



The Men's Table

ACT Government Pre Budget Submission; FY25

Three years of investment to deliver an ACT citizen-led community suicide prevention and preventative mental health initiative for individual, family and community wellbeing

From 1 July 2024 to 30 June 2027

Vers 1.0

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Executive Summary.....	3
The need and case for investment.....	4
Context and purpose of submission.....	4
What is The Men's Table?.....	5
Measurable Outcomes derived from this investment.....	5
The Men's Table Model and impacts.....	7
Links and references to Government priorities and strategies.....	8
Capacity to deliver/ track record of similar grant projects.....	9
Key ACT program priorities requiring investment.....	9
Investing in ACT men, and their families.....	11
The Men's Table - Fact Sheet.....	12
Purpose and Vision.....	13
Appendix 1 - ACT PS Wellbeing Assessment Framework.....	15
Outcomes - Model of Care evidence.....	16
Impacts and gaps - addressing systemic disadvantage.....	17
Project delivery capability.....	25
Existing Projects.....	25
Project risks.....	26
Letters of Support.....	27

Executive Summary

Funding is sought from the ACT Government for \$275,000 (ex GST) in FY25, and a total of \$0.775 million over three years.

This investment is to implement and evaluate a citizen-led preventative health initiative (wellbeing and mental health focussed) within a control group (men) delivering a strong ROI and contribution to overall health in the community, whilst alleviating pressure on an overtaxed clinical health system.

This programme benefits families with the initial target beneficiaries being men.

The need and case for investment

1. **Suicide prevention** - Men in ACT die by suicide at high rates; 55¹ in 2022, with 3 in 4 suicides being men. This number has risen 40% in the past 10 years. Apart from the tragic impacts, this is a huge cost to the ACT economy; the Productivity Commission estimates the cost at \$558,000² per suicide (\$38.8 Mil total cost to ACT).
2. **Preventative men's health and men's mental health** - *Loneliness & social disconnection* are contributors to poor health conditions³. A compounding factor is men's help-seeking reticence. Men's Table has a significant positive impact on men's social connectedness
3. **Reducing family violence** - Intimate partner violence contributes to more death, disability and illness in women aged 15 to 44 than any other preventable risk factor, with the combined health, administration and social welfare costs of violence against women estimated to be \$21.7 billion a year⁴. Evaluation data from women shows that The Men's Table reduced anger and violence at home by 10%⁵, and increased family harmony by 24%.
4. **Healthy masculine role modelling for boys and young men** - Incidences of unhelpful role-modelling are on the rise, with significant impacts and costs to future generations relating to attitudes toward women, and repetition of the 3 issues cited above. The Men's Table Ripple Effect research highlights positive masculine role modelling as a valuable outcome, and a rapidly growing need amongst young men.
5. **Co-design to evidence causal link between Community Wellbeing Measures and the Men's Table Program** - Wellbeing Impact measurement, generation and investment Framework - based on ACT Government desire to measure what matters via its Wellbeing Impact Assessment Framework ... With a focus on upstream wellbeing and preventative health, rather than downstream response and remediation- to evidence need, benefit and social impact vs cost savings
6. Invite men who have capacity and have a strong Table experience, to step into volunteering with our **Table Capacity Building** program to equip men with skills to serve the community of men and beyond.

¹ AIHW

² Australian Government - *Productivity Commission Inquiry Report June 2020.*

³ *State of the Nation Report - Social Connection in Australia 2023 - Ending Loneliness Together*

⁴ <https://action.ourwatch.org.au/what-is-prevention/what-is-violence-against-women/>

⁵ Curtin, N., Pointon, D., Sherman, A., & Cook, L. (2023). The Men's Table Ripple Effect: Stories of individual and community wellbeing from the voices of women. The Men's Table.

The Men's Table impact

The Men's Table model is proven with 4 years of evaluation evidence and reports, 180+ Tables launched to date & ≥ 2,000 men and > 90% Tables built are sustained. **Outcomes and impacts** include;

- men's mental health, suicide prevention and improved help seeking;
 - **19%** of men at Tables who said they *felt 'Life wasn't worth living'* are supported at Tables
 - **86% of men** at Tables say it's a safe place to share feelings and vulnerability
 - Men from Tables report a **3 fold decrease in less useful ways of seeking help** and a **2 to 3 fold increase in more useful ways of help-seeking**
- positive ripple effects to families and communities;
 - **90%** of men at Tables say there's a *ripple effect to other relationships*, after 1 yr at a Table
 - **10%** of women report less *anger and violence*, **13% less dismissive behaviour**, from the man in their life who is a Table member
 - **52% of men contribute more** to their community once they are Table members

Context and purpose of submission

The ACT is a territory of 470,000, diverse and often transitory people. Men are uniquely impacted and susceptible to stress, social isolation, and avoidance of engagement with Mental Health challenges. The Men's Table creates a pathway to profound and rapid outcomes at low cost in this at risk sector of the population.

With the Health and Community Service Directorate sitting under one minister in ACT, and the Health and Wellbeing portfolio having developed ACT Wellbeing metrics, a unique opportunity exists to improve Community Wellbeing as a cost effective Health Strategy.

Our experience shows a healthy man, who is better connected, self directed and emotionally attuned to himself and other men, is better able to develop positive behaviours and awareness that serves themselves; their enduring Table of Men; their nearest and dearest relationships and the communities they sit in.

This submission outlines an investment in partnering with ACT Government, to build upon the work already done with philanthropic, Federal Health and community development funding in ACT since July 2022. We launched 10 Tables in 18 months in the ACT region, and demand continues to grow.

What is The Men's Table?

The Men's Table is a fast growing, community building and men's mental health, wellbeing and suicide prevention initiative with positive ripples into families and communities.

At each Men's Table, a group of a dozen local men meet once a month over a cheap meal in a private room, to listen, talk, and share about the highs and lows of their lives and how they are really feeling.

Tables are established upon a simple structure and sustained through the commitment of each man to show up each month to serve themselves and to serve the other men.

The Men's Table supports men's social, emotional and mental health by promoting healthy masculinities and building healthy communities. With the experience of building 180+ Tables, we have found successful methods of reaching the 'hard to reach' priority population of men.

