind).

Gatekeeper training

A total of 13 (14.8%) services provided formalised suicide prevention gatekeeper training to men in workplace

Table 2 Frequency and percentage of services offering different delivery modes

Delivery mode	Frequency (%)
In person	63 (71.6%)
Online	53 (60.2%)
Telehealth	15 (17.0%)
Telephone	7 (8.0%)
Digital (app)	6 (6.8%)
SMS	1 (1.1%)
Television	1 (1.1%)

settings (e.g., Mates in Construction, Incolink Bluehats Program, OzHelp) or to community leaders (e.g., Coach the Coach, Alive and Kicking Goals) in order to upskill people in recognising and responding to suicidal distress. One service also provided gatekeeper training to barbers (Might and Mane). All of the services that included gatekeeper training also offered other components.

Referral

Another key component offered by 10 (11.4%) of the services and initiatives was referral or linkage to other types of services, such as crisis or short-term accommodation, employment and educational pathways programs, and workshops, support services or programs for specific issues such as violent behaviour or difficulty sleeping (e.g., EveryMan Australia, Open Arms, Soldier On). Other services provided advice and referral to local mental health services and supports (e.g., You Got This Mate).

Helplines and crisis lines

Helplines were offered by 10 (11.4%) of the services. Two of the identified services were dedicated helplines for men (MensLine) and current and ex-serving ADF members (Australian Defence Force All Hours Support Line). Some services included a helpline or callback service in addition to other offerings (e.g., Gidget Foundation Support for Dads, TIACS).

Services targeting male-dominated industries

Many of the identified services and initiatives targeted male-dominated industries such as construction and mining (e.g., Mates in Construction, The Healthy Tradie Project), farming (e.g., The Ripple Effect, ifarmwell), transport and logistics workers (e.g., OzHelp, Healthy Heads in Trucks and Sheds), and emergency services workers (e.g., Black Dog Institute Bush Fires Support Service, now named the National Emergency Worker Support Service). A variety of services also targeted current and ex-serving members of the Australian Defence Force (e.g., Australian Defence Force Suicide Prevention Program, Mates4Mates, Open Arms). These services were not exclusive to men and often consisted of multiple components delivered in workplace settings.

Other

Other unique components were offered by 29 (33.0%) of services and initiatives, which included case management, critical incident support and postvention (e.g., Mates in Construction), outreach initiatives such as physical and mental health checks available 'on the road' (e.g., OzHelp), and exercise sessions and mindfulness (e.g., The Healthy Tradie Project, Beyond the Barbell).

Funding

Half of the services or initiatives ($n=44$) were either directly registered or under an organisation that was registered with the ACNC. There were 36 (40.9%) unique services registered, and 8 (9.1%) initiatives linked to overarching organisations (Beyond Blue $n=3$; Black Dog Institute $n=2$; Movember $n=3$). Of all the identified services/initiatives included in this review, 35 (39.8%) received government funding, 43 (48.9%) received revenue from goods or services (e.g., paid psychology sessions, workshop fees), and 26 (29.5%) received some other form of revenue (including from investments). Funding information was lacking for a large proportion of services/initiatives that were not registered with the ACNC (see Table 3).

For services/initiatives that were registered with the ACNC (Table 4), the average proportion of total revenue coming from government funding was 34.0% ($SD=0.4\%$, range 0% to 94.9%). The average proportion for donations and bequests was 36.1% ($SD=0.3\%$, range 0.40% to 100%). Revenue from goods and services was on average 18.2% of total revenue ($SD=0.3\%$, range 0% to 97.2%) and other forms of income were 11.7% ($SD=0.2\%$, range 0% to 84.5%).

Service outcomes and evaluations

Twenty of the 88 services included in this review (22.7%) had a published or publicly available evaluation (see Table 5). There was a total of 45 evaluations across the 20 services, 34 of which were peer-reviewed. Fifteen services had at least one evaluation that was published in a peer-reviewed journal. The number of evaluations per service ranged from 1–14 (see Fig. 3).

Of the services that had been evaluated, most had only one evaluation ($n=12$, 60%). The service with the most evaluations (most of which were peer-reviewed) was Mates in Construction (and in Mining/in Energy). Only three services (HeadGear, Man Up and a smartphone intervention delivered as part of Mates in Construction) used a RCT to evaluate the effectiveness of their offerings. All RCTs were published in peer-reviewed journals. Pre-post intervention designs were the most common (used in 20 of the 45 evaluations; 44.4%), followed by mixed methods (used in 11 of the 45 evaluations; 24.4%). The frequency of evidence classifications across the different evaluations are summarised in Table 6.

Of the 20 pre-post evaluations, two were pilot studies (HeadGear [29], and Men in Mind [30]; both peer-reviewed) and one assessed outcomes for the first 100 clients after implementing a new therapy (Open Arms [31]; peer-reviewed). Six of the pre-post evaluations used non-validated measures [32–37], and a further three

Table 3 Funding sources

Name of service/initiative	Registered charity/not-for-profit (as of 14/01/25)	Government funding	Donations and bequests	Revenue from goods and services	Other revenue (including investments)
100Words Mate to Mate	Yes	No	Yes	No	Yes
2 Minute Mates	No	?	?	?	?
A Chance for Change	Yes	No	Yes	No	No
Alive and Kicking Goals	Yes – Men's Outreach Service	Yes	Yes	?	?
Anglicare WA MensTime	No	Yes	?	?	?
Are you bogged mate?	Yes	Yes	Yes	Yes	Yes
Australian Defence Force—All hours support line	No	Yes	?	?	?
Australian Defence Force—Suicide Prevention Program (ADF SPP)	No	Yes	?	?	?
Beyond Blue—Dadvice	Yes – Beyond Blue	?	Yes*	?	?
Beyond Blue—Men Resource Page	Yes – Beyond Blue	Yes	Yes	No	Yes
Beyond the Barbell—Move for Men's Health	Revoked	?	Yes	?	?
Black Dog Institute—Bush Fire Support Service	Yes – Black Dog Institute	Yes	?	?	?
Black Dog Institute—HeadGear	Yes – Black Dog Institute	Yes	?	?	?
Blokes Day Out	No	?	Yes	Yes	?
Blokes in Mind	No	?	?	Yes	?
Blokes Psychology	No	?	?	Yes	?
BLU Health	No	?	?	Yes	?
Bolton Brothers	No	?	?	Yes	?
Boys Do Cry	No	Yes	?	?	?
Build a Brotherhood	No	?	Yes	Yes	Yes
Centre for Men Australia	Yes	Yes	Yes	Yes	?
Circle of Men (QLD)	Yes	No	Yes	Yes	No
Coach the Coach	No	?	Yes*	?	?
EveryMan Australia	Yes	Yes	Yes	Yes	Yes
For Men	No	?	?	?	?
Gidget Foundation Australia—Support for Dads	Yes	Yes	Yes	Yes	Yes
Grab Life By the Balls	Yes	No	Yes	No	No
Healthy heads in trucks and sheds	Yes	Yes	Yes	Yes	Yes
Hope Assistance Local Tradies (HALT)	Yes	Yes	Yes	Yes	No
Ifarmwell	No	Yes	Yes	?	?
Incolink—Bluehats Program (VIC)	Revoked	?	?	Yes	Yes
Incolink—Life Care Skills Programme	Revoked	?	?	?	?
LGBTI Health/wingman	Yes – Beyond Blue	?	?	?	?
Lost Motos	Revoked	?	?	Yes	?
Male Suicide Prevention Australia	No	?	?	?	?
Man Up	No	?	Yes*	?	?
Man Up Tasmania	No	?	?	?	?
Mantle	No	?	?	Yes	?
MATES (In Construction, In Mining, In Energy)	Yes	Yes	Yes	Yes	?
Mates4Mates	Yes	Yes	Yes	Yes	Yes
Med for Men	No	?	?	Yes	?
Men's Information and Support Association (MISA)	Yes	Yes	Yes	Yes	Yes
Men's Resource Centre	Yes	No	Yes	Yes	No
Men's Resources Tasmania	Yes	No	Yes	Yes	Yes
MensTalk	Yes	No	Yes	No	Yes
MensLine	Yes – Lifeline	Yes	Yes	Yes	Yes

Table 3 (continued)

