

Nova Scotia Men's Helpline Evaluation Report

FINAL REPORT

Date: July 2021

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Acknowledgements

This research was made possible thanks to funding from Women and Gender Equality Canada and support from the Centre for Research & Education on Violence Against Women & Children and Saint Mary's University. The contents of this report reflect the views of the authors and do not represent in whole or in part the beliefs, opinions, or recommendations of WAGE Canada, the Centre for Research & Education on Violence Against Women & Children, Saint Mary's University, the Government of Nova Scotia, or any contributing or partner organizations.

The Province of Nova Scotia funded the development, implementation, and marketing of the Men's Helpline pilot, through Standing Together (NS Status of Women) and the Department of Community Services.



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LIST OF ACRONYMS / ABBREVIATIONS

- 211NS: 211 Nova Scotia
- CNS: Communications Nova Scotia
- COVID-19: Corona Virus Disease, formerly 2019 novel coronavirus
- CYFS: Children, Youth and Family Supports
- DCS: Department of Community Services
- FSENS: Family Service of Eastern Nova Scotia
- MHL: Men’s Helpline – Family Violence Prevention - Men’s Intervention and Support Response Pilot
- NSBEP: Nova Scotia Board of Examiners in Psychology
- NSCCT: Nova Scotia College of Counselling Therapists
- NSCSW: Nova Scotia College of Social Workers
- Status of Women: The Nova Scotia Advisory Council on the Status of Women

PREAMBLE

The authors would like to take this opportunity to situate themselves in relation to this research. First, the authors of this report identify as White, cis-female and mixed race, cis-female, university-based researchers who have worked, over many years, to address various forms of gender-based violence. We understand violence using an intersectional and feminist lens. The lead author has spent most of her career developing and examining work with men and boys as one part of broader efforts to end violence against women and children.

The impetus for this research came out of conversations held in mid-2020 across federal and provincial boundaries about what might be possible for developing services for men. These discussions recognized that the COVID-19 pandemic increased risk of GBV. Discussions culminated in federal funding to evaluate work that was already underway in Nova Scotia to launch a helpline service for men. The Centre for Research and Education on Violence Against Women and Children (CREVAWC) Ontario was awarded a research contract and immediately partnered with Dr. Diane Crocker, Saint Mary's University, lead Evaluator for Standing Together, the provincial action plan to prevent domestic violence. One of the core research partners was hired based on that collaboration. CREVAWC researchers were still outsiders to the ongoing work in Nova Scotia and this positioning created some challenges. All members of the Evaluation Working Group have nevertheless persisted, collaborating in all stages of the research. Thus, although CREVAWC and SMU are credited as authors of this report, it reflects the discussions and combined learning of the entire team.

We also wish to acknowledge that the current work is happening in a very specific and complex time for work with men. Beyond the context of COVID-19, which has put GBV, and in particular GBV that occurs within families, in new light, there is a general shift in perspectives on work with men and boys. Across Canada, there is broader recognition that working with men is an essential part of ending violence against women and children. There is commitment to doing this work in a way that is engaging and that men are open to, focusing on approaches that “call in” men for change. This shift is balanced by a need to maintain a core understanding that gender inequity is inextricably linked to rates of violence against women and that all forms of abuse thrive when kept secret and unnamed.

This work is also occurring at a time where intersectionality is recognized as never before. “Men”, as a term and a concept, needs to be broadened to all persons who identify as male, and then discussions need to be further expanded to include people of all genders. Any work to address GBV must also recognize that, while violence affects all people, those facing structural violence in the form of anti-Black and anti-Indigenous racism, sexism, homophobia, transphobia, ableism, those living in rural and remote communities, and newcomers to Canada are more at risk for being victimized and experience greater barriers to receiving help.

We recognize the complexities of this work and the potentially challenging and contrasting ideologies that inform efforts to “work upstream” to end GBV. We offer this work with the goal of contributing to a shared aim of promoting safe, healthy, and equitable relationships.

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INTRODUCTION

Across Canada, there is a need to enhance upstream efforts to end all forms of gender-based violence. This work needs to include engaging men and boys to develop healthy, equitable, non-violent relationships. Such work includes providing access to services which can mitigate situations where the possibility of violence is developing and help prevent escalation of abuse. It recognizes that part of ending violence against women and girls is working with men to stop abuse and become allies in advancing gender equality.

In Nova Scotia, upstream work aligns with provincial policy supporting and understanding that the well-being and safety of families and communities are dependent upon the availability of resources and supports for all Nova Scotians, including men. Men-specific supports have been identified as a gap in Nova Scotia which has been highlighted by and during the COVID-19 pandemic.