Two thousand men currently sit at over 180 Men's Tables spanning every State and Territory in Australia, 43% of those in regional/rural locations. Of those men, 53% have lived or living experience of suicide⁶ and 82% are 46-75 years old, an age range known to have a higher risk of suicide.

While the program benefits men, there are also flow on positive impacts of improved family health and wellbeing, reduced violence against women, and positive male role modelling for younger men⁷.

Measurable Outcomes derived from this investment

1. Reduced suicide risk factors, increased suicide protective factors, reduced self harm
2. Increased social connection for men (reduced Isolation)
3. Decreased loneliness for men
4. Increased help-seeking of men
5. Reduced domestic violence, reduced use of AOD, increased family harmony
6. Increased community belonging and participation, including volunteering

The Men's Table Model and impacts

1. **Evidence based, preventative men's mental health** - We have produced four years of annual program data and [Evaluation Reports available here](#), which highlight program fidelity and outcomes that address the four needs above
2. **Priority populations; Men, and Regional/ Rural** - Whereas there are unique issues facing men, there are limited services available that men find accessible and appropriate. We are experiencing sustained growth in demand of The Men's Table program. 43% of Men's Tables are in Regional/ Rural Australia and our commitment to supporting these communities is strong, and aligns with regional funding sources (eg. PHN's, LGA's)
3. **Community led, low cost model** - Tables are established and sustained by local men in local communities, meaning very low ongoing investment for ongoing benefits to men, their families and their wider communities.
4. **Self-sustaining, sustainable and long lasting** - Unlike most other services, Tables endure with many benefits to men and their families increasing over time⁸.
5. **A successful, scalable model** - In 4.5 years, we've grown from 1 Table, to over 180 Tables, with a 90% rate of Tables becoming enduring support communities. Beyond a paid core team driving the program growth, there is high contribution from a growing community of volunteer men.

⁶ A lived or living experience of suicide is defined as having suicidal thoughts or behaviour, surviving a suicide attempt, supporting someone through suicidal crisis, or being bereaved by suicide.

⁷ The Men's Table 2023 Annual Table survey data

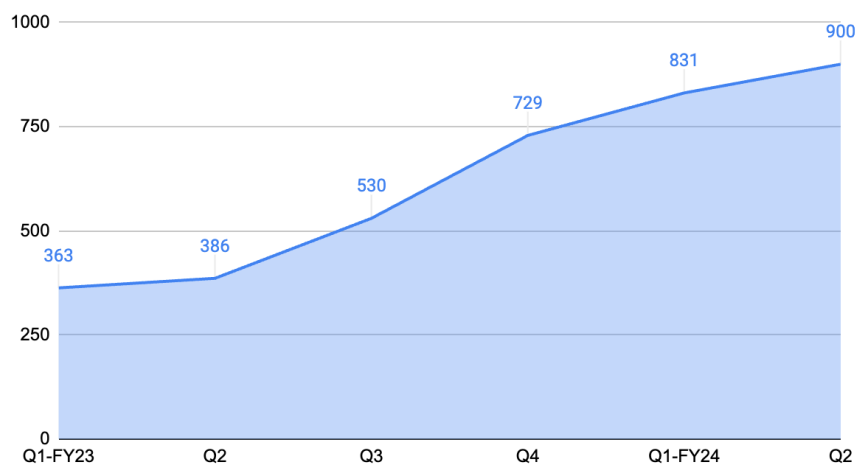
⁸ Curtin, N., Pointon, D., Sherman, A., & Cook, L. (2023).

Higher demand, unmet need

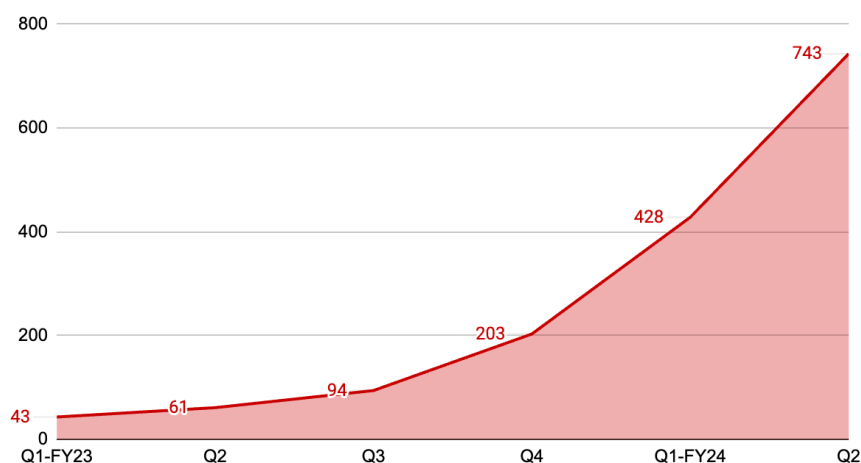
The Men's Table program is growing rapidly nationally. New enquiries have grown 233% in Q2 FY24 compared with the same time last year and the demand from men is higher than our current capacity to deliver.

The waitlist nationally at the end Oct 2023 is 743 men who are waiting to be part of a local Men's Table. In comparison, the number of men on the waitlist is growing faster than the number of men at Tables. In ACT there are 30 men who have attended an Entree or enquired through The Men's Table website and we are unable to get to a Table.

Growing demand from men - New men enquiries



Growing demand from men - Men waiting to join a Table



Capacity to deliver/ track record of similar grant projects

1. NSW Health - 2022-23 - Established 30 Men's Tables in Regional, Rural and Metropolitan communities across NSW - Successfully acquitted, delivered 40 Tables (10 beyond scope) - Final report to NSW Health available upon request
2. Tas Health - 2023 - Healthy Focus grant - Establish 8 Tables in Regional, Rural and Metropolitan communities across Tasmania - This has been completed 7 months ahead of schedule due to the high demand.
3. National Mental Health Commission - 2020 - Establish an initial Model of Care for The Men's Table - Successfully acquitted - Refer [Model of Care 2020](#)
4. National Mental Health Commission - 2021 - Investigate men's help seeking and the impact of an accessible, community led, peer to peer model - Successfully acquitted - Refer [Couch to Community, 2021](#)
5. Resilience NSW - 2021 to 2022 - Develop 10 Men's Tables as a post crisis (Bushfire) community recovery model in regional NSW's town affected by 2019-2020 bushfires and evaluate the impacts - Successfully acquitted - Refer [Community through Adversity 2022](#)
6. Hunter New England & Central Coast PHN - Scale The Men's Table program regionally, with 12 Tables established in 2022-2023 - Successfully acquitted in Yr 1 - Also refer [The Men's Table Ripple Effect](#)