Name of service/initiative	Registered charity/not-for-profit (as of 14/01/25)	Government funding	Donations and bequests	Revenue from goods and services	Other revenue (including investments)
Menslink	No	Yes	Yes	?	?
Mentoring Men	Yes	Yes	Yes	No	Yes
MENtors for Men	No	?	?	?	?
Might and Mane NSW	Yes	No	Yes	Yes	No
MindMax	No	No	Yes*	No	No
Mineset	No	?	Yes	Yes	?
Mongrels Men	Yes	No	Yes	Yes	Yes
Mosh	Revoked	?	?	Yes	?
Movember—Men in Mind	Yes – Movember	Yes	Yes	?	?
Movember—Movember Conversations	Yes – Movember	No	Yes	Yes	Yes
Movember—WOW Sand n Surf	Yes – Movember	No	Yes	Yes	Yes
Open Arms	Revoked	Yes	?	?	?
OZHelp (and Health in Gear)	No	Yes	Yes	?	?
PANDA	Yes	Yes	Yes	Yes	Yes
Prevention is the Only Cure: Raising Awareness to Prevent Suicide in Older Men	No	Yes	?	?	?
Real Mates Talk	No	?	Yes	?	?
Right Mate	No	?	Yes	?	?
SMS4dads	No	Yes	Yes	?	?
Soldier On	Yes	Yes	Yes	Yes	Yes
Soldiers & Sirens	Yes	No	Yes	Yes	No
Speak up mate	Yes	Yes	Yes	No	No
Stay Afloat	Yes	Yes	?	?	?
The Banksia Project	Revoked	?	Yes	?	?
The Barstool Brothers	Yes – Raising the Bar Foundation	Yes	Yes	Yes	Yes
The Barter Barber	No	No	Yes	Yes	No
The Fly Program	Yes	Yes	Yes	No	No
The Healthy Tradie Project	No	?	?	?	?
The Male Hug	Yes	No	Yes	No	Yes
The Mens Table	Yes	Yes	Yes	Yes	Yes
The Modern Bloke	No	?	?	Yes	?
The Regional Men's Health Initiative	Yes	Yes	Yes	Yes	Yes
The Ripple Effect	No	?	Yes*	?	?
This is a Conversation Starter (TIACS)	Yes	No	Yes	No	Yes
TOMNET	Yes	Yes	Yes	Yes	Yes
Tomorrow Man	No	?	?	Yes	?
Tools for Depression	No	?	?	Yes	?
Top Blokes Foundation	Yes	Yes	Yes	Yes	Yes
Trojan's Trek peer outdoor support therapy (POST) program	Yes	Yes	Yes	Yes	No
Victorian Brotherhood	Yes	?	?	?	?
We are Men	No	?	?	?	?
When No-One's Watching (WNOW)	No	?	?	Yes	?
You Got This Mate (Rural Adversity Mental Health Program)	No	?	?	?	?

* Acknowledged receiving funding or donations from Movember and/or Beyond Blue

? Could not be determined

used a mix of validated and non-validated measures [38–40] (all of which were peer-reviewed). Of the 11 mixed methods evaluations (of which six were peer-reviewed),

five used non-validated quantitative measures [41–45] and one used a mix of validated and non-validated measures [46]. Qualitative data were obtained through a range

Table 4 Proportion of total funding per source registered with the Australian Charities and Not-for-profits Commission (ACNC)

Name of Service/Initiative	Registered charity/ not-for-profit (as of 14/01/25)	Government funding	Donations and Bequests	Revenue from Goods and Services	Other Revenue (including investments)
100Words Mate to Mate	Yes	0%	79.7%	0%	20.3%
A Chance for Change	Yes	0%	100%	0%	0%
Alive and Kicking Goals	Yes	78.1%	0.4%	0.7%	20.8%
Are you bogged mate?	Yes	7.1%	30.5%	56.9%	5.5%
BeyondBlue ^c	Yes	76.9%	16.9%	0%	6.2%
Black Dog Institute ^c	Yes	28.0%	39.0%	13.1%	20.0%
Centre for Men Australia	Yes	11.2%	65.2%	21.0%	2.6%
Circle of Men (QLD)	Yes	0%	2.8%	97.2%	0%
EveryMan Australia	Yes	60.1%	0.5%	37.8%	1.6%
Gidget Foundation Australia—Support for Dads	Yes	75.3%	14.4%	1.2%	9.1%
Grab Life By the Balls	Yes	0%	100%	0%	0%
Healthy heads in trucks and sheds	Yes	8.9%	5.5%	85.6%	0%
Hope Assistance Local Tradies (HALT)	Yes	68.4%	10.4%	21.2%	0%
MATES (In Construction, In Mining, In Energy)	Yes	71.0%	3.0%	23.1%	2.9%
Mates4Mates	Yes	8.4%	3.1%	4.0%	84.5%
Men's Information and Support Association (MISA)	Yes	82.3%	0.6%	16.8%	0.3%
Men's Resource Centre	Yes	49.2%	31.4%	19.4%	0%
Men's Resources Tasmania	Yes	0%	10.8%	70.1%	19.1%
Mens Talk	Yes	0%	25.9%	0%	74.1%
MensLine ^b	Yes	73.5%	23.1%	1.2%	2.2%
Mentoring Men	Yes	46.5%	52.6%	0%	0.9%
Might and Mane NSW	Yes	0%	96.2%	3.9%	0%
Mongrels Men	Yes	0%	88.1%	9.0%	3.0%
Movember ^a	Yes	0%	1.3%	84.8%	13.8%
PANDA	Yes	84.0%	11.5%	1.7%	2.8%
Soldier On	Yes	21.5%	48.7%	19.6%	10.2%
Soldiers & Sirens	Yes	0%	65.0%	35.0%	0%
Speak up mate	Yes	71.2%	28.8%	0%	0%
Stay Afloat	Yes ^a	N/A	N/A	N/A	N/A
The Barstool Brothers	Yes	29.0%	46.9%	14.8%	9.3%
The Fly Program	Yes	14.1%	85.9%	0%	0%
The Male Hug	Yes	0%	19.7%	0%	80.3%
The Mens Table	Yes	94.9%	2.7%	2.0%	0.4%
The Regional Men's Health Initiative	Yes	89.7%	8.1%	0.8%	1.4%
This is a Conversation Starter (TIACS)	Yes	0%	97.7%	0%	2.2%
TOMNET	Yes	91.7%	0.4%	1.6%	6.4%
Top Blokes Foundation	Yes	12.4%	28.6%	30.3%	28.7%
Trojan's Trek peer outdoor support therapy (POST) program	Yes	4.0%	91.2%	0.1%	4.7%
Victorian Brotherhood	Yes ^a	N/A	N/A	N/A	N/A

^a No financial report submitted yet or financial report pending^b Delivered by Lifeline Australia. Data was extracted about Lifeline Australia from the ACNC website^c Multiple services/initiatives associated with this organisation

of methods including interviews and focus groups [45], emails from study participants [47], and diary entries [48]. The findings of the quantitative and qualitative

components in mixed methods evaluations did not always converge, e.g., Ripple Effect participants reported subjective improvements, but this was not reflected in

Table 5 Summary of evaluations

Name of Service/ Initiative	Description of service/ initiative	Key evaluation	Description of key evaluation	Outcomes assessed in key evaluation	Key evaluation findings	Evidence classification	Peer reviewed?	Total no. of evaluations	Total no. peer reviewed	Additional evaluations
Black Dog Institute—HeadGear	30-day behavioural activation and mindfulness intervention delivered via smartphone app. Daily 5–10 min activities that aim to improve resilience and wellbeing, and prevent anxiety and depression	Deady et al. (2022) [59]	HeadGear (n = 1128) compared with an attention-control app (n = 1143) in male dominated industries. Outcomes measured at baseline, post-intervention, 3- and 12-month follow-up	Primary outcome: depressive symptoms (PHQ-9); Secondary outcomes: anxiety (GAD-2), resilience (CD-RISC10), well-being (WHO-5), and work performance (HPQ)	Compared to controls, HeadGear users had a greater reduction in depressive symptoms, which was maintained at 3-month but not 12-month follow-up, and lower odds of depression caseness. No significant change in anxiety symptoms. Significant difference in well-being mean change at post-intervention and 12-month follow-up, but not 3-month follow-up. For resilience, there was a significant difference in mean change at 3-month follow-up	B1	Yes	2	2	Deady et al. (2018) – feasibility, acceptability, and initial effectiveness of the HeadGear app (C1) [29]
Coach the Coach	Initiative to provide coaches at Australian rural football clubs with Mental Health First Aid (MHFA) training so they can respond to mental health concerns and provide support to their football club players	Anderson and Pierce (2012) [41]	162 individuals participated in the training. Pre- (n = 150) and post-training (n = 39) self-report questionnaire for coaches. Focus groups with coaches (n = 26)	Ability to identify symptoms of depression and schizophrenia in clinical vignettes, knowledge of treatment options, and attitudes/confidence in responding to mental ill-health, stigma towards those experiencing mental ill-health. Qualitative responses about experience of training	Trained coaches were better able to recognise symptoms of depression and schizophrenia in vignettes and had improved knowledge of treatment options and felt more confident in their ability to help someone experiencing mental ill-health. Coaches did not report an increase in using their new skills to help others. There was limited evidence of the transfer of training benefit to others	M1	Yes	2	2	Pierce et al. (2010) – mixed methods study assessing an earlier phase of the project (M1) [81]
Hope Assistance Local Trades (HALT)	Hold events (SafeTALK and 'Save Your Bacon/Brekkies') for tradespeople and apprentices. These events aim to improve knowledge of mental health, suicide prevention, and resources and support services	Davis and Royals (2020) [50]	Tradespeople were given a feedback form to complete at the end of the HALT event or presentation (n = 1432). Co-hosts and event partners also completed a feedback form (n = 38)	Perceived helpfulness of the program, knowledge of treatment options, and attitudes/confidence in responding to mental ill-health	Most participants reported the HALT event/presentation was useful, felt more aware of the impact of stressors on mental health/wellbeing, more confident they would recognise someone struggling, and would know who to contact. Most co-hosts/event partners were satisfied with HALT event and 64% believed their workers would use the referred services	D2	No	1	0	N/A

Table 5 (continued)