As one response to this gap in services, the Nova Scotia Status of Women and the Department of Community Services with community partners, 211NS and Family Service of Eastern Nova Scotia, initiated a 7-month¹ Men's Intervention and Support Response Pilot Program, later renamed the Men's Helpline (MHL). The goal of the program was to reduce or prevent the likelihood of domestic, family, and gender-based violence by facilitating low-barrier access to assistance, support, and intervention for men dealing with life challenges. During this pilot, men who called 211NS and who presented with concerns that may relate to, or increase risk for, domestic violence or harm to self or others were connected to a responder who could provide immediate non-crisis support and risk management and who could also connect men with up to six sessions of short-term individual counselling. The Men's Helpline contributes to the Standing Together initiative of the Government of Nova Scotia, a key objective of which is to prevent domestic violence (DV) by disrupting cycles of violence and ensuring that Nova Scotians are better prepared to develop healthy, violence-free relationships, by engaging men at-risk of using violence in their relationships in services designed to assess, monitor, manage, and reduce abusive behaviours. The Men's Helpline also contributes to Nova Scotia's transformation of its Child Welfare system, which aims to shift its focus to a proactive and early approach to strengthening children, youth and families, ultimately mitigating the need for more intrusive, statutory interventions. The focus is on promoting safe, stable, and nurturing relationships and environments for children and their families that are free from violence, abuse, and neglect.

The current report summarizes main findings from research conducted during the first seven months of MHL implementation. It integrates and summarizes results of a number of research efforts written up into two interim reports into an over-arching report to: a) summarize findings across the various methods of data collection; b) reflect on successes and challenges; c) highlight considerations relevant to setting up this work in other provinces and territories.

The Nova Scotia Context

The MHL was not launched as a standalone initiative. Although it was very helpfully initiated in the midst of the COVID-19 pandemic, conversations about developing a continuum of services for men and boys in Nova Scotia had begun well before. The MHL links to, and is part of, two broader, multi-year initiatives of the provincial government.

¹ In early 2021, it was confirmed that the Men's Helpline would receive funding for at least another fiscal year (April 2021 – March 2022). The initial pilot program time period was September 2020 – March 31, 2021. In July 2021, two additional provincial helplines, the Women's Helpline and All Genders Helpline, were also launched.

The first broader provincial initiative supporting the MHL is Standing Together. [Standing Together](#), which is an initiative of Nova Scotia's Status of Women, aims to work with community organizations, groups, and experts to support a shift to prevention, while also improving response systems and structures to be more human-centred. Its three specific aims are to:

- prevent domestic violence by disrupting cycles of violence and ensuring that Nova Scotians are better prepared to develop healthy, violence-free relationships;
- support victims of domestic violence with an improved system of programs that help them rebuild their lives and prevent violence in the future;
- shift policies and interventions so support systems better respond to people's needs, understand and promote gender equality, and address barriers facing the most vulnerable Nova Scotians.

To inform the development of a provincial action plan to prevent domestic violence, Standing Together is focused on innovation and learning. The province is advancing this work through several facilitating mechanisms, including grants, government/community collaborations, and innovative prototypes and pilots. Over 70 projects and initiatives are currently underway, with strategic investment in three priority areas: Indigenous women and girls, children and youth, and men and boys. They have also invested in strategic relationships and partnerships to explore what it will take to make the shift to prevention in Nova Scotia.

The second concurrently developing initiative that informed the MHL is the Prevention and Early Intervention (P&EI) program area within the Child Youth and Family Support Division (child welfare) of the Department of Community Services (DCS). In Nova Scotia, Child Welfare began a transformation process in 2014, aiming to move the child welfare system to be more preventative focused rather than crisis driven, with the hopes of improving the outcomes for vulnerable children, youth, and families. Within DCS, it has been long recognized that family violence is a significant risk factor and reason for the involvement of child protection in the lives of the many of the families supported within formalized child welfare responses. In early 2020, through the Department's transformation work, P&EI began the process of updating its model and framework of how it approached and served men, and specifically fathers who were at risk of or had used violence within their family relationships. This resulted in an updated 3 tiered approach to men's work with fathers and the renaming of what was historically known as Men's Intervention Programming to Strengthening Fathers Programming and in work with men's intervention programs and service providers across the province to develop shared program standards, competencies, and training. This tiered approach enables earlier engagement of and support to Fathers from a preventative lens and addresses risk and protective factors across the social determinants of health.

During this same timeframe, additional conversations with community partners on the impact of COVID-19 within P&EI funded supports and services and the children, youth, and families they were serving surfaced that an increasing number of men and fathers were calling to seek support from Men's Intervention Programs. Through these conversations, it became apparent that additional supports for men and fathers were needed, especially given the additional pressures and stresses that the global COVID pandemic was placing on families.