Key ACT program priorities requiring investment

1. Support the introduction of a community led, suicide prevention program - The Men's Table
 - **Investment will support 5 new Men's Tables per year for 3 years across ACT - Locations to be determined in consultation**
2. Focus on priority populations
 - Socially isolated men
 - 39% of men currently entering Men's Table say they're wanting connection and friendship.
 - **Investment in this project will reach socially isolated men, who present as Lonely**
 - Men in CALD communities, members of LGBTIQ+ community, recent immigrants to Australia and ACT, first responders, veteran and I men
 - We currently have small baseline numbers of men from CALD communities
 - 5% of men at Tables identify as being part of the LGBTI+ community.
 - 43% of Tables are in regional and rural locations. We are developing partnerships and channels of communication to reach more farmers
 - **Investment will allow us to apply focussed and customised outreach communications and partner building to engage these priority populations including First Nations community**
3. Strengthen co-design with men with Lived Experience of suicide
 - 53% of men at Tables identify as having Lived Experience of suicide

Investing in ACT men, and their families

Innovative extensions in ACT. to effective national program = \$0.775 mil over 3 yrs

Budgeted item	FY25	FY26	FY'27	Total
	\$000	\$000	\$000	\$000
Table Program development and support (5 Tables per year x 3 yrs)	125	125	125	375
Priority populations activation; CALD, LGBTI+, Immigrants , Veterans and First Responders, Younger Men, First nations; men in relationship, life,employment transition	35	35	35	105
Lived Experience engagement	20	10	10	40
Establish bi-directional referral framework with Mental Health and Wellbeing Local Agencies and services	15	15	15	45
Volunteer capacity building & operational risk management to build competence and reach	20	30	30	80
Evaluation design, conduct, analysis, reporting; Incl. Wellbeing & Economic Impact Report FY25	30	30	20	80
Consultation and Codesign with Government Wellbeing Team (CMO) for Evaluation Framework	30	10	10	50
Total Budget request (\$ mil)	275	255	245	775

Disclosure of other ACT-based funding

Funding has currently been provided by the following organisations, in addition to organic un-funded Table activity.

- Hands Across Canberra
- Snow Foundation
- Commonwealth Dept of Health, NSPLSP
- Communities@Work - only for 2022/20223 but in-kind contributions continue

The Men's Table - Fact Sheet

Overview

The Men's Table is a simple, fast growing, effective and low cost grass roots, peer to peer, community building and men's mental health, wellbeing and suicide prevention initiative for men with low intensity mental health needs.

Key needs being addressed through the program

- men's mental health and suicide prevention
- community resilience - including after natural disasters
- community cohesion and belonging
- social isolation and social disconnection
- family violence, role-modelling for young boys
- improved help seeking for men

Evidence of impact

The model is now proven with 3 years of evaluation evidence, 4 comprehensive evaluation reports, 180 Tables launched to date & ≥ 2,000 men. Evidenced based positive **outcomes and impacts** include;

- men's mental health and suicide prevention;
 - **19%** of men at Tables who said they *felt 'Life wasn't worth living'* are now supported at Tables
 - **86% of men** at Tables say it's a safe place to share feelings and vulnerability
- positive relationship ripple effects to men's partners, families and communities;
 - **81%** of men at Tables say there's a *ripple effect to other relationships*
 - this increases to **90% where men have been at a Table ≥ 1 year**
- improved men's help seeking;
 - Men from Tables report a **3 fold decrease in less useful ways of seeking help** and a **2 - 3 fold increase in more useful ways of help-seeking**

Effective scaling of model - progress to date

- 188 Tables nationally have been formed - from 1 Table in Jan 2019
- Regional Tables are **43% of all Tables** built
- All States and Territories have at least one Table

Evaluation & research;

- 4 years of Annual Table Survey data - since 2020 (45% avg response rate of active members)
- 2023 Ripple Effect - survey of 92 women related to a man at a Table
- Monthly Table Health Check - gives monthly data about healthy functioning of Tables
- Departure conversation log - departing Table members receive a call; feedback is logged
- Academic partnership with Monash Uni - Turner Institute for Brain and Mental Health
- Economic impact study has begun - with expert consultancy (eg. Taylor Fry)

Funding mix;

Diversified funding spread. Current funding relationships include:

- Primary Health Networks (PHN's)
- Dept of Health and Aged Care program - National Suicide Prevention Leadership Support Program (NSPLSP)
- State Health Departments - (NSW, Tasmania)
- Local Councils - (eg. City of Melb., Sydney, Launceston, Wangarratta, Eurobodalla)
- Foundations - (eg. Snow Foundation, Wilson Foundation, Perpetual Trustees)
- Philanthropy & Donations

Data on The problem(s)

- Male suicide - 3 in 4 suicides are male, social isolation plays a role.
- Social isolation - Men are more likely than women to be socially isolated
- Men's help seeking - Health services know that men are reluctant to reach out
- Traditional masculinity - Stoic norms underlie the above
- The economic cost of suicide is estimated at \$558 K.
- 2,455 male suicides in 2022 nationally (\geq double the road toll) = \$1.37 Bil cost

Key Features of The Men's Table model

- The Men's Table - community led, enduring, low cost preventative mental health model
- Scalable, cost effective - rapid growth in first 4 yrs shows model is replicable
- Male focussed - very few accessible, suitable options for men to get support
- Positive Impacts ripple beyond men to their families, workplaces - communities benefit
- Purpose: Healthy men, Healthy masculinities, healthy communities

Governance

- Entity type; Public Company Ltd by Guarantee, Registered Charity, DGR1 status
- Board composition - 6 Board members; 4 Non-Executive
 - Skills matrix - Accounting, Legal, Business, Fundraising, NFP, Lived Experience
- Committee Structure
 - Risk and Audit Committee
 - Finance Committee
- Office team (12 FTE) reporting to the Board

Purpose and Vision

Purpose

The Men's Table supports men's social, emotional and mental health by promoting healthy masculinities and building healthy communities.