Name of Service/ Initiative	Description of service/ initiative	Key evaluation	Description of key evaluation	Outcomes assessed in key evaluation	Key evaluation findings	Evidence classification	Peer reviewed?	Total no. of evaluations	Total no. peer reviewed	Additional evaluations
farmwell	An online program, co-designed with Australian farmers, with the aim of improving coping strategies and the wellbeing of farmers	Gunn et al. (2022) [54]	Farmers completed measures at baseline (n = 228), post-intervention (n = 77), and 6 months follow-up (n = 61)	Primary outcomes: distress (K-10) and mental wellbeing (MHC-SF); Potential mechanisms: psychological inflexibility/experiential avoidance (AAQ-II), cognitive fusion (CFO), believability of automatic thoughts (ATO-B), mindfulness (FMQ-SF), coping via acceptance (COPE)	Following the intervention, participants had reduced distress and increased mental wellbeing. These effects were maintained at 6 months follow-up. Changes in psychological inflexibility, cognitive fusion, the believability of automatic thoughts, mindfulness and coping via acceptance appeared to be important mechanisms underlying these improvements	C1	Yes	1	1	N/A
Incolink—Life Care Skills	Information sessions for apprentices and young workers in the building and construction industry. Aims to improve knowledge and understanding of suicide risk and prevention, and awareness of available services	Broadbent and Papadopoulos (2014) [46]	Apprentices completed a survey (n = 119) six months after taking part in the program. Semi-structured interviews (n = 18) with apprentices who had participated in the past two years	General self-efficacy, risk and protective factors, awareness of depression, bespoke questions about the program (e.g., awareness of Incolink support services, whether the workshop encouraged help-seeking). Qualitative themes emerging from interviews	Most apprentices thought the program improved their understanding of suicide risk factors and how to help others. 13 participants reported feeling encouraged to seek help, and 17 indicated they had sought help at some point following the workshop (six of these specifically sought help through Incolink). Most (~ 80%) were satisfied with the Incolink support they received	M1	Yes	1	1	N/A
Man Up	Documentary focusing on masculinity, mental health, and wellbeing to encourage help-seeking for suicidality/mental health. Accompanied by a social media campaign	King et al. (2017) [53]	Participants watched Man Up (n = 169) or a control documentary (n = 168). Questionnaires completed at baseline, post viewing, and 4-week follow-up	Primary outcome: likelihood of seeking help (GHQ-Self); Secondary outcomes: Likelihood of recommending a male or female friend to seek help (GHQ-SQ-modified for male and female friends), conformity to masculine norms (CMNI-22), experience of masculinity (GRCS-SF), social support (MOS 100), psychological distress (K10), wellbeing (PWI-A), resilience (CD-RISC-10), suicidality (ASIQ). Bespoke measures investigating content knowledge, and impressions and impact of the documentary	After watching Man Up, participants were more likely to report that they would seek help for emotional/personal difficulties and recommend friends seek help. They also reported less conformity to masculine norms following the intervention. Participants who watched the control documentary showed no significant changes in these areas	B1	Yes	5	5	K. King et al. (2018) – qualitative feedback about the impact of the documentary (Q1) [82] K. King, M. Schlichthorst, L. Keogh, et al. (2019) – analysed qualitative responses collected during other phases of the evaluation (Q1) [83] K. King, M. Schlichthorst, J. Turnure, et al. (2019) – examined whether the website facilitated help-seeking. Also included qualitative analysis of emails and survey responses (M1) [47] Schlichthorst et al. (2018) – a repeated cross-sectional survey examining whether Man Up increased awareness and help-seeking intentions (C1) [33]

Table 5 (continued)

Name of Service/ Initiative	Description of service/ initiative	Key evaluation	Description of key evaluation	Outcomes assessed in key evaluation	Key evaluation findings	Evidence classification	Peer reviewed?	Total no. of evaluations	Total no. peer reviewed	Additional evaluations
Mates in Construction (in Mining/ in Energy)	A workplace-focused service that provides support and suicide prevention training for workers in the construction, mining and energy industries. Mates offer General Awareness Training (GAT), Connector Training, and ASIST	Gullestrup et al. (2011) [51]	Separately evaluated GAT and Connector Training. GAT participants were given a pre- and post- training questionnaire (n = 7311); the control group (n = 355) completed all questionnaire items pre-training. Connector participants completed feedback forms following the training (n = 696)	Social validity and acceptability (operationalised as rate of participation in MIC by construction sites). For the GAT, a questionnaire assessed awareness and beliefs about suicide and suicide prevention. Connector training: how prepared they felt to provide support, perceived helpfulness of the training etc	Participation rate suggested the program is acceptable (64% of invited sites agreed to participate in the program). GAT participants showed improvements in suicide prevention awareness. Connector training participants perceived the gatekeeper training to be helpful and reported feeling better prepared to speak with someone experiencing suicidal ideation	B2	Yes	14	10	Banks (2013) – survey assessing perceived usefulness of ASIST training and number of instances of using their skills (D2) [84] Doran et al. (2016) – economic evaluation estimating the impact of Mates in Construction (C1) [71] Doran et al. (2021) – evaluated Mates in Construction case management (D2) [85] Ferguson et al. (2017) – surveys and semi-structured interviews with GAT and Connector participants (M1) [42] Footprints Market Research (2012) – survey and focus group about awareness of the program and perceived value (M1) [43] T. L. King et al. (2018) – pre-post evaluation assessing the effectiveness of GAT in changing awareness and beliefs about suicide and suicide prevention (C1) [35] T. L. King et al. (2019) – evaluated effectiveness of GAT in changing awareness and beliefs about suicide and suicide prevention for different age groups (C1) [34] King et al. (2023) – evaluate a smartphone intervention to assess its effectiveness in complementing in-person training (B1) [60] Ross and Caton (2018) – focus groups, interviews, and surveys to assess help-seeking and suicide prevention knowledge (M1) [45] Ross, Caton, Gullestrup, et al. (2020) – longitudinal study comparing a condensed awareness training to the GAT (C1) [36] Ross, Caton, Mathieu, et al. (2020) – evaluation of the GAT for the energy industry (C1) [37] Sayers et al. (2019) – evaluated the impact of the Mates in Mining program on mental health literacy and help-seeking behaviour (C1) [70] Tynan et al. (2018) – examined the effectiveness of the MATES in Mining program using pre- and post- surveys (C1) [40]

Table 5 (continued)

Name of Service/ Initiative	Description of service/ initiative	Key evaluation	Description of key evaluation	Outcomes assessed in key evaluation	Key evaluation findings	Evidence classification	Peer reviewed?	Total no. of evaluations	Total no. peer reviewed	Additional evaluations
Mates4Mates	Mates4Mates equine-assisted therapy program is a 5-day live-in program for veterans. The program is run individually and in a couples format to include the partners of the veterans	Romanluk et al. (2018) [55]	47 participants (25 in the individual and 22 in the couples program). Assessments were taken at pre-intervention (n = 47), post-intervention (n = 47), and 3-month follow-up (n = 28)	PTSD symptoms (PCL-5); depression, anxiety and stress (DASS-21); perceived happiness (OHQ); quality of life, enjoyment and satisfaction (Q-LES-Q-SF)	Individual program: symptoms of PTSD, depression, anxiety, and stress significantly reduced and happiness and quality of life significantly increased at post-intervention, but returned to baseline levels at follow-up. Couples program: symptoms of PTSD, depression, and stress significantly reduced, and was maintained at follow-up. Anxiety symptoms were significantly lower at follow-up compared to pre-intervention. Happiness and quality of life were significantly higher at post-intervention compared to pre-intervention but returned to baseline levels at follow-up	C1	Yes	1	1	N/A
Menslink ₂	Menslink provides support services to young men living in the Australian Capital Territory, including counselling and mentoring	Neill (2018) [58]	Semi-structured interviews were conducted with past Menslink clients or their carers (counselling program n = 28, 11 young men and 17 carers; mentoring program n = 14, 1 young man and 13 carers)	Interview questions asked how clients engaged with the service, their experience, and the impact of the program. Retrospective ratings of life and relationship satisfaction, whether they found the program to be worthwhile, and whether they would recommend the program	Motivation for engaging with the program was commonly to find a positive male role model. Interviewees reported experiencing positive rapport with male counsellors, but some felt their personalities were not well matched with mentors. Interviewees perceived life and relationship satisfaction to have improved after being involved in the program, most thought the program was worthwhile, and would recommend the program	Q1	No	1	0	N/A
Mentoring Men	Mentoring Men provides one-on-one mentoring for men. Mentees are matched with mentors based on characteristics and preferences assessed via a survey	George et al. (2022) [86]	12 semi-structured interviews and 2 focus groups (n = 9 and n = 3 per group) were conducted. Participants were mentees (n = 14), mentees (n = 6), program coordinators (n = 4) and one community stakeholder	Program participants were asked about what they enjoyed about the program, their perceptions of program content and delivery, what could be improved, the impact of the program, and their willingness to seek support	Mentors reported mentoring gave them a sense of purpose and they felt the training improved their communication skills. Mentees reported useful emotional, social, and practical support	Q1 ₃	No	1	0	N/A

Table 5 (continued)

