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## Male-friendly counselling for young men: a thematic analysis of client and caregiver experiences of Menslink counselling

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### ABSTRACT

**Objective:** Across the lifespan, young males in Australia who are experiencing mental health problems report the lowest rates of seeking professional care. The aim of this qualitative study was to explore the experiences of young men and caregivers who received male-friendly counselling from a male-specific service in Australia

**Method:** Semi-structured interviews were conducted with 14 young men who had received counselling, and 27 caregivers who facilitated access to Menslink counselling in Canberra, Australia. Inductive thematic analysis was completed to analyse the data

**Results:** Four themes were developed: (1) engaged out of desperation; (2) appeal of Menslink service; (3) counsellor more like a professional “friend”; and (4) counsellor prioritised my autonomy

**Conclusion:** The findings confirm the suitability of previously recommended adaptations to counselling to engage young men and emphasise the role of caregivers in facilitating access to support. The themes also provide direction for practical adjustments to service delivery that mental health services and clinicians can make to address personal and structural barriers impacting young men’s service contact and engagement. This study contributes to the growing literature examining the benefits of male-friendly counselling practices in psychological treatment for young men.

### KEY POINTS

#### What is already known about this topic:

- (1) Adolescent and young men face personal and structural barriers to help-seeking despite experiencing significant rates of mental illness in Australia.
- (2) In recent years, male-friendly adaptations to clinical practice have been proposed to engage young men in psychotherapy.
- (3) Little is known about how both young men and caregivers who facilitate access experience male-friendly counselling.

#### What this topic adds:

- (1) Male-friendly adaptations akin to those proposed in the literature enriched the counselling experience of young men and their caregivers.
- (2) Young men valued a counselling service dedicated to them which consequently reduced the stigma associated with seeking support.
- (3) Low-cost and timely services, the availability of male clinicians, and clinicians who supported the autonomy of young men were salient facilitators to their service engagement.

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### KEYWORDS

Masculinity; adolescence; male; help-seeking; counselling; mental health

International literature has shown that adolescent and young men (12–25 years) face discrete barriers to engaging in mental health services despite evident need (Patton et al., 2018; Rice, Purcell, et al., 2018). Suicide remains the leading cause of death among young Australians aged 15–24 years (Australian Institute of Health and Welfare [AIHW], 2023), with young men being 2–3 times more likely than female

peers to die by suicide globally (Glenn et al., 2018). Moreover, young men are more likely than young females to misuse alcohol and other drugs, be diagnosed with conduct and behavioural disorders, and experience and perpetrate interpersonal violence (Bilsker et al., 2018; Rice, Purcell, et al., 2018). Despite these vulnerabilities, young men are the least likely of any demographic group across the lifespan to access

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mental health services for professional support (Slade et al., 2009), and have higher rates of premature drop-out from therapy than female peers in Australia (Seidler et al., 2020).

Both personal and structural barriers are implicated in young men's delayed help-seeking (Rice, Telford, et al., 2018; Shepherd et al., 2023). Rigid adherence to traditional masculine norms, such as stoicism and self-reliance, remains a key determinant of young men's willingness to seek support in the literature (Affleck et al., 2018; Seidler et al., 2016). In addition, lower mental health literacy, perceived social stigma, preference for informal supports, and incompatibility with available mental health services are further factors that intersect with male role expectations and influence the intent of young men to seek professional support (Clark et al., 2018; Gulliver et al., 2010; Radez et al., 2021; Rice, Telford, et al., 2018). These barriers can stymie or delay first contact with psychological treatment and negate the potential benefits of early intervention (Rice, Purcell, et al., 2018).

In recent years, the response to these barriers has been the development of gender-sensitive practice recommendations for boys and men by professional associations (American Psychological Association [APA], 2018; Australian Psychological Society, 2017). Founded on existing research and theory, these approaches emphasise the need to adjust conventional psychological interventions to engage boys and men more effectively (APA, 2018). Relatedly, the Australian National Men's Health Strategy for 2020–2030 includes principles about acknowledging gender as a determinant of boys and men's wellbeing and applying a gendered lens to the needs and preferences of males in service design, promotion, and delivery (Department of Health, 2020). This departure from gender-neutral approaches in mental health treatment reflects growing recognition of gender as a salient factor in young men's uptake in services (Patton et al., 2018; Robertson et al., 2015).