As a way to broaden the conversation regarding the concept of a Men's Helpline, conversations took place with an ad hoc group of 18 stakeholders/service providers who helped to further develop and fine tune the concept. This development work was supported by a new COVID-19 Domestic Violence

Coordination Working Group that was co-chaired by Status of Women and Department of Justice, involving over 30 representatives from government and community agencies. Conversations centred on the increase in self-referrals from men during the pandemic for concerns relating to stress, anxiety, and potential harm to themselves or others. The MHL pilot was developed and funded collaboratively by Nova Scotia's Status of Women (leading Standing Together) and the Department of Community Services in order to support shared objectives of earlier intervention and supports, with a focus on preventing violence against women and children.

Collaborative Approach

Collaboration is a central pillar of Standing Together; it reflects a commitment from the Nova Scotia government that *how* the work is approached is critical and requires shifting ways of thinking and doing to be more integrated and human-centred. The way this is being animated is through initiatives and projects creating opportunities for relevant parties to come together, develop shared understanding, and work to address issues that contribute to violence against women and children.

The MHL was able to be launched because of strong, long-standing collaborative relationships in place between DCS, Status of Women, and community partners. By leaning into the newly developing DCS tiered approach to men's work and collaborating with Standing Together, it was possible for DCS and Standing Together to co-lead and collaboratively fund the MHL; supporting the shared objectives of preventing violence against women and children. Enabling the development of the Men's Helpline to be a holistic model of tiered intervention responses to support Nova Scotian men and fathers across the province, was the alignment with the Department's and Standing Together's Strategy for an overall transformation of programs and services to be more human-centred, collaborative, and responsive. Strong working relationships between government and social service providers was another enabler; the speed that the MHL could be developed and implemented was grounded in the strong existing relationships between DCS and FSENS and creation of a new partnership with NS211.

Once launched, the MHL continued to build on a foundation of intentional collaborative, relational, and human-centred work – embracing principles of partnership, inclusion, and collaboration in design and implementation. The Working Group had formal biweekly meetings in the initial start-up and monitoring phase (September – December 2020), and then decided to meet monthly during the second half of the pilot (January – March 2021). Collaboration has continued since then with both formal and informal communication among partners. Collaboration has included ongoing engagement with 211NS and FSENS regarding program implementation and connections with provincial Mental Health and Addictions services and providers to build understanding of how the services can support each other's work and meet the needs of callers through a more integrated and tiered model of care and wellness. Opportunities to present to and share information with networks of service providers across Nova Scotia have been leveraged to ensure broad awareness of the MHL.

Table 1 provides a very brief description of the role and function of the key partners who collaborated during the design, implementation, and launch of the MHL and in conducting evaluation of its success. As is evident, the collaboration includes representation from multiple government agencies and departments, community agencies, and universities.

Table 1

Organization	Responsibilities
Nova Scotia Advisory Council on the Status of Women (NS Status of Women)	Co-leads for the MHL initiative. Lead on communications for the MHL. Government lead for Standing Together.
Department of Community Services, Prevention & Early Intervention, Children, Youth & Family Services	Co-leads for the MHL initiative.
Department of Community Services, Strategy, Policy, and Decision Support	Lead government evaluator.
211 NS	Core agency partner, responsible for initial navigation and referral to the MHL (further description below).
Family Service of Eastern Nova Scotia	Core agency partner, responsible for responding to MHL callers (further description below).
Centre for Research and Education on Violence Against Women and Children	External research.
Saint Mary's University, Department of Criminology	Co-lead on external research, creating connections to Standing Together (as leads on overall Standing Together evaluation and learning framework).

How the MHL line works

The MHL aims to provide a tiered support response to men. Its functioning is depicted in Figure 1 and described briefly below.