Name of Service/ Initiative	Description of service/ initiative	Key evaluation	Description of key evaluation	Outcomes assessed in key evaluation	Key evaluation findings	Evidence classification	Peer reviewed?	Total no. of evaluations	Total no. peer reviewed	Additional evaluations
MindMax	MindMax is an AFL-themed mobile app aimed at young men to encourage help-seeking for mental health through psychoeducation modules, an online social community, and applied games	Cheng et al. (2020) [52]	Measures taken at baseline/Day 1 (n = 554), Day 30 (n = 290), and Day 60 (n = 239), + 55.6% of those who completed a follow-up survey (Days 30 or 60) were female	Mental wellbeing (WEMWBS); psychological flourishing (Flourishing scale); resilience (CD-RISC-10); help-seeking intentions (GHSC); sense of connection to the MindMax community (Assessment of Self-Group Overlap)	'Impersonal' (e.g., GP, online sources) help-seeking intentions increased from Day 1 to 30, and from Day 1 to 60. Psychological flourishing increased from Day 1 to 60. Sense of connection to the MindMax community also increased from Day 1 to 60	C1	Yes	1	1	N/A
Movember – Men in Mind	Men in Mind is an online training course for health practitioners to help them better engage men in therapy, and respond to men's distress and suicidality	Seidler et al. (2022) [30]	Pilot evaluation of the Men in Mind training with 196 Australian practitioners. Measures were taken pre- and post-training	Bespoke measure of self-reported competency in engaging male clients in therapy (Engaging Men in Therapy Scale; EMITS)	A statistically significant difference between pre- and post-training EMITS scores with a large effect size was found. Female practitioners scored significantly lower at pre-training compared to male practitioners. However, no gender difference was observed at post-training. The majority (89.9%, n = 142) showed significant improvement in EMITS from pre- to post-training	C1	Yes	1	1	N/A
Open Arms (previously known as the Veterans and Families Counselling Service)	Provide a range of support services to current or ex-serving ADF personnel and their loved ones, including counselling and a peer support program	O'Donnell et al. (2013) [56]	Participants with moderate-to-severe symptoms of depression, anxiety, or alcohol misuse who attended at least five sessions of counselling (n = 312; 170 males and 142 females). Participants were assessed at intake, after the fifth session, and at 12-month follow-up	Depression, anxiety and stress (DASS-21); alcohol use (AUDIT)	60% of clients responded to treatment, and females responded better to treatment relative to males. Depression severity reduced significantly between intake and the fifth session, but some treatment gains were lost by follow-up. Anxiety severity, stress severity, and alcohol use reduced from intake to the fifth session, and improvements were maintained at follow-up. Moderate-to-large clinical effects for depression and stress, a moderate clinical effect for anxiety, but the improvements for alcohol use were not clinically significant	C1	Yes	2	2	Lloyd et al. (2015) – evaluating the implementation of cognitive processing therapy as part of their service (C1) [31]

Table 5 (continued)

Name of Service/ Initiative	Description of service/ initiative	Key evaluation	Description of key evaluation	Outcomes assessed in key evaluation	Key evaluation findings	Evidence classification	Peer reviewed?	Total no. of evaluations	Total no. peer reviewed	Additional evaluations
OzHelp	Provide support to workers in the building and construction industry, and the transport and logistics industry (under OzHelp's Health in Gear program). Includes individual counselling, as well as 'Tune Ups'—a mobile physical and mental health check-up service	Argyle Research (2010) [87]	593 workers took part in a 'Tune Up' between October 2008—January 2010. 3-months after the Tune Up, participants were contacted via phone and asked to complete a questionnaire (n = 253)	Participants were asked (yes/no) whether they engaged in a range of behaviours relating to their physical and/or mental health following the Tune Up, including: whether they learned anything about their health; whether participants saw a GP since their Tune Up; whether they spoke to a friend/ counsellor	170 reported learning something about their health, 105 visited a GP since their Tune Up, and 4 had spoken to a friend or counsellor	C2	No	1	0	N/A
Prevention Is the Only Cure: Raising Awareness to Prevent Suicide in Older Men	A 45 to 90-min presentation to raise awareness of suicide and depression risk in older men, how to recognise warning signs in others, and strategies for responding to someone who may be at risk	Bartlett et al. (2008) [32]	Training attendees (n = 3,016) were invited to take part. 2,005 (597 males, 30% completed pre-intervention survey, 2,122 (632 males, 30% completed post-intervention survey, 90 completed 6-month follow-up (34 males, 38%)	Self-reported level of knowledge about suicide statistics, risk factors for suicide in older men, and how to respond to someone experiencing suicidal thoughts/intentions were taken at baseline. Participants were asked at post if the presentation improved their understanding of these areas	The majority of male participants reported the session enhanced their understanding of the magnitude of suicide (90%), risk factors for suicide (91%), and how to respond to those who may be suicidal (84%). At 6-months follow-up, two-thirds of participants could identify two or more risk factors for suicide in older men	C1	Yes	1	1	N/A
SMS4dads ₃	Provide support, tips, and resources via SMS to new and expecting fathers	Fletcher et al. (2017) [38]	520 fathers were enrolled in the study and completed the K6 at registration. Fathers reported their mood over time (n = 240). 101 fathers completed a brief survey at post, of which 90 completed the K6 again	Psychological distress (K6). Mood tracker (e.g., Awesome, Shaky, Bad). Perceived helpfulness of the program	The probability of reporting worse moods reduced over time during the intervention. There was no significant change in psychological distress from baseline to post. At post, the majority of fathers reported that SMS4dads helped them feel less isolated	C1	Yes	2	2	Fletcher et al. (2019) – semi-structured interviews were used to identify mechanisms for program outcomes (Q1) Fletcher, Knight [88]

Table 5 (continued)

Name of Service/ Initiative	Description of service/ initiative	Key evaluation	Description of key evaluation	Outcomes assessed in key evaluation	Key evaluation findings	Evidence classification	Peer reviewed?	Total no. of evaluations	Total no. peer reviewed	Additional evaluations
The Men's Table	Host monthly peer support group meetings for men with the aim of fostering social interaction and mutual self-disclosure	Pointon et al. (2020) [44]	Semi-structured focus groups with existing members (n = 19). Cross-sectional survey with a mix of closed and open-ended questions (n = 75)	Focus groups: motivations for ongoing participation, what is working and what can be improved. Survey: benefits derived from the program, what impacts it has on their lives, what factors contribute to the effect of the program	Impacts that they had on their life included improved mental health and awareness of emotions (45%), improved relationship beyond the Table (33%), contribution, community and belonging (13%), safety net for the future (7%)	M1	No	2	0	Pointon et al. (2021) – survey assessing changes in help-seeking after attending a Table (D2) [89]
The Ripple Effect	A suicide prevention digital intervention for rural Australian farming communities. The intervention was designed primarily for men (aged 30–64 years) but does not exclude women from participating	Kennedy et al. (2020) [49]	Quantitative measures assessed at pre- and post-intervention (n = 169). Qualitative responses were collected at four time points during the intervention	Self and perceived suicide stigma (SQSS) and suicide literacy (LOS)—self stigma was only assessed if participants indicated a past suicide attempt or suicidal ideation. 'Digital postcards' which collected qualitative responses about experiences of suicide and how they had been impacted by the program	No significant changes in self or perceived stigma from pre- to post-intervention. Participants' suicide literacy did not significantly change but baseline scores were high compared to community samples. Looking at individual items, literacy about the link between suicide and alcoholism improved. Qualitative responses suggested some participants experienced a reduction in suicide stigma and were more willing to seek help after the intervention	M1	Yes	1	1	N/A
Tools for Depression	An 8-week group program delivered by psychologists for men experiencing depressive symptoms. 90-min weekly sessions consist of psycho-educational information and activities	Norton and Smith (2005) [39]	42 men enrolled in the program. Self-report measures given at pre- and post-intervention. Those who attended all eight sessions also completed a feedback form (n = 31)	Self-reported depression and anxiety (Zung Self-Rating Depression Scale and Zung Self-Rating Anxiety Scale). Post-intervention feedback including perceived helpfulness of the program, as well as what aspects of the program participants found most impactful	Depression and anxiety scores were significantly reduced after completing the program. 97% reported that they agreed or strongly agreed that the program was helpful. Written feedback revealed that the most helpful aspect of the program was contact with and the support of other men who were experiencing similar struggles	C1	Yes	1	1	N/A

Table 5 (continued)

Name of Service/ Initiative	Description of service/ initiative	Key evaluation	Description of key evaluation	Outcomes assessed in key evaluation	Key evaluation findings	Evidence classification	Peer reviewed?	Total no. of evaluations	Total no. peer reviewed	Additional evaluations
Trojan's Trek	A peer-led adventure-based therapy program for military and first responder personnel. Participants are provided structured CBT-based group sessions and nature-based activities across the 6-day live-in program	Theal et al. (2020) [57]	Evaluation data was collected at pre- and post-intervention and 2-month follow-up from six Trojan's Trek programs (n=60, 56.7% male), 9 participants did not complete 2-month follow-up, final sample was n=51	Depression, anxiety, and stress (DASS-21), PTSD symptoms (PCL-5), perceptions of relationships with family, partners, and friends (PNI), general self-efficacy (GSE), life satisfaction (LSQ)	For men, stress and anxiety scores significantly reduced from pre to post, increased at follow-up but were still significantly lower than pre-intervention. For all participants, depression scores reduced from pre to post, increased at follow-up but were still lower than pre-intervention. Fewer participants met criteria for a provisional PTSD diagnosis. Participants reported improvements in their relationships with family and friends from pre- to post-intervention; improvements for friends were maintained at follow-up but not for family/partners. General self-efficacy and life satisfaction both improved from pre- to post-intervention, but only improvements in general self-efficacy were maintained at follow-up	C1	Yes	4	3	Bird (2015) – self-report questionnaires at pre-intervention, post-intervention and 2-month follow-up. Qualitative analysis of diary entries completed during the 6 day camp (M1) [48] Cloete and Chantler (2022) – self-report questionnaires at pre-intervention, post-intervention, 2–3 month follow-up, and 9-month follow-up (C1) [90] Lloyd et al. (2010) – interviews and self-report questionnaires at pre-intervention, post-intervention, and 2-month follow-up (M1) [91]

¹ The researchers conducted a pre and post survey, but they did not link responses, so it is possible that different individuals were assessed at pre and post

² Menslink has an evaluation of their school-based 'Silence is Deadly' program [64], however, it was not included in this review as it is mainly targeted at adolescents aged 18 years and under

³ Used a mixed methods approach, however, due to low response rate for the quantitative component, only the qualitative component was reported