The Men's Table is an upstream suicide prevention organisation. We create safe places where men can engage in quality conversations, create solid connections and build a meaningful sense of community belonging.

The impact of Healthy Men and Healthy Masculinities benefits everybody and leads to Healthy Communities.

Vision

Our vision is for a world where men are connected with and caring towards themselves, and their peers, families and communities.

A world where..

- men are in regular practice of sharing and listening in open and honest conversations about their lives in all of their relationships.
- men are being supported and are supporting other men.
- men are engaged and proactive in their communities.
- young people see adult men as open-hearted role models.
- men can show up with embodied experiences of healthy masculinities to face and embrace the challenges of a rapidly changing world and contribute to making our societies more connected, safer and healthier.

Appendix 1 - ACT PS Wellbeing Assessment Framework

Evaluation of Grassroots Non Clinical Mental Health and Wellbeing through innovative and proven model tailored to Diverse Men over 18

Purpose of proposal

We believe a proven and effective non clinical model for male peer engagement in mental health and wellbeing can take pressure off clinical health services and improve family and community cohesion, connection and overall wellbeing. We would like to partner with a research and evaluation framework to translate our existing Model of Care and survey data into the localised wellbeing impact assessment framework.

We propose to evaluate a hypothesis that preventative citizen-led health initiatives (wellbeing focused) within a control group (men) make a legitimate and cost-effective contribution to overall health in the community. This place based work addresses causality and acts upstream of the mental health services which men are disinclined to access anyway.

This proposal builds upon ACT Mental Health's Community Wellbeing metrics and will contribute to richer data and insights into wellbeing - specifically for Men, and specifically preventative wellbeing data related to upstream causes- (aka..social determinants and limited social- cultural masculine norms).

The Men's Table wishes to partner with ACT Health and Wellbeing Directorate to reveal the transformative potential by conducting a 3-year systematic evaluation of social wellbeing and community health impacts of an innovative program with a view to a structural shift toward upstream, low-cost initiative funding.”)

Impact Description

The Wellbeing impact from Men's Table is a greater sense of connectedness, safety to share vulnerable personal experiences and a willingness to ask for help, and reduction in harmful activities - like use of anger, violence and substances and bottling up emotions; improved listening skills

Clearly describe the key wellbeing impact/s of this proposal. These may have impacts on the wellbeing of our people, institutions, and/or environment and climate. Please focus on the impact your proposal will have on wellbeing specifically

We have research to support that the Ripple Effect of men's participation at Tables is being felt by the men, their partners and children, and relationships with other men in the community..

- Suicide prevention - Men die by suicide at high rates, 55¹⁰ in 2022 (double the level of ten years ago), or 1.1 people per 10,000 per year, with 3 in 4 suicides being men. Apart from the tragic impacts, this is a huge cost to the ACT economy; the Productivity Commission estimates the cost at \$558,000¹¹ per suicide (\$31 Mil total cost to ACT).
- Preventative men's health and men's mental health - Loneliness & social disconnection, especially at times of relationship breakdown or life transition, are contributors to poor health conditions¹². A compounding factor is men's help-seeking reticence. Men's Table has a significant positive impact on men's social connectedness
- Reducing family violence - Intimate partner violence contributes to more death, disability and illness in women aged 15 to 44 than any other preventable risk factor, with the combined health, administration and social welfare costs of violence against women estimated to be \$21.7 billion a year¹³. Evaluation data from women shows that The Men's Table reduced anger and violence at

¹⁰ AIHW

¹¹ Australian Government - *Productivity Commission Inquiry Report June 2020.*

¹² *State of the Nation Report - Social Connection in Australia 2023 - Ending Loneliness Together*

¹³ <https://action.ourwatch.org.au/what-is-prevention/what-is-violence-against-women/>

home by 10%¹⁴, & increased family harmony by 24%.

- Healthy masculine role modelling for boys and young men - Incidences of unhelpful role-modelling are on the rise, with significant impacts and costs to future generations relating to attitudes toward women, and repetition of the 3 issues cited above. The Men's Table Ripple Effect research also highlights positive masculine role modelling as a valuable outcome, and a rapidly growing need amongst young men, and a beneficial to future successful relationships

[Evaluation Reports available here.](#)

• Describe the positive and negative impacts of the proposal

There is no downside or negative impacts on other groups or population sectors

The longer term benefits are going to be monitored by annual survey but we need to establish a control group to contrast against those who participate which is costly and resource intensive. The trade off is that it takes time for benefits to accrue and the evaluation needs to take place prior to joining (which may scare some men away) and participation is voluntary .. and it is possible 20% of men will not stay at a Table. .

Based on the ACT Wellbeing Categories we intend measuring the Impact on Health & Mental Health, Social Connectedness and Cohesion, FAmily and Domestic harmony, Emergency and Disaster Preparedness and a sense of Identity and belonging.

Magnitude of Impact

For the impacts described above, is the impact major (sustained and direct) or minor (either direct and sporadic, or indirect and sustained)? Please explain your thinking here.

Our data can be split over time series study of benefit and is currently national ... we are able to create an ACT subset of the data ... [Evaluation Reports available here](#)

Outcomes - Model of Care evidence

The Men's Table model is now proven with 4 years of evaluation evidence, 4 evaluation reports, 160 Tables launched & ≥ 2,000 men. Evidenced based **positive outcomes and impacts** include;

- Men's mental health and suicide prevention;
 - **19%** of men at Tables who said they *felt 'Life wasn't worth living'* are now supported at Tables
 - **83% of men** at Tables say it's a safe place to share feelings and vulnerability
- Positive relationship ripple effects to men's partners, families and communities;
 - **91%** of men at Tables say there's a *ripple effect to other relationships*
 - **75%** of men say they have more *friendship and connection*
 - **74%** report positive impacts on *relationships with other men*
- Improved men's help seeking and contribution;
 - Men from Tables report a **3 fold decrease in less useful ways of seeking help** and a **2 - 3 fold increase in more useful ways of help-seeking**
 - **53%** of men make an increased *participation in community*

Regarding The Men's Table model, men at Tables confirmed the following as key elements that contribute to the benefits they receive;

- 81% confirmed ongoing commitment as a key to the Table's success

¹⁴ Curtin, N., Pointon, D., Sherman, A., & Cook, L. (2023). The Men's Table Ripple Effect: Stories of individual and community wellbeing from the voices of women. The Men's Table.