*Male-friendly* counselling refers to gender-sensitive practices for engaging males in psychological treatment encompassing a range of pre-contact and in-session adaptations to address personal and structural barriers. In-session adjustments include utilising solution-focused, action-oriented approaches in therapy, positively framing masculine strengths, adjusting language and clinical settings to align with male relational styles and preferences, demonstrating non-judgemental attitudes and empathy towards young men, incorporating humour and client-specific metaphors, and providing choice and autonomy in therapeutic interactions (Baker & Rice, 2017; Liddon et al.,

2019; Robertson et al., 2015). To address structural barriers, feedback from focus groups with Australian service providers and young men includes targeted messaging from male role models advocating the benefits of help-seeking, availability of male clinicians, providing mental health education in school and community environments where young men congregate, and inter-agency partnership to enable positive initial contact after referral (Rice, Telford, et al., 2018).

Caregivers may impede or facilitate young men's access to professional support and play pivotal roles in their continued engagement (Block & Greeno, 2011). While parental influence on young people's access to treatment diminishes as adolescents grow older (Rickwood et al., 2015), their perspectives and priorities can impact access to treatment. Caregiver concerns regarding service cost and affordability, perceptions of counsellors' competency and authenticity, and their view of whether acute problems have been resolved influence adolescent treatment discontinuation (Block & Greeno, 2011). Moreover, research highlights that young people value control, confidentiality, and autonomy in therapy (Gibson et al., 2016; Stubbing & Gibson, 2022), which can often clash with their caregiver's goals for counselling (Block & Greeno, 2011). As caregivers largely facilitate access to care, they must also be engaged with a service for young men's continued engagement. Thus, male-friendly services should also consider caregiver perspectives, whilst balancing young men's autonomy.

To date, many of the best practice recommendations in the literature about male-friendly adaptations are derived from theory (Addis & Mahalik, 2003; Boerma et al., 2023), practitioner perspectives (Kiselica et al., 2008), and focus groups canvassing young men about their preferences for mental health support (Lisk et al., 2023; Rice, Telford, et al., 2018; Robertson et al., 2015), yet it is unclear whether these recommendations translate into improved therapeutic experiences for young men as they have not been subject to formal evaluation (Bilsker et al., 2018). As explained by the APA practice guidelines for working with boys and men, the included recommendations are aspirational in intent, and aim to improve clinician and service provider's delivery of gender-sensitive adaptations to treatment for boys and men founded upon the extant literature (APA, 2018). A crucial step forward in developing effective male-friendly interventions for young men involves gaining client feedback on male-friendly services (Rice, Telford, et al., 2018). This would iteratively enhance co-designed services based upon consumer feedback (Baker & Rice, 2017).

Despite these recent publications of guidelines for psychological practice with boys and men, no research in Australia has examined the experiences of young men who have received male-friendly counselling. Moreover, little is known about how caregivers – who generally facilitate access to professional support for adolescent males – experience services dedicated for young men. Clients who receive therapy that matches their preferences are less likely to discontinue treatment prematurely (Swift et al., 2018). Accordingly, gaining feedback from young men who have received tailored counselling appears crucial to refining male-friendly practices and service delivery (Rice, Telford, et al., 2018). The aim of this study was to explore the experiences of young men and their caregivers who have received counselling from a male-friendly service provider (Menslink) to better understand the practices that enhanced the quality of their experience. The guiding research question was: *what are the experiences of adolescent males and their caregivers who have accessed a gender-sensitive counselling service?*

## Method

### Menslink

Menslink is a not-for-profit organisation funded by the Australian Capital Territory (ACT) government, sponsorship, and fundraising located in Canberra, ACT, that offers tailored support services to young men and their families through various programs. These services include individual counselling, youth mentoring, and masculinity-informed presentations in schools and organisations (e.g., Calear et al., 2021). The Menslink counselling service provides no-cost, confidential support for young males aged between 10 and 25 years who are referred for a range of psychosocial issues, such as anger, depression, substance use, relationship issues, and behavioural misconduct. This service has been specifically developed to meet the preferences of young men, including relaxed, male-friendly counselling offices, nonclinical conversational styles, and approaches that emphasise young men's positive masculine strengths. All counsellors employed by Menslink are male and possess post-graduate qualifications in counselling. Hence, Menslink counsellors act as both adult male role models and clinicians who can support young men with practical support and advice. Menslink works alongside other mental health service providers, school wellbeing staff, and community and tertiary mental health services to support young men's mental health needs. Although young male clients attend an average of four sessions with Menslink,

some attend once or twice and are referred to more specialist services, while others remain engaged with Menslink counselling for several years.