⁴ Measures were taken at five time points, but due to low response rate the paper reports on three time points

⁵ SMS4dads has a number of additional evaluations, however they were not included in this review as the outcomes assessed were not directly related to mental health or suicidality

Evidence classification: Randomised controlled trial (B1); Pseudo-randomised controlled trial (B2); Pre/post intervention (C1); Post-intervention (C2); Representative survey study (D1); Key informant survey (D2); Methodological qualitative study (Q1); Anecdotal qualitative study (Q2); Mixed methods study (M1)

Abbreviations: AAQ-II Acceptance and Action Questionnaire-II, ASIQ Adult Suicide Ideation Questionnaire, ATQ-B Automatic Thoughts Questionnaire-Believability, AUDIT Alcohol Use Disorders Identification Test, CD-RISC10 Connor-Davidson Resilience Scale-10, CFQ Cognitive Fusion Questionnaire, CMNI-22 Conformity to Masculine Norms Index-22, COPE Coping Orientation to Problems Experienced, DASS-21 Depression Anxiety Stress Scale-21, FFMQ-SF Five Facet Mindfulness Questionnaire-Short Form, GAD-7 Generalized Anxiety Disorder scale-7, GHQ General Health Seeking Questionnaire, GRCS-SF Gender Role Conflict Scale Short Form, GSE General Self-Efficacy Scale, HPQ Health and Work Performance Questionnaire, K6 Kessler-6, K-10 Kessler Psychological Distress Scale, LOSS Literacy of Suicide Scale, LSQ Life Satisfaction Questionnaire, MHC-SF Mental Health Continuum – Short Form, MOS100 MOS Social Support Survey-100, OHQ Oxford Happiness Questionnaire, PCL-5 Posttraumatic Stress Disorder Checklist for DSM-5, PHQ-9 Patient Health Questionnaire-9, PNI Positive and Negative Interactions Scale, PWI-A Personal Well-Being Index-Adult, Q-LES-Q-SF Quality of Life, Enjoyment and Satisfaction Questionnaire–Short Form, SOSS Stigma of Suicide Scale, WEMWBS Warwick-Edinburgh Mental Wellbeing Scale, WHO-5 WHO Wellbeing Index

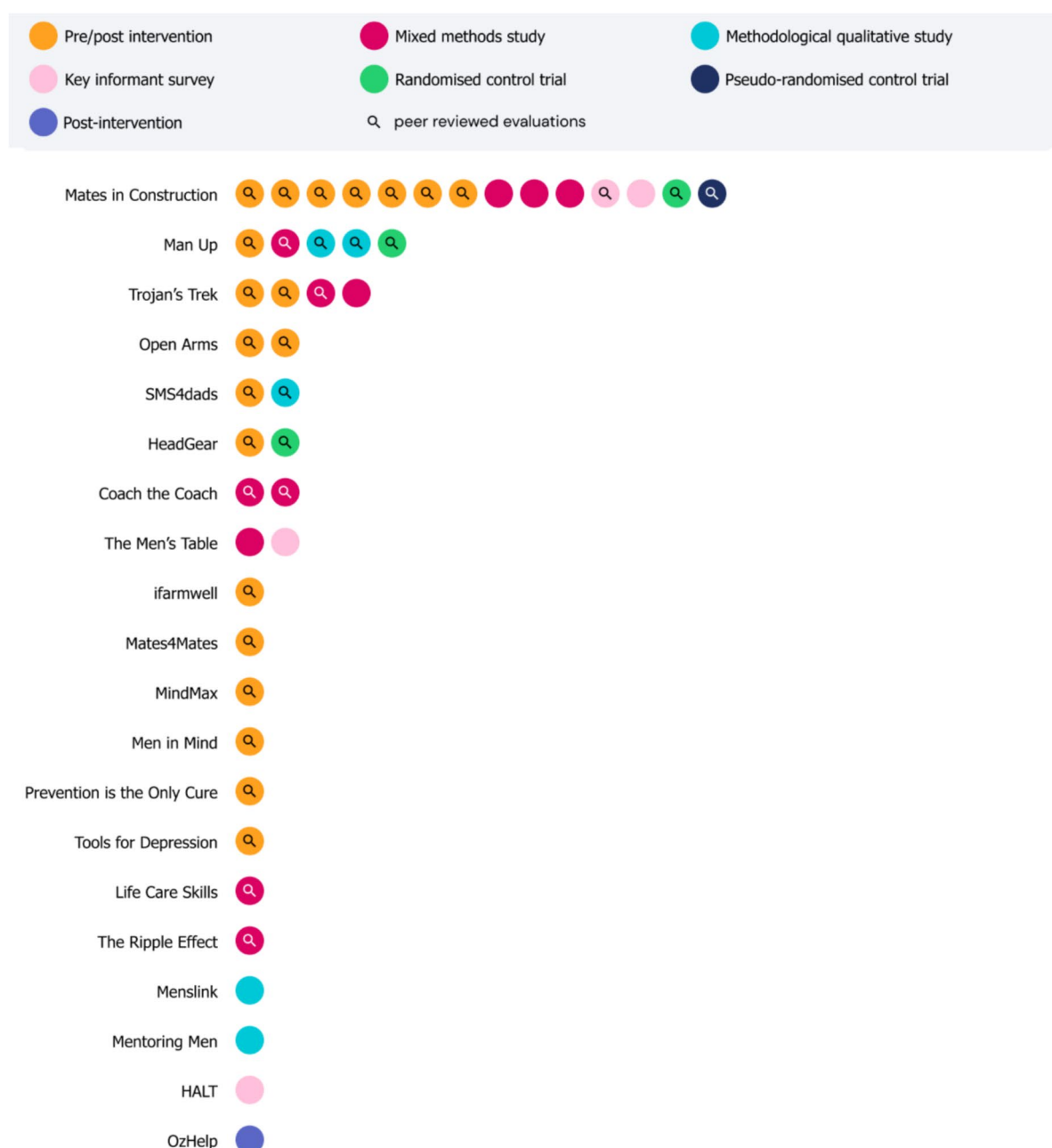


Fig. 3 Summary of evidence classifications for evaluated services and initiatives

changes to suicide stigma and literacy scores measured through validated scales [49]. For both the pre-post and mixed method evaluations, non-validated measures were commonly used for assessing awareness and beliefs about suicide, and the perceived usefulness of the program about the program (e.g., questions about whether users would recommend the program, whether they found it helpful).

The key findings of included evaluations are summarised in Table 5. Evaluations of awareness-based and gatekeeper training services tended to find an improvement in awareness of signs of mental ill health and suicidality, and improved awareness of how to seek help (e.g., Prevention is the Only Cure [32], HALT [50], Incolink [46], Mates in Construction [51], Coach the Coach [41], MindMax [52]). However, few evaluations assessed actual help-seeking or use of skills to help others. One

Table 6 Frequency and percentage of evidence classifications

Evidence classification	Frequency (%)
Randomised controlled trial (B1)	3 (6.7%)
Pseudo-randomised controlled trial (B2)	1 (2.2%)
Pre/post intervention (C1)	20 (44.4%)
Post-intervention (C2)	1 (2.2%)
Representative survey study (D1)	0 (0%)
Key informant survey (D2)	4 (8.9%)
Methodological qualitative study (Q1)	5 (11.1%)
Anecdotal qualitative study (Q2)	0 (0%)
Mixed methods study (M1)	11 (24.4%)

evaluation of a gatekeeper training service (which was peer-reviewed) reported that there was no change in the use of skills to help others and no evidence of transfer of training benefit to others (Coach the Coach [41]). Only one awareness-based initiative was evaluated in a peer-reviewed RCT (Man Up [53]), which found that the intervention was effective in improving help-seeking attitudes. However, the effect was small (SMD of 0.13) and the authors did not examine any behavioural outcomes such as actual help-seeking. A separate peer-reviewed evaluation of a website accompanying the Man Up campaign measured help-seeking behaviour operationalised as clicks on links to support organisations and number of downloads of health information [47]. However, the authors did not include a control group or establish a baseline.

Key evaluations of services offering a clinical/therapeutic or peer support component (of which 7 out of 12 were peer-reviewed) mostly revealed improvements in mental health outcomes such as depression, anxiety, distress, wellbeing and life satisfaction (e.g., ifarmwell [54], Mates4Mates [55], Open Arms [56], Tools for Depression [39], Trojan's Trek [57], Menslink [58], The Men's Table [44]). However, improvements were often not sustained at long-term follow-up. Moreover, not all evaluations utilised validated questionnaires. Two smartphone apps were evaluated in peer-reviewed RCTs (HeadGear and the 'MATESmobile' smartphone app delivered as part of Mates in Construction). The evaluation of HeadGear found that this intervention was effective in reducing depressive symptoms and improving wellbeing and resilience, but not anxiety symptoms [59]. The MATESmobile app increased intentions to seek help from MATES workers to a greater extent than face-to-face training alone, but there were no significant changes in suicide prevention literacy or intentions to seek formal or informal help [60]. The authors noted for both smartphone app evaluations that effect sizes were small (HeadGear: Cohen's

$d=0.15$; MATESmobile: Cohen's $d=-0.14$). One uncontrolled peer-reviewed evaluation of a training course for health practitioners working with male clients demonstrated a significant pre-post treatment improvement in self-reported competency in engaging male clients in therapy, with a large effect size ($\Delta=2.04$) [30].

Notably, no evaluations assessed suicide-specific outcomes (e.g., severity of suicidality, suicide deaths), aside from awareness of suicide risk factors and how to respond to those who may be suicidal.