- 80% identified regular face-to-face contact
- 77% listed the invitation to share feelings
- 64% included sharing a meal and drink
- 56% ticked The Fundamentals – the guidelines learned from other groups
- 49% mentioned self-organising peer group

The **evidence of outcomes** are reported in 4 years of [Evaluation Reports available here](#)

Impacts and gaps - addressing systemic disadvantage

The following evidenced based impacts are expected:

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

Whilst the needs outlined above are widespread and are affecting significant numbers of men across ACT, there are very limited opportunities for men to engage in programs they see as relevant and accessible to them.

The Health System recognises the challenges of providing services to men that are taken up widely by men. The average number of Mental Health sessions of a 10 session Mental Health Care plan taken up by men is Men find services difficult to engage with and often feel under-resourced and under-served in programs for men.

The impacts generated by the Men's Table are at depth, with the model delivering sustainable and ongoing benefits to the participants, as well as growing indirect benefits as time goes on. The indirect benefits outlined in the question above including to women and families,, when correlated to time spent by a man at a Table, show increased depth.

The progression from a man participating at a Table for his own benefit, through to his participation in wider community, including becoming an advocate and supporter of other men, is well documented in 'From Couch to Community'. Thus, the program also leads to wider ripples of community participation and outreach to more men in the Canberra community.

Who is affected

- Identify which members of the Canberra community will be impacted. Be specific according to the proposal: For example, does the proposal impact Aboriginal and Torres Strait Islander people? Residents of a neighbourhood? A particular group within the community? Individuals in need of a particular service?

Men over 18 years old across ACT and Surrounds, who are seeking grassroots and non clinical safe spaces for exploration of healthy masculine conversation in safety and with high trust.

- Estimate the overall number of Canberrans who would be impacted by the proposal.

We have 86 men sitting at Tables upto Nov 2023,

The plan is to add 8 - 13 Tables per annum which would average 80 to 130 men joining each year for the next 3 years . So it is realistic to expect 400- 450 men in Canberra to be participating by the end of FY27.

The proposal includes resource requirements to make this all possible, including evaluation resources, activation and project management and marketing...l Regional hosts and training of local volunteers to take

up our program roles.

Our locations at present are Tuggerahong, Weston(2), Gungahlin(2), Belconnen(2), Queanbeyan, and Ainslie, and one Table forming in Braidwood. New Locations are by demand and agreement ... and often dictated by suitable venues.

Impact on specific group

- How will the proposal impact people from the eight specific groups identified in the Wellbeing Framework? Please select impacted groups above and provide an explanation here of the impact on people within these groups.

We are inclusive of all people who identify as a man over the age of 18. We are a culturally safe space for those who are CALD, LGBTIQ+, indigenous and for younger people above 18 and for older men who are able to participate in an evening meal once a month.

We have men aged from 28 to 82 sitting at ACT Tables, and men of diverse cultural backgrounds, and men with chronic disease, on the NDIS and ex service men and first responders and also men with disabilities.

We don't screen or survey for any indigenous or cultural background at present

We have not surveyed our participants around caring responsibilities...

We are conscious that our origin story of our movement may have innate blind spots and we seek to learn from our men daily about what works for all men including those who are most vulnerable and least served by existing structures and systems.

- Estimate the number of Canberrans in each group who would be impacted by the proposal.

We currently have 86 men sitting at Tables and add 12 men for every new Table we launch. We expected to add 13 new regional Tables (156 men) per annum contingent on ACT Government Funding. We practice the art of good inviting.. and ensuring our invitation is well received. We have an active diversity and inclusion program to ensure we are providing a service and invitation that is suitable for the widest cross section of men in the community.

Will the identified impact support commitments under the National Agreement on Closing the Gap and ACT Aboriginal and Torres Strait Islander Agreement regarding self-determination, building the community-controlled sector, transforming government organisations and data sovereignty? If so, how?

Our experience is that culturally, First nations men want to support a culturally educational intergenerational men's space. We have not made direct consultation with Local Elders. An approach to the correct appropriate elders would be much appreciated.

- Will the proposal make data more transparent and available to Aboriginal and Torres Strait Islander communities?

Yes we would welcome a conversation and generative relationship with designated and interested elders and representatives of our First Nations Community

Aboriginal and Torres Strait Islander Peoples	Carers	Children and young people	Culturally and linguistically diverse people	LGBTIQ+ people	Older Canberrans	People with Disability	Across Gender
X	X	X	X	X	X	X	

Wellbeing domain

Identify the domain most closely related to the impact of your proposal. Use this space to also identify any additional relevant domains relating to impacts described above.

- ACT evaluation domains of Citizen Wellbeing - we think MT is mainly focussed on Social Connectedness and Cohesion; with secondary impacts on Health (Mental Health) and improved Family Relationships and a sense of Identity and Belonging,
- We propose to understand, track and mitigate causes(activities and behaviours), not just symptoms (outcome) to improve the quality of planning and resourcing - so the ACT Government and Men's Table are building an ecosystem that funds what matters - with a view of exploring payment by outcome contracts in future as a innovation in social impact.

Timeframe

Impact is short, medium and long term

- Short term Impact is cumulative but once a man feels trust in the safety of the Table environment, they can immediately begin to unburden themselves, and feel a sense of camaraderie and intimacy often not experienced in other men-only spaces.
- Medium Term - Men who have been at Table for more than a year - have reported impacts including more positive relationships and a sense of community belonging
- Longer Term - ripple into community - volunteering and willing to give back based on increased capacity and from a place of passion and purpose. Serving from a full cup.

Evidence base and data

What is the existing data and other evidence that helps you to understand the expected wellbeing impact? Please describe the data and evidence as well as providing references. It is not sufficient to list references without describing the evidence

1. Men's mental health and suicide risk
 - 2,455 Australian male deaths by suicide in 2022 , three times more than women
 - The cost per suicide is \$558,000
2. Social isolation, loneliness and lack of meaningful friendships
 - Social connection is associated with improved mental health
 - Only 40% of men in Australia feel a sense of belonging in their community.
 - Men report higher levels of loneliness than women
 - Enabling men to meet others in a non-competitive and non-judgemental environment assists men to overcome the barriers to forming close relationships with other men
 - The role of positive relationships in healthy ageing is more important than physical activity, avoidance of smoking and alcohol abuse
3. Restrictive masculine norms
 - Conformity to a strong masculine identity is a predictor of social isolation
 - Males learn to hold back emotions rather than expressing them
 - Men are generally less likely than women to seek help

Public link to access all Evaluation Reports here;

- <https://themenstable.org/#evaluation>

Provide information about the type of evidence, which could include administrative or academic data, information from previous similar programs, results of community discussions or other evidence.