### Participants

Out of a sample of 41 participants, 27 (66%) were caregivers (5 males, 22 females), while 14 were past clients of Menslink counselling. The higher percentage of caregivers reflected that they were often the primary contact for young men who engaged with the service, whilst the higher proportion of female caregivers reflected that whilst Menslink was occasionally contacted by fathers and guardians, they were predominantly contacted by single mothers trying to support their sons. Notably, caregivers either referred or facilitated access after a referral from a third party (e.g., school) for most young men ( $n = 34$ ; 83%). The average age of initial contact with Menslink was 16.8 years ( $SD = 3.58$ ; range 11–25), and the mode year of first engagement with Menslink counselling was 2017. The earliest initial engagement was in 2006, and at the time of interviews, three participants were current clients.

### Materials

A semi-structured interview was co-developed with Menslink to ascertain client experiences in three areas: initial engagement, experience, and impact (Guerra-Guttenberg, 2022; Neill, 2018). Regular meetings between Menslink and the research team ensured that the questions developed would effectively capture meaningful aspects of the counselling experience. These questions included focus on the client's initial reasons for contact with Menslink (e.g., "What issues or support were you seeking help with when you came to Menslink for counselling?"), their experiences of the counselling process and service ("What do you think were the most helpful or best aspects of the counselling program?"), and their perspectives regarding the impact that counselling had on their lives at the time and to the current day.

### Procedure

Before commencement, ethical approval was obtained from the University of Canberra (11672 & 13466) Human Research Ethics Committee and subsequently from University of Southern Queensland (ETH2023-0318). Under the supervision of JN, a team of four female undergraduate students, and a male honours student (JGG) conducted and transcribed the interviews as part of a work-integrated learning internship and honours

research program respectively. This team received interviewer training as outlined by Goodell et al. (2016) before conducting interviews that included ethics training, and mock interviews.

To understand the experiences of those who have accessed Menslink counselling, attempt was made to contact all past clients and carers who had used the service within the previous five years up until mid-2022 ( $n = 439$ ). To maintain confidentiality, potential participants were initially contacted by Menslink via SMS or email to gauge interest for an online interview and for permission for their contact details to be communicated to the research team. Current or past clients were contacted if 18 years or over, while carers were contacted if the client was still under 18 years. Potential participants were advised their relationship with Menslink would not be impacted by non-participation. From those contacted by Menslink, 58 initially indicated interest in completing the interviews. The research team then contacted participants via SMS to schedule a Google Meet/Microsoft Teams video call or phone interview and to provide a link to a participant information and consent form. Upon contact, 43 went on to complete individual interviews, while the remaining 15 who were initially interested subsequently declined or did not reply. Further to written consent, participants provided verbal consent at the commencement of interviews, and again at the end for their data to be included in the study. On average, interviews lasted between 10–30 minutes ( $M = 13$  min, 40 sec). Interviews were electronically recorded and then auto-transcribed by speech-to-text technology, de-identified, and finally proof-checked manually and corrected, where necessary, by the interview team. Repeat interviews and member checking was not undertaken due to researcher time and resource constraints, minimising participant burden, and trust in the initial data. Two interviews failed to record, leading to a final sample of 41 participants.