Discussion

This scoping review characterises the suicide prevention service landscape for men in Australia and summarises service and initiative evaluations. We identified a total of 88 services that were diverse in their aims, how they are delivered, and who they specifically target. However, services and initiatives appeared to be siloed, with considerable overlap in the types of components offered. The most common component offered by services and initiatives was awareness and/or education. Approximately half of the included services were available nationally (largely due to being online or over the phone). However, services still differed in their reach and accessibility, with many services being small in scale and resources. Additionally, only 22.7% of services and initiatives have been formally evaluated and existing evaluations vary in quality.

Contrary to the belief that there is a lack of services that specifically target men, the current review reveals that the service landscape for Australian men is broad. Of the 88 services identified in this review, 78.4% targeted either specific groups of men or men in general (e.g., Blokes Psychology) while the remaining 21.6% of services targeted male-dominated industries (e.g., Mates in Construction). While we have demonstrated that there are many services specifically targeted at men, it is still unknown whether these services do a better job of engaging men, particularly given that not all services have provided data about service uptake and demand. It is also unclear whether these services achieve better outcomes compared to services that are not male-specific, with no identified evaluations having assessed this question. As such, it is important that future evaluations consider gender differences in service outcomes and uptake.

Services offered a range of components, with almost 80% of services offering two or more components. The various offerings of existing services have the potential to address the diverse needs of men. For example, online information and resources may be particularly appealing for some groups of men as they meet needs for self-reliance and anonymity [61]. Other groups of men may highly regard the involvement of peer workers [62].

Although the services varied in their approach, there was still considerable overlap in the types of components they offered, suggesting a lack of cohesion within the service landscape.

The most common component offered by services was awareness, education, and resources. Awareness-based initiatives are likely common because this type of component is less resource intensive [63], but it is essential that these are developed based on an understanding of what processes or ‘active ingredients’ may result in changes to attitudes, intentions, or behaviours [64]. In terms of their effectiveness, past research suggests public awareness campaigns can improve help-seeking behaviour, but there is mixed evidence for reductions in suicidal behaviour [65]. One campaign targeted at men in Québec, Canada increased awareness and visits to suicide prevention websites, but there was no evidence of changes to help-seeking intentions or behaviours, or rates of suicide [66]. Another suicide prevention awareness campaign that targeted men in Nagoya, Japan observed short-term reductions in suicides, but this effect was not maintained long-term [67]. Awareness-based campaigns appear to be more effective when they are delivered as part of a multifaceted suicide prevention strategy than as a standalone initiative [68], particularly for long-term impact [14].

In the current review, services or initiatives with an awareness-based component that had been evaluated were found to be effective in increasing knowledge and awareness of mental health symptoms and how to seek help, but no studies found or assessed changes in actual help-seeking. For example, the Man Up documentary and MindMax Australian Football League (AFL)-themed mental health app both increased help-seeking intentions [52, 53], however, this may not translate to help-seeking behaviours, as was the case in a review of suicide prevention awareness campaigns across other countries [68]. Ultimately, the number of awareness and education-based campaigns within the Australian male suicide prevention landscape appears to be disproportionate to men’s preferences for informal forms of support, such as social groups or community-based support [14], highlighting the need to develop and evaluate services that are codesigned with service users and other stakeholders (e.g., funders, clinicians, researchers).

Despite a broad men’s service landscape in Australia, few services had been formally evaluated. Of the 88 services included in this review, only 20 services had a published or publicly available evaluation, and evaluations varied widely in the outcomes assessed, precluding direct comparisons in the effectiveness of services. The small proportion of evaluated services indicates that the community is being offered services that may not be effective in addressing their needs. Most of the identified

evaluations were pre-post intervention studies, with only three evaluations using an RCT design, the gold standard for effectiveness research [69]. Many of the included services and initiatives likely do not have the resources or capacity to spare for running intensive RCTs, particularly given that several services/initiatives were formed by individuals or small groups within the community who do not have expertise in research or evaluation (although may have lived experience of suicidality and/or mental health difficulties). Additionally, the settings in which these services are delivered make it difficult to design an RCT (e.g., challenging to assign individuals to a placebo or another treatment condition in a non-research setting).

Mates in Construction (and in Energy and Mining), a workplace-based initiative that provides suicide prevention awareness and gatekeeper training, was the most extensively evaluated using a range of methodologies. The evidence suggests their offerings are effective at changing beliefs about suicide and suicide prevention [35], improving mental health literacy and increasing help-seeking behaviours [70]. Further, an economic evaluation of this service suggested their offerings could potentially save an estimated AUD\$3.66 million annually by averting fatalities, full incapacity, and short absences due to suicide and self-harm [71]. Considering the success of workplace-based programs demonstrated in the evaluations identified in the present review [51, 71], and past evidence about the utility of workplace interventions [72], it is recommended that funding bodies continue development of suicide prevention initiatives within workplaces. Workplace-based interventions provide an opportunity to easily access individuals who may not seek help otherwise [73].

Satisfaction and subjective ratings of improvement were frequently used to measure the impact of a program. While these are considered valuable outcomes, it is recommended that they are assessed in a rigorous way [74]. The rigour of measuring these outcomes varied across the evaluations. For example, in the evaluation of Menslink [58], participants were asked to provide estimated scores for their life and relationship satisfaction ‘pre’ and ‘post’ intervention retrospectively when providing their ‘follow-up’ score during an interview, thus making them prone to recall bias. Some evaluations used broad questions or statements to assess satisfaction (e.g., “Overall the program was helpful” [39]), while others assessed whether the program improved more specific outcomes (e.g., “Presentation increased knowledge of how to respond to a suicidal person” [32]). Tools such as the Multi-Dimensional Treatment Satisfaction Measure could be adapted to more thoroughly assess the different components of satisfaction with services; its strength is

Table 7 Summary of policy and service development recommendations

-
- Continue development of services within workplaces
 - Offer infrastructure for grassroots organisations to capture service-use data
 - Consider the broader social determinants of health
 - Ensure that program design and delivery are informed by co-design
 - Do not fund well-established services that do not have an evidence base, and support and favour transparency in the not-for-profit sector
 - Require funded organisations to capture service-use and outcome data and encourage rigorous evaluations to assess the effectiveness of services in achieving intended outcomes
 - Include the use of services as routine questions in Coroner's reports
 - Set up an advisory group within the new Mental Health Commission structures to guide the sector
-

that it assesses multiple aspects of satisfaction relating to the person's experience of the process and outcomes of treatment [75]. A measure such as this would allow services to capture more nuanced information about users' satisfaction with their offerings.

The lack of evaluation also raises questions about how services are funded and whether funding is being directed towards services and initiatives that are effective in improving mental health or suicide prevention outcomes. Services and initiatives were funded by a variety of sources including government funding, donations or bequests, goods and services, and profits from investments. While the ACNC register provides visibility for registered services/initiatives, it was difficult to determine funding arrangements for the remaining 50% of services/initiatives that were not registered. Given that a proportion of services were no longer available between screening and data extraction, this may also indicate difficulties with obtaining or sustaining funding, which has negative implications for service users in terms of continuity of care. Services are likely to face challenges in navigating different funding streams, shifting policies, and mental health priorities [76]. However, there must be accountability and transparency around whether funding is used to support evidence-based services. It is recommended that policymakers and funding bodies do not fund mature or well-established services that do not have an evidence base, support and favour transparency and competency in the not-for-profit sector, and require funded organisations to capture data on service use and outcomes (see Table 7 for a summary of policy and service development recommendations).

The lack of evaluations may also point to a lack of available funding and resources for high-quality evaluations or data collection. As such, it is also recommended that policymakers offer the infrastructure for grassroots organisations to capture data on service use and outcomes. Such funding could also be utilised by local services that have insights into the unique needs of their local communities, to develop and evaluate peer-led interventions and

initiatives. These interventions should be informed by co-design that aims to instil diverse masculinities into program design and delivery. We also encourage that the use of suicide prevention and mental health-related services should be included as routine questions in Coroner's reports as an additional way of evaluating the uptake of suicide prevention services among the population that these services target.

Strengths and limitations

There are several key strengths of the current review. To our knowledge, this was the first scoping review of the men's service landscape for mental health and suicide prevention in Australia, and to the best of our knowledge, the first to be conducted worldwide. We employed a comprehensive search strategy to identify relevant services and initiatives and to identify relevant evaluations, with searches performed of both the peer-reviewed and grey literature. This comprehensive search allowed for a detailed overview of the Australian men's service landscape, including information about service offerings, funding and evidence-base.

There are also a number of limitations of the current review. Some services for men were excluded from this review as they do not explicitly state suicide prevention or improving mental health in their aims, even though they may be seen as part of the men's landscape in Australia by various stakeholders (e.g., Australian Men's Shed Association). Services may avoid using these phrases to reduce stigma associated with service use or to have a broader appeal. Broadening the inclusion criteria to capture such services would have meant including services unrelated to suicide prevention and mental health. The exclusion criterion we used also meant we did not include services that may indirectly target mental health or suicide by focusing on risk factors such as financial difficulties, childhood abuse (e.g., Supporting Male Survivors of Childhood Sexual Abuse) and social isolation (e.g., Average Joes, Blokes Lounge). Nevertheless, these services play an important role in the suicide prevention

landscape, given the role of social determinants of mental health [77], and it is recommended that these services are evaluated in terms of their impact on suicide-related outcomes.