The Men's Table Model and evidence of need is grounded in primary and secondary research.

Primary research is with men themselves and the communities we work within.

- At the first three engagement points with new men, we ask why they are interested. This is first via a phone contact with all men, then a multi-choice survey question when they book for an introductory evening (Entree). Then at an Entree where we begin with a round of sharing from each man about why they have come (after establishing confidentiality)
- Our annual Table Survey then asks men about their needs, and about the social determinants affecting their wellbeing and community connectedness.

Our secondary research included an extensive literature scan conducted with each evaluation report.

- Information from a number of sources is qualitatively reviewed using a deductive approach, comparing identified themes with the expectations of The Men's Table Model.

The Wellbeing measures reported at www.act.gov.au/wellbeing are a possible source of evidence – but should only be referred to if relevant to your proposal.

We track loneliness and isolation, suicidal ideation and mental health for men in our community and the impact on relationships in family and community.

As outlined in The Men's Table Model of Care 2020 report, the evidenced based outcomes of our model for men include:

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

Through these outcomes, the following evidenced based impacts are expected:

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

What do we need to know

Where quality and trusted data does not currently exist to measure wellbeing impact, identify how data and evidence will be acquired through the implementation process.

Via a consultation process with your Well Being researchers and project leads in ACT Region - the Men's Table would hope to establish outcome and causal relationships and data capture for the following Domains

MT believes our documented and researched Ripple Effect is the most profound multiplier of Men in intentional Table environments doing good work to serve themselves and other men and ultimately serving their wider social relationships to build cohesion and healthy communities.

Primarily Impacts are on Social Connectedness and Cohesion;

- to address isolation and loneliness
- enhance participatory engagement beyond self - when ready
- Actively volunteer to take on roles and engage in capacity building

with secondary impacts on

- Health (Mental Health) and Help seeking behaviour
- Improved Family Relationships and safety - via emotional regulation and better human relating skills
- Improved resilience to crisis
- Identity and Belonging - by creating and participating in a safe and inclusive space ,

Volunteer in Kind Contribution measurement and capacity building opportunities

At present, men's participation in a Table that is citizen led represents a time commitment of 2.5 hours a month for a minimum 9 months a year and covering the cost of their meal and drink. We estimate that based on a meal price of \$25 and the volunteer estimated hourly rate for \$50 ph that this constitutes a \$1350 investment by each man who sits at a Table.

Once men have become members of their local Men's Table, we offer them opportunities to 'Step into Men's Work'. This is our volunteering program and provides a range of roles and opportunities to move from self-interest to making a contribution to other men in their community. The roles include outreach and one to one support for other men, community engagement and support to other neighbouring Tables and communities of men.

The volunteering program kicked off in February 2021, and we have over 10% of men from all Tables already engaged in volunteer roles.

The work gives men a sense of purpose and contribution, whilst also providing a peer to peer access point for other men to engage and step into sharing feelings and belonging in community

Collaboration and Engagement

Which relevant stakeholders within the ACTPS or externally (e.g., community or business sector, or members of the community) have you already engaged?

We have engage locally with

- Canberra Chamber of Commerce
- Snow Foundation
- Capital Region PHN - Mental Health and Suicide Prevention
- Directorate of Mental Health and Wellbeing - Dr Elizabeth Moore
- ED for ACT Government Wellbeing Metrics - Peter Robinson
- Emma Davidson - Minister for Mental Health (and 7 other related and relevant portfolios)
- Communities@Work and the ABCD Network of Community Service Agencies
- Various ACT Men's Shed
- Ed Cocks MLA and Leanne Castley MLA
- Federal Minister for Communities and Charities -Andrew Leigh and Senator David Pocock MP
- YMCA, Better Blokes and Running for Resilience; Mentoring Men; the Man Walk
- Australian Men's Health Forum-We Co-chair the Australian Men's Health Forum, the body Federal Health uses as a reference group for policy setting
- Australian Rural HealthForum
- ESA and AFP - Peer Support
- PCYC
- Hands Across Canberra
- Curtis Parker Bowles- Family Law Practice
- OZHelp
- Menslink and Everyman
- Multicultural leaders

What was the result of this engagement? (e.g., did stakeholders support the proposal, were amendments made to the proposal based on feedback from stakeholders?)

Our proposal is included above and has been drafted following a meeting with Emma Davidson and in consideration of the unique ACT Government Wellbeing measurement framework. No one has yet seen this proposal and the completion of this Wellbeing Impact Assessment template is done with the idea that evaluation and metric development is part of the proposal process.

- Emma Davidson, MLA - advice was that ACT Health would not fund a non clinical initiative like this and it would end up sitting in Community Services instead. We believe the Minister supports the concept of using a Strengths Based approach to mobilising Community skills and capabilities rather than further straining existing Government and Clinical services .
- Hands Across Canberra and Snow Foundation have funded our work for an additional 3 years in the Canberra Region .. which is an endorsement... we can get their testimonial
- Communities@Work Funded and collaborated with us in Gungahlin, Weston and Tuggeranong in 2022 and 2023
- The Chamber of Commerce new CEO offered to have us on for their new podcast and invite us to events with the Chamber to support mental health of business owners
- OzHelp refers men from their program to Men's Table and 2 of their staff have joined a new formed Men's Table, and they offer us use of office space when we are in Canberra
- Curtis Parker Bowles has offered to raise money for MT as they believe the risk to men leaving relationships is considerable and there are no services to support men.. but plenty to support women and children.
- We are awaiting a letter of support from MR Cocks and Ms Castley MLA and Sen. David Pocock
- Dr Elizabeth Moore referred MT to various relevant agencies but did not have funding to offer MT
- ACT Capital PHN has invited MT into their Suicide Prevention Collaborative
- AFP Shield Program and ESA has been engaged - the Peer Support environment.. however we have not managed to determine our most effective approach as EAP, Peer Support and internal Wellbeing programs are not necessarily the correct path for our initiative as it may look like an employer initiative out of OHS Compliance

What process did you use to engage with stakeholders? (e.g., consultation, co-design, focus group, survey.)