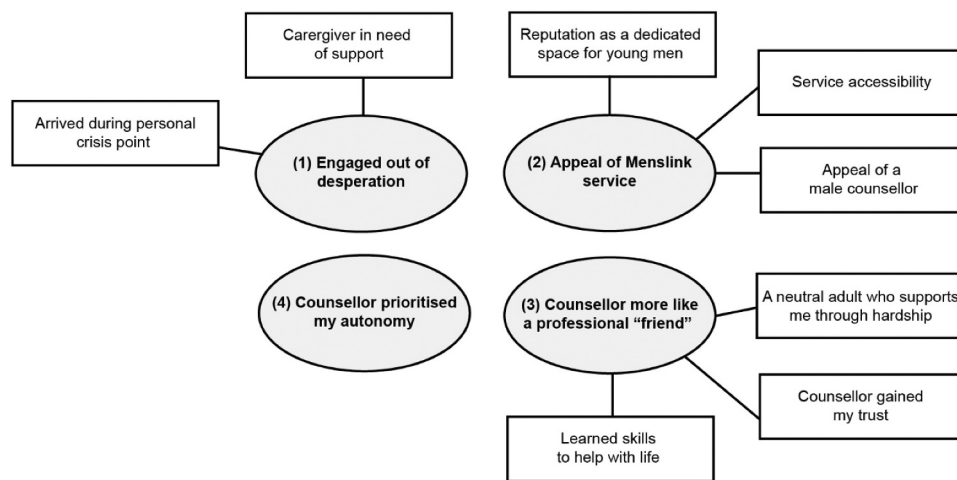
### Data analysis

Reflexive thematic analysis was used following Braun and Clarke's (2006, 2021b) general guidelines. The data were analysed within a critical realist worldview, such that an investigation of what participants believed to be truth for them afforded rich insight into their perspectives, yet positioned their meanings as socially situated and constructed, rather than a representation of a directly comprehensible, physical reality (Wiltshire & Ronkainen, 2021). A primarily inductive approach was used to "stay close" to the data and

emphasise the meaning communicated in participants' responses (Braun & Clarke, 2021a).

The data analysis was undertaken by the first author (MB) and supported by the second (NB). Both MB and NB are male Australian researchers in men's mental health and male-friendly counselling. Further to this, both are mental health practitioners who routinely work with male clients in clinical practice and provide male-friendly therapy. Neither have worked for, or are affiliated with, Menslink, yet align with their ethos to assist young Australian men to receive therapeutic support that is compatible with their preferences and relational styles. MB has an interest in utilising functional-contextualist approaches to therapeutic engagement with young men (Hoffmann & Addis, 2023) that are values-led and aim to support prosocial outcomes for young men who hold idiosyncratic masculinities. Throughout the analysis, MB iteratively reflected upon the influence of these assumptions towards the data set and his own perspectives of adolescent male development and mental health through the use of a reflexive research journal which recorded analytic decisions (Braun & Clarke, 2021b). MB was supported during the analytic process by the wider authorship team. The remaining authors (one female; three male) are researchers with scholarly experience in adolescent mental health and qualitative research methods. These authors align with the intentions of MB and NB in ascertaining counselling practices that are effective in meaningfully engaging young men in counselling. Utilising their expertise through regular and iterative discussions, MB developed the final analytic themes to address the posed research question.

First, MB reviewed the audio recordings and transcripts to become familiar with the data and note initial impressions in a research journal. The transcripts were then analysed using the NVivo (v14) software. Initial codes were recorded using open coding, followed by the development of initial themes. NB reviewed the coded data set to sense-check ideas and discuss multiple interpretations present (Byrne, 2022). Themes were then named, refined, and defined. Finally, the themes were iteratively reviewed by the authorship team until agreement was reached for the presentation of themes that appeared to best answer the proposed research question. An audit trail was maintained to document the data collection process, coding, and analysis, and reporting of the study complied with the Consolidated Criteria for Reporting Qualitative Research (CORE-Q; Tong et al., 2007) as summarised in Supplemental Table S1.



**Figure 1.** Thematic map of young men's experiences of Menslink counselling.

## Results

Four themes and eight subthemes were developed as depicted in Figure 1. In alignment with the interview structure, respondents shared salient experiences they had throughout the course of contact with Menslink counselling, starting from first contact to the conclusion of their sessions. The themes demonstrate how young men (a) enter Menslink during a period of personal crisis; (b) perceive Menslink to align with their preferences for a dedicated service for young men; (c) perceive engagement with their counsellor in a unique way; and (d) receive counselling that supports their autonomy.

### Theme 1: engaged out of desperation

Most young men engaged with Menslink counselling because they were facing a current mental health crisis or specific stressors that had accumulated to a breaking point. They frequently entered the service reporting low relationship and life satisfaction that had progressively deteriorated in tandem with decreasing positive contact with their broader social milieu.