We are aware that additional evaluations have been published since the evaluation search end date (e.g., an RCT for Men in Mind [78]). Additionally, some services have added or removed components, or become inactive entirely. This is a dynamic space, with new services often appearing and existing services disappearing. This review still captures a snapshot of the service landscape and highlights systemic issues that exist within this landscape (i.e., overlap and redundancies between services, and lack of evaluation). Additionally, while we used the NHMRC Evidence Hierarchy to classify evaluations according to their level of evidence, this tool did not allow us to assess quality indicators specific to different study designs. Quality assessment was not performed based on current scoping reviews guidelines [27], although it is likely that evaluations varied within each classification (e.g., pre-post intervention designs may not always use validated questionnaires).

This review characterises the mental health and suicide prevention service landscape in a high-income country, which is likely similar to other high-income countries. For low- and middle-income countries, there may be unique cultural considerations and challenges (e.g., inequity and injustice), and fewer resources and funding [1]. Nevertheless, some of the recommendations we have made will still be valuable (e.g., evidence-based services and initiatives, monitoring and evaluation, and focusing on the social determinants of health [79]) to ensure that resources are not wasted on ineffective approaches in these contexts.

Conclusions

Our review found that there was a plethora of services for Australian men at risk of suicide, with much duplication and overlap. There was a lack of high-quality evaluations, and service use data was not systematically collected. Our previous work suggests that some men seek help from these organisations but not all men do so [80]. The focus should not be developing new services but instead on evaluating and improving the quality and reach of existing services. It is important to reduce redundancies in the components they offer, and ensure that these are in line with men's preferences for support [14]. This will allow for a more cohesive and effective approach to male suicide prevention.

Acknowledgements

The authors would like to thank the group of researchers, lived experience advisors, and clinicians who reviewed the list of services and initiatives and made additional suggestions. We would also like to thank Smriti Ravindra for her assistance with proofreading this manuscript, and Coco Finemore for designing Figs. 2 and 3.

Authors' contributions

NMR, ST, HC, and FS conceptualised the review. NMR and ST conducted the hand search of key Australian websites and directories, and the systematic search of academic databases for services and initiatives, and screened titles, abstracts, full texts, and service/initiative webpages for eligibility for inclusion. NMR and AS extracted data from the identified services and initiatives. AS conducted the evaluation search. AS and HF screened the full texts for eligibility for inclusion, and extracted data from the identified literature. AS, NMR and ST wrote the first draft of the manuscript. AS, NMR, HF, ZES, HC, FS, and ST contributed to the interpretation and subsequent edits of the manuscript. All authors read and approved the final manuscript.

Funding

This research is funded by the Medical Research Future Fund (MRFF), Australia (Grant No. 1200195). The funder had no role in the conceptualization, design, data extraction, analysis, decision to publish, or preparation of the manuscript.

Data availability

All data generated or analysed during this scoping review are included in this published article and its supplementary information files.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

Author details

¹Black Dog Institute, University of New South Wales, Sydney, NSW, Australia. ²Orygen, Melbourne, Australia. ³Centre for Youth Mental Health, The University of Melbourne, Melbourne, Australia. ⁴Movember Institute of Men's Health, Melbourne, Australia.

Received: 21 March 2024 Accepted: 8 April 2025

Published online: 30 April 2025

References

- World Health Organisation. Preventing suicide: a global imperative. 2014. <https://www.who.int/publications/i/item/9789241564779>.
- Seedat S, et al. Cross-national associations between gender and mental disorders in the world health organization world mental health surveys. *Arch Gen Psychiatry*. 2009;66(7):785–95.
- Turecki G, et al. Suicide and suicide risk. *Nat Rev Dis Primers*. 2019;5(1):1–22.
- Australian Bureau of Statistics. Causes of death, Australia. 2021. <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>.
- Husky MM, et al. Factors associated with suicidal ideation disclosure: results from a large population-based study. *J Affect Disord*. 2016;205:36–43.
- Batterham PJ, et al. Factors associated with professional mental health service use among adults with suicidal ideation. *J Affect Disord*. 2022;307:278–85.
- Tang S, et al. People who die by suicide without receiving mental health services: a systematic review. *Front Public Health*. 2022;9:1–12.
- Turning Point. Beyond the emergency: a national study of ambulance responses to men's mental health. 2019. <https://www.beyondblue.org.au/docs/default-source/about-beyond-blue/beyond-the-emergency-report.pdf>.
- Oliiffe JL, et al. Men's depression and suicide. *Curr Psychiatry Rep*. 2019;21:1–6.
- Pirkis J, et al. Masculinity and suicidal thinking. *Soc Psychiatry Psychiatr Epidemiol*. 2017;52(3):319–27.

11. Whitley R. Men's issues and men's mental health: an introductory primer. Switzerland: Springer; 2021.
12. Seidler ZE, et al. Engaging men in psychological treatment: a scoping review. *Am J Mens Health*. 2018;12(6):1882–900.
13. Seidler ZE, et al. Challenges working with men: Australian therapists' perspectives. *J Clin Psychol*. 2021;77(12):2781–97.
14. Struszczyk S, Galdas PM, Tiffin PA. Men and suicide prevention: a scoping review. *J Ment Health*. 2019;28(1):80–8.
15. Kryszinska K, Batterham PJ, Christensen H. Differences in the effectiveness of psychosocial interventions for suicidal ideation and behaviour in women and men: a systematic review of randomised controlled trials. *Arch Suicide Res*. 2017;21(1):12–32.
16. Almaliah-Rauscher S, et al. "Will you treat me? I'm suicidal!" The effect of patient gender, suicidal severity, and therapist characteristics on the therapist's likelihood to treat a hypothetical suicidal patient. *Clin Psychol Psychother*. 2020;27(3):278–87.
17. Hamilton E, Klimes-Dougan B. Gender differences in suicide prevention responses: Implications for adolescents based on an illustrative review of the literature. *Int J Environ Res Public Health*. 2015;12(3):2359–72.
18. Suicide Prevention Australia. Male suicide: prevention principles. 2022. https://www.suicidepreventionaustralia.org/wp-content/uploads/2022/02/SPA_Male-Suicide-Prevention-Report_2022_FINAL.pdf.
19. Poole G., Australian Men's Health Forum. The need for male-friendly approaches to suicide prevention in Australia. 2016. <https://www.mengage.org.au/images/Preventing-Male-Suicide-AMHF-desk-top.pdf>.
20. Suicide Prevention Resource Center. Preventing suicide among men in the middle years: recommendations for suicide prevention programs. 2016. https://novascotia.cmha.ca/wp-content/uploads/2019/11/1_Preventing-Suicide-in-Middle-Years-Men.pdf.
21. Department of Health and Social Care. Suicide prevention in England: 5-year cross-sector strategy. 2023. <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy>.
22. Australian Government Department of Health and Aged Care. The national suicide prevention leadership & support program: project information for primary health networks. 2017. <https://www.health.gov.au/resources/publications/the-national-suicide-prevention-leadership-and-support-program-project-information-for-primary-health-networks>.
23. How results are automatically generated. https://www.google.com/intl/en_au/search/howsearchworks/how-search-works/ranking-results/21. Accessed 20 Jan 2023.
24. Is DuckDuckGo a good search engine? <https://spreadprivacy.com/is-duckduckgo-a-good-search-engine/22>. Accessed 20 Jan 2023.
25. Settings: regions. <https://help.duckduckgo.com/duckduckgo-help-pages/settings/regions/23>. Accessed 20 Jan 2023.
26. Davidson EJ. Evaluation methodology basics: the nuts and bolts of sound evaluation. California: SAGE Publications, Inc.; 2005.
27. Tricco AC, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med*. 2018;169(7):467–73.
28. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project. Suicide prevention in Aboriginal and Torres Strait Islander communities: learnings from a meta-evaluation of community-led Aboriginal and Torres Strait Islander suicide prevention programs. 2016.
29. Deady M, et al. Preliminary effectiveness of a smartphone app to reduce depressive symptoms in the workplace: Feasibility and acceptability study. *JMIR Mhealth Uhealth*. 2018;6(12):e11661.
30. Seidler ZE, et al. Pilot evaluation of the men in mind training program for mental health practitioners. *Psychol Men Masc*. 2022;23(2):257–64.
31. Lloyd D, et al. Preliminary outcomes of implementing cognitive processing therapy for posttraumatic stress disorder across a national veterans' treatment service. *J Clin Psychiatry*. 2015;76(11):e1405–1409.
32. Bartlett H, Travers C, Cartwright C. Evaluation of a project to raise community awareness of suicide risk among older men. *J Ment Health*. 2008;17(4):388–97.
33. Schlichthorst M, et al. Using a television documentary to prevent suicide in men and boys. *Australas Psychiatry*. 2018;26(2):160–5.
34. King TL, et al. Are young men getting the message? Age differences in suicide prevention literacy among male construction workers. *Int J Environ Res Public Health*. 2019;16(3):475.
35. King TL, et al. Shifting beliefs about suicide: pre-post evaluation of the effectiveness of a program for workers in the construction industry. *Int J Environ Res Public Health*. 2018;15(10):2106.
36. Ross V, et al. A longitudinal assessment of two suicide prevention training programs for the construction industry. *Int J Environ Res Public Health*. 2020;17(3):803.
37. Ross V, et al. Evaluation of a suicide prevention program for the energy sector. *Int J Environ Res Public Health*. 2020;17(17):6418.
38. Fletcher R, et al. Supporting men through their transition to fatherhood with messages delivered to their smartphones: a feasibility study of SMS4dads. *BMC Public Health*. 2017;17:953.
39. Norton J, Smith JH. Promoting men's wellbeing: Integrated services for responding to men's depression in community health. *Aust J Prim Health*. 2005;11(1):9–16.
40. Tynan RJ, et al. Feasibility and acceptability of strategies to address mental health and mental ill-health in the Australian coal mining industry. *Int J Ment Health Syst*. 2018;12:66.
41. Anderson RJ, Pierce D. Assumptions associated with mental health literacy training: insights from initiatives in rural Australia. *Adv Ment Health*. 2012;10(3):258–67.
42. Ferguson M, Eaton H, Procter N. The impact of MATES in construction: a mixed-methods study of GAT and connector training in the South Australian construction industry. 2017. <https://mates.org.au/media/documents/2017-07-06-MIC-Report-UOSA.pdf>.
43. Footprints Market Research. MATES in construction program evaluation: report of findings. 2012. <https://mates.org.au/media/documents/2012-MIC-Program-Evaluation.pdf>.
44. Pountain D, Hughes B, Cook L. A model of care. 2020. https://www.mengage.org.au/images/The_Mens_Table_-_Model_of_Care_-_2020.pdf.
45. Ross VL, Caton N. An evaluation of the effectiveness of the mates in construction program: results of a mixed-method, two-phase study. 2018. https://mates.org.au/media/documents/MIC-evaluation-report_AISRAP_23-July-2018-1.pdf.
46. Broadbent R, Papadopoulos T. Improving mental health and wellbeing for young men in the building and construction industry. *J Child Adolesc Ment Health*. 2014;26(3):217–27.
47. King K, et al. Evaluating the effectiveness of a website about masculinity and suicide to prompt help-seeking. *Health Promot J Austr*. 2019;30(3):381–9.
48. Bird K. Research evaluation of an Australian peer outdoor support therapy program for contemporary veterans' wellbeing. *Int J Ment Health*. 2015;44(1–2):46–79.
49. Kennedy AJ, et al. The ripple effect: a digital intervention to reduce suicide stigma among farming men. *BMC Public Health*. 2020;20:813.
50. Davis H, Royals K. HALT program report. 2020. <https://halt.org.au/wp-content/uploads/2021/06/HALT-Program-Report-2020.pdf>.
51. Gullestrup J, Lequertier B, Martin G. MATES in construction: impact of a multimodal, community-based program for suicide prevention in the construction industry. *Int J Environ Res Public Health*. 2011;8(11):4180–96.
52. Cheng VWS, et al. Naturalistic evaluation of a sport-themed mental health and wellbeing app aimed at men (MindMax), that incorporates applied video games and gamification. *Internet Interv*. 2020;20:100306.
53. King KE, et al. Can a documentary increase help-seeking intentions in men? A randomised controlled trial. *J Epidemiol Community Health*. 2017;72(1):92–8.
54. Gunn KM, et al. A self-help online intervention is associated with reduced distress and improved mental wellbeing in Australian farmers: the evaluation and key mechanisms of www.ifarmwell.com.au. *J Agromed*. 2022;28(3):378–92.
55. Romaniuk M, Evans J, Kidd C. Evaluation of an equine-assisted therapy program for veterans who identify as 'wounded, injured or ill' and their partners. *PLoS One*. 2018;13(9):e0203943.
56. O'Donnell M, et al. Effect of center-based counseling for veterans and veterans' families on long-term mental health outcomes. *Mil Med*. 2013;178(12):1328–34.
57. Theal R, Kerin JL, Romaniuk M. Psychosocial outcomes of Australian male and female veterans following participation in peer-led adventure-based therapy. *J Veterans Stud*. 2020;6(2):70–87.
58. Neill JT. Long-term impacts of Menslink counselling and mentoring. 2018. <https://menslink.org.au/wp-content/uploads/2018/10/>