The Men's Table Model of Care is grounded in both primary and secondary research and consultation. Our primary research is with men themselves and the communities we work within.

At each Entree, when men first come to find out about The Men's Table, we begin with a round of sharing about why they have come. After establishing an agreement about confidentiality, we ask them 'what is happening in your life that had this resonate with you when you heard about it'. Men share openly about their life challenges and then we record this data in an end of event survey that includes this question.

Our annual Table Survey then asks men about the impacts of the Table, as well as questions about the social determinants affecting their wellbeing and community connectedness.

When working with local communities in partnership with local councils, existing agencies and health networks, we listen and learn about specific local needs and challenges. For example, in bushfire affected communities, we know that whilst there are common patterns of communities in crisis, there are many variances in the ways different communities grieve and heal through recovery.

Other primary research included semi-structured focus group discussions with existing Table members during regular Table Care meetings, and a facilitated women's focus group.

Our secondary research included an extensive literature scan.

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

- A scan of the literature investigated the evidence for the key problems that the Table seeks to address: restrictive masculine norms, help-seeking reluctance, social isolation and suicide risk; and loneliness and lack of meaningful friendships with other men.
- A more targeted search investigated each of the key inputs of The Men's Table Model

Four databases were used: The University of Notre Dame Australia, Summon, Google Scholar and EBSCO.

Local ACT Stakeholder Engagement listed above has had various formats.

- The majority by in personal meeting and conversation followed by introducing our research
- We offer an introductory experience, called an Entree, inviting to participate and understand how the MT approach is different from other programs. We survey everyone post that experience.

Which stakeholders are you intending to engage in the future on this proposal and what processes will you use to engage these stakeholders?

Stakeholders initially are the Mental Health and Wellbeing Directorate, and Minister, then the Health and Community Services Directorate, followed by the Emergency services Directorate and the Family Violence Minister, and the Office of indigenous affairs.

We would employ a codesign process around relevant metrics and causal data relationships to ensure data and impact on social outcomes were clear and agreed upfront, prior to enrolling new and existing in control group testing.

To capture a local perspective above and beyond our existing inclusivity protocols, MT propose consultation around accessibility, inclusivity and safety would take place via personal meetings with peak and representative bodies for carers, those with disability, the aged and youth, Multicultural leaders, First Nations leaders and the LGBTQIA+ community.

Are there any barriers to engagement?

Barriers to engagement are

- Lack of long term and trusted relationships with Directorate heads and risk of partisan support for proposal
- Lack of funding and sufficient skilled MT staffing to ensure the workshops for co-design and consultation are professionally managed and timely.
- a potential unspoken perception that men are not a vulnerable population segment for mental health, loneliness, and social cohesion which can't be overcome as it is a belief rather than a fact. So advocacy for focussed men-only programs might not be something previously endorsed, encouraged or funded in ACT Government policy. Being at the vanguard of a change is a barrier in itself.
- preventative and lifestyle health is predominantly viewed from a clinical lens in Health, and everything else is deemed Community Building despite evidence of the importance of transitional impacts and social determinants of wellbeing, especially for suicide amongst men
- Government may not have a track record for advocating and funding citizen-led, peer to peer and grassroots initiatives that are innovative and cost efficient with high impact.
- MT track record of deliver (listed below in evaluation section) will not carry weight with ACT Government

Please indicate if you have consulted with the ACT Aboriginal and Torres Strait Islander Elected Body or other Aboriginal and Torres Strait Islander representative bodies, and if so, what was the outcome?

Not at this time. We would welcome an introduction and the opportunity to learn from and offer support where appropriate and welcome. We have not budgeted for this process at this time but will happily add it into our proposal.

Measures of Success

How will the Government know this proposal has been successful?

How will we know whether the proposal has been successful? What are the expected outcomes, and what are the key measures and indicators of success that will let the Government know if those outcomes have been achieved?

MT will seek permission to share de identified data on the male over 18 years old population segment specific Metrics - namely improvements in determinant factors for Loneliness, social cohesion; mental health and physical health; proactive help seeking behaviour; quality of intimate relationships - familial and community; and sense of belonging and willingness to contribute back to community, preparedness for mental health challenges.

How will we know whether the proposal has had the impact described above on the wellbeing of our people, places, and institutions?

We have made reference to metric and causal impact co-design to leverage on the excellent data we have already begun to capture over 4 years of operation. This data and impact was captured through Annual Survey Data for men and families who are willing to engage in a time series study.

We are focussing on voluntary completion (by upto 35% of men) of our annual survey and for partners and families to opt in as they feel motivated to.

1. The Place is in every suburb where men live - we have listed locations previously and new Tables will emerge organically in locations where highest demand is seen.
2. The People are all men and those that they are in relationship with , and
3. The institutions are families, communities and their work places - (surveying all of those relationships is beyond the scope of our work at this point..)

Clearly identify if the proposal supports the achievement of targets under the ACT Aboriginal and Torres Strait Islander Agreement 2019-2028 (the Agreement). The Impact Statement that outlines ACT data against the 22 targets can be found here: [The ACT Aboriginal and Torres Strait Islander Agreement 2019-2028 Impact Statement](#).

Reading this statement fully.. MT would like to collaborate with the guidance of the Office for Aboriginal and Torres Strait Islander Affairs to ensure we are consulting widely and considering how our program can support closing the Gap. At this stage funding and scoping of this phase is not included. The focus on "Strengthening Families" and self directed agency is very aligned with where the Men's TAbLe and the Ripple Effect research is demonstrating Community Impact.

Planned Evaluation

Information about evaluation, including how to identify whether your proposal should have an evaluation plan, is available through the wellbeing toolkit.

Where the proposal relates to an existing policy or program, has that policy or program been evaluated?

ACT Policy priorities are for collective wellbeing through an emerging series of KPI's that eventually will hopefully be included in every government department which self-reports its impact...