#### Arrived during personal crisis point

Most young men entered Menslink counselling due to a mental health crisis or at the behest of caregivers or government services. Although significant life events, such as death of a family member or being charged for assault, instigated contact, respondents more frequently spoke about how smaller stressors in the social, familial, and educational spheres of young men's lives had impacted their wellbeing. Anger, aggression, suicidality, depression, challenges with peers and family, low self-esteem, bullying, and drug

use were key issues reported. Some respondents spoke of how a figurative "breaking point" instigated a sharp decline in their mental health that necessitated contact with mental health services, such as being dropped from a sporting team due to aggressive behaviour, which one young male explained was his only source of achievement at the time. Some self-referred to Menslink due to concern for their own wellbeing, but were predominantly referred through contact with police, community services, school pastoral teams, domestic violence services, or primarily due to their caregivers' concerns:

... he ended up in hospital after the police found him because they didn't know what to do with him. He agreed to counselling if the hospital let him out that same night. (Caregiver 7)

#### Caregiver in need of support

Caregivers' concern for their sons' emotional wellbeing and behaviour often prompted contact with Menslink, whether for advice or counselling support. Some described feeling helpless and frustrated as they could not help their sons and described being desperate about how to overcome the situation on their own:

I sought the help externally because I ... didn't know where else to go ... bashing my head against a brick wall and not getting anywhere, so I sought the outside help. (Caregiver 27)

A common pattern observed across responses was that of deep concern among caregivers for their son's mental health, yet there was diversity in the reasons why caregivers sought external advice and support. Some single mothers spoke of how they could not get their

sons to share what was going on, and sought another voice in their son's life, while others felt helplessness about how to support their sons through issues they faced and sought services that specifically catered for young men:

I was having quite serious issues with my son, and I was pretty desperate to get him some help ... I had seen the Menslink building in Manuka and ... was hoping they might be able to help my son. (Caregiver 2)

### **Theme 2: appeal of Menslink service**

When deciding what service to engage with, most respondents spoke of the appeal of Menslink being a counselling service specifically designed for young men in contrast to other services. For many, this afforded a sense of affiliation and belonging, as what distinguished the service was its reputation for being a dedicated space for young men:

I just think it's a great service particularly because a lot of males feel they can't reach out as such or it's not okay to reach out, but Menslink provides that environment to reach out. (Young male 9)

#### **Reputation as a dedicated space for young men**

Respondents perceived Menslink as a visible and trusted organisation in the Canberra region that was dedicated to supporting young men. Menslink's presence at schools allowed potential clients to hear about the benefits of counselling for challenges they may be facing in a familiar environment. This permitted young men to improve their mental health literacy through the counselling process being demystified, and easy access to Menslink staff if they were interested in engaging:

Menslink came in and did the talk at our school, and [counsellor name] pulled me aside and we had a quick chat. (Young male 4)

Additionally, promotion on television with local sporting teams reduced help-seeking stigma for many young men and reassured caregivers that there was a service designed to support their sons:

I've seen some of the work that they've done and ... the adverts on the telly [television] and they just seemed like a genuine organisation that could help ... They could just make you feel at ease. (Caregiver 26)

#### **Service accessibility**

Young men highlighted Menslink's short waitlist times and no-cost service were conducive to them acting upon their concerns and engaging with the service. The flexibility in communication including texting about appointments, phone and Zoom sessions during COVID lockdowns, and promptness in booking initial sessions provided a level of flexibility that suited the preferences of young men:

I think that it ... was quite readily available, which I had called Headspace and other places ... and they had quite a long waiting time, or it was quite a costly procedure ... I reached out to Menslink and they ... replied instantly and were like engaged with me. (Young male 12)

Caregivers spoke of the value of a no-cost counselling service in their region that was specifically designed for young men and responsive to their needs. Menslink's integration with mental health and other government services, such as the police and youth justice officers, provided timely direction to address acute challenges. This reassured caregivers that their sons would receive adequate mental health care.

#### **Appeal of a male counsellor**

Most respondents indicated that the availability of male counsellors played an influential role in their decision to engage with Menslink. However, the value of working with a male counsellor differed between young men and caregivers. For young men, some explained they felt like they were just talking to another male rather than a mental health professional. Speaking to another male appeared to reduce the stigma associated with seeking help and allowed them to speak more freely about their struggles without pressure to remain stoic. For others, working with a counsellor who they perceived had previously traversed similar male-specific challenges in their own lives fostered a sense of validation and understanding that they were not alone with these struggles. Reassurance that others had faced similar challenges allowed for an impression of affiliation and comradery for the client with their counsellor, and shifted their position from that of authority figure to a guide:

The fact that it was men talking to men ... there's this notion that men don't feel pain and that we're meant to be strong ... but ... when talking to another man and going "hey you've been through this, so you know what it feels like ... so clearly we've been through the same thing". (Young male 7)

Meanwhile, some caregivers explained how they sought out the Menslink service specifically to

incorporate male role models into the lives of their sons to support them with “male challenges” such as anger and depression. For them, a male counsellor could also act as a role model and be a positive influence:

... he doesn't have a male role model. So that's what I think he got the most out of, and I felt comfortable knowing that he was speaking to another guy. (Caregiver 13)

Although a few respondents indicated that they had no preference for a gender-matched counsellor, the availability of choice was highly valued by respondents to accommodate the preferences of young men.

