



# **When Men Miss Out: Mental Health Care in Regional Practice**

**March 11, 2026**



# Acknowledgment of Country

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The Mental Health Professionals' Network (MHPN) respectfully acknowledges the Traditional Custodians of the lands, seas and waterways across Australia upon which our webinar presenters and participants are located.

We pay our respect to the Elders past, present and acknowledge the memories, traditions, culture and hopes of Aboriginal and Torres Strait Islander people.



# Aim and Learning Objectives

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## **Aim of the Webinar**

To examine what happens when men miss out on care in regional settings, and how clearer ways of working can strengthen engagement, safety, and follow-through.

## **Learning Objectives**

1. Describe barriers and enablers to providing care to men experiencing mental health difficulties.
2. Outline strategies to engage men, support continuity, and navigate rural systems.
3. Identify service design features that minimise barriers to help-seeking.
4. Apply practical strategies to improve collaboration and referral processes across disciplines.



# Five-Stage Journey

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1. Before help-seeking
2. First contact and intake
3. Determining supports
4. Providing and coordinating care
5. Multidisciplinary clarity and system design



# About Ballarat Men's Mental Health

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# Section 1 – Before Help-Seeking

Where Men Begin to Miss Out



# Rohan: Early Indicators

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- Rohan frames distress as stress.
- He believes he should cope alone.
- Financial strain threatens identity.
- He withdraws from community.
- A peer encourages help-seeking.



# Section 2 – First Contact and Intake

## Reducing Friction



# Rohan at Intake

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- He doubts talking will help.
- He worries about cost.
- GP access is limited.
- He feels stuck but not unwell enough.



# Section 3 – Determining Supports

When Complexity Becomes Visible



# Rohan: Escalating Complexity

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- Poor sleep and chronic tension.
- Financial pressure and debt stress.
- Relationship strain and arguments.
- Thoughts that others may be better off without him.



# Section 4 – Coordinating Care

## Preventing Drop-Off/Disengagement



# Rohan: Ongoing Risks

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- Competing farm demands.
- Financial instability.
- Relationship breakdown risk.
- Rural service limitations.
- Risk of withdrawal when feeling like a burden.



# Section 5 – Multidisciplinary Clarity

## Preventing Fragmentation



# Rohan: System-Level View

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- Multiple intersecting stressors.
- Limited GP access.
- Financial and relational complexity.
- Rural service constraints.



# Key Takeaways

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1. Engagement requires reframing
2. Reducing friction increases follow-through
3. Continuity requires intentional coordination
4. Collaboration requires clarity