We have data for numerous domains of Wellbeing

- Mental and Physical Health -we are a solution for 95% of men who don't identify as high or complex mental health needs. Our data includes suicidal lived experience, mental health challenges and reduction in harmful or less helpful behaviours, and improvement in help seeking behaviours,
- Loneliness, social cohesion, volunteering and connectedness; [See Couch to Community report](#)
- Sense of Inclusion and belonging for the full diversity of human population - data about how inclusive and beneficial MT is for increasing understanding and empathy for others
- Family and Domestic harmony - vs anger and violence reduction, better listening and emotional regulation as per [Ripple Effect Report](#)
- Preparedness and Resilience through Emergency or Crisis - [see Communities through Adversity report](#)

●Does this proposal have an evaluation plan? (Note that an evaluation looks beyond monitoring indicators of a proposal's success to consider broader questions, e.g., how a project achieved its outcomes, gaps and unintended consequences, the efficiency and effectiveness of programs and what can be learned for the future.)

The Men's Table has a rigorous and successful project management and risk identification strategy that we are happy to share with you. We have great pride in our evaluation and research focus which informs our next iteration of what we do.

Project delivery capability

We have an effective & efficient project management methodology which includes;

- Clear project deliverables, measures, milestones
- Single person accountability for project delivery; along with RACI framework to confirm other stakeholders roles
- Project management plan with timelines, resources, deliverables mapped against monthly workflows - We use Zoho Projects for project management as a module within our CRM
- Evaluation and acquittal templates are established at project commencement
- Table Program role statements used to allocate projects to key person responsible
- Regional Co-Hosts are geographically focussed Table building and local activation roles within our business
- Templates and automated workflows used to conduct tasks efficiently
- Templates and files saved in numerically ordered File system
- Regular communication points pre-scheduled with project client
- Monitor and adapt workflow based on fortnightly Project Management meetings

Existing Projects

Current and Acquitted Projects.

1. National Mental Health Commission - acquitted - Model of Care research, & development
2. National Mental Health Commission - acquitted - From Couch to Community Peer action research project
3. Resilience NSW; Bushfire Community Resilience & Recovery Fund - Current - developing Tables in bushfire affected regional communities
4. Health NSW - Acquitted - Developing Tables in Regional NSW
5. NED Foundation, Black Dog Ride - Acquitted - Men serving men development project
6. Australia Post Community Grants - Acquitted - Regional community Table building
7. City of Sydney Men's Table Project - Acquitted
8. Woollahra Council; Communities of Men - Acquitted

9. Ryde Council Communities of Men - Acquitted
10. Wingecarribee Bushfire Community Recovery and Resilience - Acquitted
11. Shoalhaven Council Bushfire Community Grants - Current
12. St Vincent de Paul's - Bushfire Recovery grants - Current
13. Snow Foundation - ACT Community grants - Current

Project risks

Our governance comprises the following risk mitigation

- Board of Directors with Risk plan
- Advisory Board represented by professional advisors
- Risk Advisory Committee - independent advisory to the Board - develops Risk plan and oversees management of risk
- PWC Legal Partner - Legal advisor, part of Advisory Board and Risk Team

Risks identified, with relevant mitigation strategies; include

1. Difficulty engaging local men
 - a. Table building is a grass roots, relational approach that requires on the ground network building. We have found that working closely with local council Development officers, local community NGO's, local PHNs and Local Health District leads, and local business networks are keys to help identify the 'serial volunteers' and local leaders who have relationships with men in the community.
2. Table Co-Hosts are not the right men
 - a. We have a Co-host development process in place to support the right choice and development of Table Co-Hosts, individually and as a team of co-hosts. This encompasses initial one-on-one interviews, collaborative team interviews, a sequence of simple to use resources and videos.
 - b. Men willing to step up and initiate a Men's Table bring with them a range of life skills, and the policy of co-hosting, rather than one man alone starting a Table enables a mix of strengths and diversity of style to be encompassed in the co-host team
3. A member of a Table experiences a mental health crisis
 - a. Men at Tables provided a Safety Net resource with helpline and local professional contacts
 - b. ASIST Suicide Intervention training is available as Full Scholarship Training for all men at Tables
 - c. Our Safety Net policy ensures there is a step process for the organisation and men at Tables to follow
4. Aggression, bullying, intoxication by a men at a Table
 - a. The Fundamentals, (Table guidelines) establish agreements about acceptable behaviour at the outset
5. Privacy breach from what is shared at the Tables
 - a. "It's in the vault" is in the Fundamentals and established at the outset

If the proposal does not have an evaluation plan, why not? (for example, the proposal is for a feasibility study, the proposal will be evaluated as part of another evaluation plan, or time and funding were not allocated for an evaluation. Please explain your reasoning).

We have a budget for research ,evaluation and reporting - it will require scoping to ensure that it meets your ACT PS and other stakeholder consultation requirements listed above.

If the proposal will be evaluated, please provide further information about the plan to evaluate, noting that it may be in the early stages at this point in the proposal. This information may include, for example, what will be evaluated (and how that will demonstrate the impact of the proposal on wellbeing), when the proposal will be evaluated, and any group that will have oversight of the evaluation.

MT intends evaluating and resourcing this research of Wellbeing metrics over the proposed three years of this proposal and beyond.

Not having worked with the Wellbeing Metric Framework team ...Men's Table are open to hearing and understanding the expectations of what meaningful data is going to be captured and analysed. We believe behaviour change and action research is our strongest ethos which hopefully aligns with your WIA Framework. Our existing reports and data sets may require modification which has national and regional implications. [Evaluation Reports available here](#)

We understand ACT Policy priorities are for collective wellbeing through an emerging series of KPI's that eventually will hopefully be included in every government department - as per the Future Generations Act in Wales

We have data for numerous domains of Wellbeing

- Mental and Physical Health -we are a solution for 95% of men who don't identify as high or complex mental health needs. Our data includes suicidal lived experience, mental health challenges and reduction in harmful or less helpful behaviours, and improvement in help seeking behaviours,
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- Preparedness and Resilience through Emergency or Crisis - [see Communities through Adversity report](#)

Letters of Support

From Commnities@Work; HAC and Snow Foundation

 [HAC Supports Mens Table Nov 23.docx-1](#)

 [Letter of support for The Men's Table ACT Treasury submission January 20...](#)

 [Letter of Support Mens Table_31.1.24.pdf](#)