### **Theme 3: counsellor more like a professional “friend”**

Despite the appeal of Menslink, respondents emphasised that counsellors still had to earn the trust of young men through initially building rapport and developing a strong therapeutic alliance. Participants described how they perceived their counsellors not only as a trained professional who facilitated learning skills to address current challenges, but also as an empathic adult who related to them in a personal and authentic manner. Rather than a dichotomy of *professional* or *friend*, counsellors were viewed as an informed companion who was interested and invested in them. Participants highlighted appreciation of action-oriented approaches, and connection on a relational level through acceptance, non-judgement, and positive regard:

The most beneficial part, I think, was just sitting down and having ... a serious one on one with someone who wasn't [sic] my parents that I could still get advice from. (Young male 11)

### **A neutral adult who supports me through hardship**

The young men emphasised the advantage of confiding in a counsellor, during difficult times, who was removed from their social context. As such, when advice was given, it was received as impartial and well-meaning. They spoke of how they were able to listen to the counsellor's advice or perspective without reacting as they might have if the same advice was being offered by parents or peers with their own agendas. Consequently, distance from school, social groups, and family allowed for a space of perspective taking and reflection for young men through challenges:

... at the time I was going through quite a rough time after a breakup. And talking to my parents and friends

was ... one thing, but I felt like I needed to talk to someone removed from the situation and just didn't feel like I could get the help from people close to me. (Young male 12)

### **Counsellor gained my trust**

Most young male respondents emphasised the importance of gaining trust through the strength of the therapeutic relationship. Connecting over client interests, relating to them in a positive and authentic way, and conveying a non-judgemental and accepting attitude towards young men helped them to feel safe, seen, and heard:

... just having somebody there that wasn't going to judge me ... so, you know, it was good to just be able to ... talk and not have to worry that ... the person's not going to like me ... It was very beneficial; without that I think I would have struggled a lot more than I did. (Young male 3)

### **Learned skills to help with life**

Although Menslink was perceived by many respondents as a non-clinical space which contrasted with more conventional mental health services, the development of skills to address current life challenges was interspersed throughout nearly all the caregiver and client responses. Respondents described how the skills were helpful in initially reducing current challenges and distress in their lives and allowed them to re-engage in their communities through more positive relationships. Later, some reflected that the time spent learning skills to manage distress, communicating with others, and reducing conflict were also instrumental in their reconnecting with family and peers, communicating vulnerability, and having a time and space to consider their actions and develop their capacity for self-reflection and perspective taking:

... at first it was, like, for anger management issues then ... we actually went through ... why I was getting angry, and, like, what was triggering all my anger. So, it went from anger management issues to realising that there was stuff going on at home that was triggering why I was so angry. (Young male 5)

### **Theme 4: counsellor prioritised my autonomy**

The final theme captures two different yet overlapping groups of preferences for counselling described by young men and caregivers. A tension emerged between the interests of young men – including their view of current challenges, goals for counselling, and bounds of confidentiality – and the interests of



caregivers. Although often referred by others, respondents spoke of how supporting their autonomy and control was prioritised by counsellors which consequently enhanced their engagement and commitment. Young men spoke about how they were encouraged to choose the focus and content of sessions. In this way, counsellors connected to their clients' goals and perspectives rather than aligning with those of caregivers or third parties:

... it's very much directed at him ... I will get the emails and the notifications but ... he's the primary ... nothing sort of happens without his consent, which ... gives him a sense of control over the whole situation.  
(Caregiver 24)

This sense of control enabled young men to collaboratively choose when to finish sessions with their counsellor, and also implied an "open door" policy such that counselling was available if there was ever need for further support. This appeared to honour young men's attempts to be self-reliant and equally not shame them when in need of support:

Even if I didn't have a meeting or session for, say, three weeks, just knowing it was ... available and ... would be a space to talk ... made a positive difference.