[UC-Report-into-Long-term-Impacts-of-Menslink-Counselling-and-Mentoring-Oct-2018.pdf](#).

59. Deady M, et al. Preventing depression using a smartphone app: a randomized controlled trial. *Psychol Med*. 2022;52(3):457–66.
60. King TL, et al. A blended face-to-face and smartphone intervention to improve suicide prevention literacy and help-seeking intentions among construction workers: a randomised controlled trial. *Soc Psychiatry Psychiatr Epidemiol*. 2023;58(6):871–81.
61. Ellis LA, et al. Young men's attitudes and behaviour in relation to mental health and technology: implications for the development of online mental health services. *BMC Psychiatry*. 2013;13:1–10.
62. Kwon M, Lawn S, Kaine C. Understanding men's engagement and disengagement when seeking support for mental health. *Am J Mens Health*. 2023;17(2):1–15.
63. Shand F, et al. Protocol for a stepped-wedge, cluster randomized controlled trial of the LifeSpan suicide prevention trial in four communities in New South Wales, Australia. *Trials*. 2020;21:21.
64. Sagar-Ouriaghli I, et al. Improving mental health service utilization among men: a systematic review and synthesis of behavior change techniques within interventions targeting help-seeking. *Am J Mens Health*. 2019;13(3):1–18.
65. Zalsman G, et al. Suicide prevention strategies revisited: 10-year systematic review. *Lancet Psychiatry*. 2016;3(7):646–59.
66. Daigle M, et al. Reaching suicidal people with media campaigns: new challenges for a new century. *Crisis*. 2006;27(4):172–80.
67. Matsubayashi T, Ueda M, Sawada Y. The effect of public awareness campaigns on suicides: evidence from Nagoya. *Japan J Affect Disord*. 2014;152–154:526–9.
68. Torok M, et al. A systematic review of mass media campaigns for suicide prevention: understanding their efficacy and the mechanisms needed for successful behavioral and literacy change. *Suicide Life Threat Behav*. 2017;47(6):672–87.
69. Hariton E, Locascio JJ. Randomised controlled trials: the gold standard for effectiveness research. *BJOG*. 2018;125(13):1716.
70. Sayers E, et al. Does help seeking behavior change over time following a workplace mental health intervention in the coal mining industry? *J Occup Environ Med*. 2019;61(6):e282–90.
71. Doran CM, et al. The impact of a suicide prevention strategy on reducing the economic cost of suicide in the New South Wales construction industry. *Crisis*. 2016;37(2):121–9.
72. Joyce S, et al. Workplace interventions for common mental disorders: a systematic meta-review. *Psychol Med*. 2016;46(4):683–97.
73. Coppens E, et al. Promoting employee wellbeing and preventing non-clinical mental health problems in the workplace: a preparatory consultation survey. *J Occup Med Toxicol*. 2023;18:17.
74. Tansella M, Thornicroft G. Evaluation of mental health services. In: Gelder M, et al., editors. *New Oxford textbook of psychiatry*. Oxford: Oxford University Press; 2012. p. 1464–73.
75. Sidani S, Epstein DR, Fox M. Psychometric evaluation of a multi-dimensional measure of satisfaction with behavioral interventions. *Res Nurs Health*. 2017;40(5):459–69.
76. Rosenberg S, Roberts R. Models of service delivery and funding of mental health services. In: Carey TA, Gullifer J, editors. *Handbook of rural, remote, and very remote mental health*. Switzerland: Springer; 2021. p. 163–90.
77. Lund C, et al. Social determinants of mental disorders and the sustainable development goals: a systematic review of reviews. *Lancet Psychiatry*. 2018;5(4):357–69.
78. Seidler ZE, et al. A randomized wait-list controlled trial of Men in Mind: enhancing mental health practitioners' self-rated clinical competencies to work with men. *Am Psychol*. 2024;79(3):423–36.
79. Jacob KS. Suicide prevention in low- and middle-income countries: part perceptions, partial solutions. *Br J Psychiatry*. 2017;211(5):264–5.
80. Tang S, et al. Correlates of non-receipt of formal mental health services among Australian men experiencing thoughts of suicide. *J Affect Disord Rep*. 2023;11:100455.
81. Pierce D, et al. Australian rural football club leaders as mental health advocates: an investigation of the impact of the coach the coach project. *Int J Ment Health Syst*. 2010;4:10.
82. King K, et al. Impacts of a documentary about masculinity and men's health. *Am J Mens Health*. 2018;12(5):1604–14.
83. King K, et al. Can watching a television documentary change the way men view masculinity? *J Mens Stud*. 2019;27(3):287–306.
84. Banks C. MATES in construction: ASIST workers survey report. 2013. <https://mates.org.au/media/documents/2013-Asist-worker-survey-report.pdf>.
85. Doran CM, et al. The MATES case management model: presenting problems and referral pathways for a novel peer-led approach to addressing suicide in the construction industry. *Int J Environ Res Public Health*. 2021;18(13):6740.
86. George ES, et al. Proactive approaches to men's suicide prevention. *Mentoring Men*; 2022. <https://mentoringmen.org.au/wp-content/uploads/2022/10/UWS-MM-Evaluation-2022.pdf>.
87. Argyle Research. Tradies' tune up evaluation. 2010. <https://www.menga.ge.org.au/images/work/TradiesTuneUpEvaluation.pdf>.
88. Fletcher R, et al. Process evaluation of text-based support for fathers during the transition to fatherhood (SMS4dads): mechanisms of impact. *BMC Psychol*. 2019;7:63.
89. Pointon D, et al. The men's table: from couch to community. Sydney: National Mental Health Commission; 2021.
90. Cloete S, Chantler L. Long-term evaluation of an Australian peer outdoor support therapy for contemporary war veterans. *Eat Sleep Work*. 2022;3(1):40–53.
91. Lloyd D, et al. Evaluation of Trojan's Trek: final report February 2010. Australia Centre for Posttraumatic Mental Health; 2010. <http://www.trojanstrek.com/wp-content/uploads/2011/04/Trojans-Trek-Final-Report-2010.pdf>.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.