(Young male 6)

Conversely, some caregivers expressed that although they were comforted knowing that their sons were at least talking to a counsellor, they wanted to be more involved. Some spoke of wanting to contribute goals or agenda to the counselling sessions, while others wanted further information or programs to be run at Menslink. A tension emerged between acknowledging counselling as a confidential space for their sons and not wanting to encroach, and being informed enough so as to adjust their own responses and attitudes to support their sons:

That would be a point of feedback I would give, it's hard for the family to support what's been talked about or what messages they're giving when we don't know what they are. And I understand with privacy they're in a no-win situation there.  
(Caregiver 5)

## Discussion

There are growing calls for mental health services to adopt male-friendly practices to engage and retain young men in psychological treatment (Rice, Purcell, et al., 2018; Robertson et al., 2015). To our knowledge, this is the first Australian study exploring the experiences of young men who received male-friendly counselling from a male-specific service. By

interviewing both young men and caregivers, this study offers new insights into the factors that were salient to their engagement. Broadly, the experiences of respondents confirm the suitability of previously recommended adaptations for engaging young men, such as targeted messaging, availability of male clinicians, modified spaces and language that matches young men's preferences, and prioritising of choice and autonomy in therapy (Baker & Rice, 2017; Rice, Telford, et al., 2018), and further affirm that caregivers play an important role in young men's access to support (Block & Greeno, 2011).

Akin to research on service entrance for adult males (Bilsker et al., 2018), the first theme highlights how young men frequently engaged with Menslink during a personal crisis. Adherence to masculine role norms of stoicism and self-reliance is a personal barrier often cited as inhibiting help-seeking until symptoms become acute (Shepherd et al., 2023) and internal willpower is exhausted (Seidler et al., 2016). Across the lifespan, conformity to these masculine norms is strongest in younger men aged 15–25 years (Herreen et al., 2021). Consequently, externalising symptoms such as anger, aggression, and drug use are often primary reasons for referral and initial focal points of interventions for clinicians working with young men (Bilsker et al., 2018). Unsurprisingly, young men in the current study spoke of how help-seeking was delayed until life stressors accumulated to a crisis point. The inclusion of caregivers also highlighted the role of other people in young men's engagement in counselling services, with many referred at their behest or through third parties. Counselling contact perceived as mandated by others may clash with young men's developmental need for autonomy (Block & Greeno, 2011) and male role expectations (Rice, Telford, et al., 2018) which may, in turn, lead to suboptimal initial contact with counselling service providers.

Respondents spoke of how Menslink addressed personal barriers raised in theme one by structural facilitators identified in theme two that were salient to both clients and caregivers' experiences. Importantly, young men in the present study valued the existence of a service in their region that was dedicated to them. Prior to therapeutic contact, Menslink's targeted messaging on social media and presence at schools aided young men's familiarity and knowledge of the service. Strong partnerships with community mental health services, and community spaces such as schools and sporting organisations have the potential to reduce young men's stigma and reluctance to seek support (Rice,

Telford, et al., 2018), while counselling settings adapted to the preferences of young men may support positive initial contact (Robertson et al., 2015).

The availability of male clinicians was an influential facilitator for most respondents in this study. Although little research has examined young men's preferences about clinician gender, the presence and option of male clinicians may allow services to be perceived by young men as more masculine and less "feminised" (Affleck et al., 2018). In the current study, young men viewed their male counsellors more as mentors than clinicians, while caregivers, most of whom were female, valued the support of a male role model. Male counsellors appear to occupy different perceived roles in therapy for young men (Boerma et al., 2023), which – if emphasised by egalitarian positioning by clinicians – could mitigate therapeutic ruptures related to autonomy and power imbalances in therapy (Block & Greeno, 2011).

Themes three and four in the current study highlight central considerations for counsellors in addressing young men's personal barriers to meaningful engagement in the therapeutic space. Positive initial contact with mental health services appears influential to young men's continued engagement (Rice, Telford, et al., 2018). Findings from the thematic analysis portray an interplay between interpersonal dynamics, therapeutic tasks, and young men's personal agency. Young men emphasised that counsellors' qualities of being non-judgemental, accepting, and relating to them with positive regard was beneficial in developing their trust. Previous research has suggested that a strong therapeutic alliance between adolescents and counsellors requires a blended approach that balances being a professional and elements of friendship (Gibson et al., 2016). In the current study, respondents explained how the professional role afforded them opportunities to learn skills to address immediate challenges, while the friendship role provided support and opportunity to talk through hardship. Although solution-focused interventions are known to be well-received by young men (Boerma et al., 2023), the positioning of counsellors as neutral adults, as described by respondents, also allowed the opportunity for concomitant development of perspective-taking skills in young men. This is critical, as adolescents often externalise the causation of their problems (Block & Greeno, 2011). From our findings, we proffer that a neutral adult who is perceived as unaligned with parental agendas permits young men a space to openly reflect upon their relationship with their current issues and allow for the development of adaptive perspective-taking.

As indicated in the final theme, counsellors positioning themselves as a neutral party may, however, contribute to tensions of autonomy and choice in adolescent psychotherapy. Qualitative research consistently shows that young people prioritise maintaining control in therapy and often prefer parents to not be involved (Gibson et al., 2016; Stubbing & Gibson, 2022). Yet, as caregivers are often both gatekeepers and motivators for young men's engagement with therapy, balancing their preferences appears crucial to young men's access and continued engagement. This finding indicates the potential benefit of initially addressing caregiver preferences before initial contact, including the provision of education on promoting client agency, and then shifting focus to supporting the autonomy of young men during initial contact to facilitate greater engagement.

### *Limitations and implications*

The findings of this study should be considered in light of its constraints. A counselling service that is promoted as "male-specific" may attract young men and caregivers who adhere to more traditional male role expectations or present with greater externalising symptoms. Consequently, this study may not have captured the preferences of young men who are either reluctant to engage with counselling services, presenting with predominantly internalising symptoms – such as anxiety – those of diverse sexual orientations, or those who hold less traditional role expectations. Detailed demographic data was not collected. It is unclear how diverse or homogenous the sample was, and whether this may have impacted findings. Four of the five interviewees were also female, which may have impacted how young male participants responded, however, research about the effects of gender in qualitative interviews is mixed (Lefkovich, 2019). Interviewees generally found that participants were open about the issues that brought them to Menslink and their experiences of counselling. In addition, self-selection bias during the interview recruitment process might have led to interviews with people with more positive views and experiences of Menslink counselling compared to those who did not respond. As only 41 out of 439 (9.3%) past clients who were contacted participated in this study, it remains unclear whether the experiences of these participants differ significantly from those who did not participate. Similarly, recall bias from those who engaged with Menslink several years ago may have affected the accuracy of their responses. Yet, as the aim of this study was to

ascertain salient experiences from those who had accessed a male-friendly counselling service, it could be argued that these experiences would be less impacted by this bias. These limitations may guide future research directions. This could involve expanding the participant sample to include those who have not yet engaged, those who present with internalising symptoms, those with diverse sexual identities, and those from different demographic and socioeconomic backgrounds to ascertain a broader array of male-friendly counselling experiences.

Notwithstanding these constraints, implications of this study can be drawn from its findings and offer a starting point for clinicians and service providers attempting to engage young men. First, targeted messaging and promotion of male-friendly counselling services alongside integration with region-specific school, government, and community services may allow for timely referral of young men to services they perceive to be compatible to their preferences. Notably, counsellor involvement in the provision of male-targeted education sessions at schools may allow for young men to be exposed to tailored messaging to improve their mental health literacy (Calear et al., 2021). Second, the provision of low-cost services, timely response, and availability of male clinicians appears to be important to both young men and caregivers. Third, clinicians should adjust their interpersonal interactions to match the relational styles of young men, be prepared to initially focus on teaching skills to address acute challenges, and foster an egalitarian relationship that conveys authenticity and acceptance whilst supporting agency. Finally, providing caregivers with information and education relating to confidentiality and common problems that young men can experience can upskill their own knowledge about adolescent psychotherapy and enhance their commitment to supporting continued engagement.

## Conclusion

Despite young men's higher rates of suicide, substance misuse, and behavioural problems, many are reluctant to seek professional support and often disengage from psychological treatment prematurely in Australia and worldwide. The findings of this study confirm recommendations provided in recent literature about promoting male-friendly adaptations to help engage young men in counselling. The themes identified offer practical adjustments to service delivery that mental health providers and clinicians alike can make to address personal and structural barriers impacting

young men's service uptake and engagement.

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## Data availability statement

Data are not available due to ethical constraints. Participants did not provide extended consent for their data to be shared with other researchers.

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