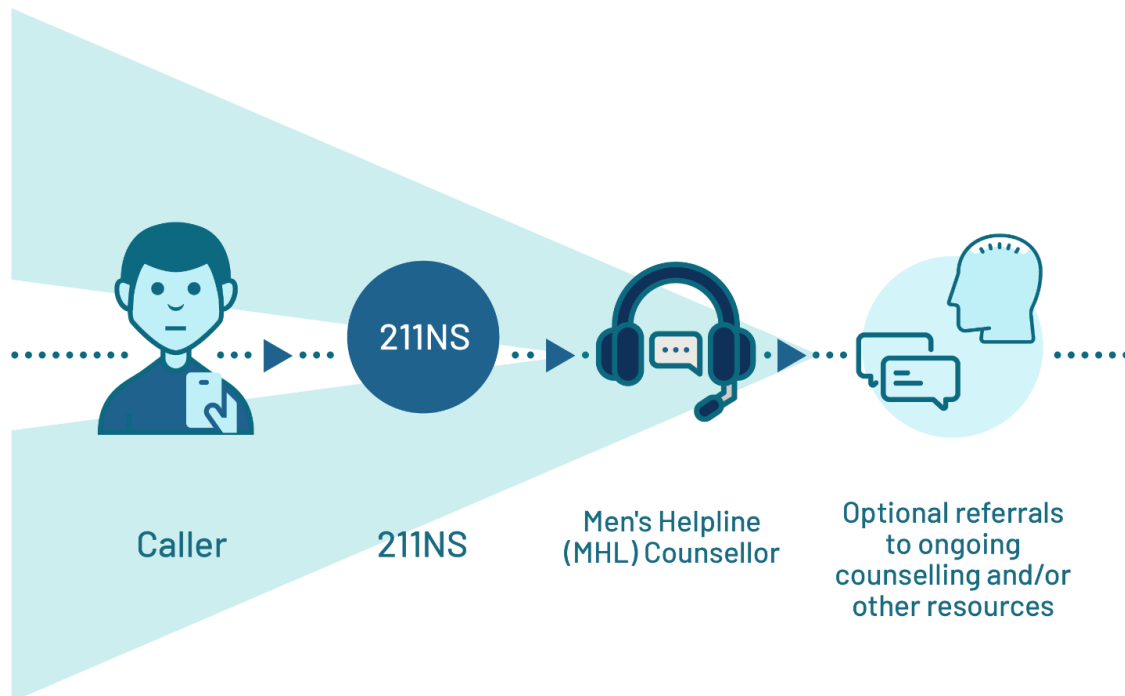


Figure 1. The caller's experience when accessing the MHL.

BROAD ENTRY THROUGH 211NS

The first point of contact is 211NS. 211NS is a 24/7, free, confidential service that helps to connect Nova Scotians with programs and services in their community. 211NS is designed for people of all walks of life who are seeking information on a wide range of community and social services, including those related to employment, food security, housing, disability support, skills training, home care, and others. 211NS was deliberately chosen as a first point of contact of the MHL for a number of reasons. Critically, it was thought that the breadth of the service would help reduce barriers to calling that might be present for a line focused on distress, mental health, or domestic violence. This approach recognizes that men may be more likely to reach out and engage initially with more concrete presenting issues and may also not make connections between their challenges in other aspects of their lives and the potential impact on their family. Partnership with 211NS also affords a broad range of referrals. 211NS's Community Resource Navigators can respond to the immediate concrete needs of men by connecting them with community and social resources specific to their needs. It also draws on the strength of an established infrastructure for access by phone, text, email or by searching the 211NS. 211NS Community Resource Navigators, through their use of thoughtful and compassionate inquiry practices, supportive listening, and problem-solving, can also unpack other cascading issues, looking for the root cause or larger issue for men who call 211NS. They can manage multiple callers, assess and triage response to alternate services, as required, including 911, Nova Scotia's Provincial Mental Health and Addictions Crisis Line, referral to intervention and clinical counselling supports and, when appropriate, facilitate a "warm hand off/transfer" to the MHL. A warm hand off/ transfer refers to the fact that callers can be connected immediately and directly from 211NS to the MHL. If interpretation services are being used, interpretation can be transferred as well with support for 240 languages available via 211NS through their use of the Language Line (<https://www.language.com/>). For the caller, the resulting experience is akin to being transferred from one person to another within a single service/organization.

MHL SINGLE COUNSELLING SESSIONS PROVIDED BY FSENS

Men or people who identify as male 18 and older who call 211NS to request the MHL and/or who are deemed to be an appropriate referral to the MHL are connected via a warm transfer to a MHL Line Responder based at Family Service of Eastern Nova Scotia (FSENS). Like 211NS, the MHL is provided at no-cost to the caller, confidential, and available 24/7. As a general guideline, callers are provided with a 30-minute session, i.e., Single Counselling Sessions.² MHL Line Responders providing Single Counselling Sessions using an intentional, collaborative, holistic, strengths-based, solution focused, trauma informed approach with the goal of working with callers to address and build skills for managing immediate concerns. There is no limit on how many times a caller can access these Single Counselling Sessions.

The focus of the MHL aligns with that of the FSENS organization. As an organization, FSENS works to provide a warm, welcoming, non-judgmental, inclusive place for clients. They use a person-centered, trauma-informed, holistic, intentional and collaborative approach. FSENS work on the MHL is based on five principles of an "open-door" framework, which has been developed over 10 years of direct service delivery input from men and those who identify as being male who have accessed FSENS Men's Health Centre (the first and only in the province). Some ways in which the open-door framework is conceptualized for potential to mitigate risk for intimate partner violence/domestic violence are as follows:

² MHL Responders can extend the session, if necessary, and based on their clinical judgement.

Callers are able to address personal, emotional and relationship issues as needed before they reach a critical level which could otherwise in some instances lead to a risk for intimate partner violence/domestic violence.

1. Callers are offered a safe non- judgmental place to explore and work through personal trauma history and other issues some of which have been correlated with an increased risk for intimate partner violence/domestic violence.
2. Skills for things such as stress management, management of anxiety and depression, emotional regulation, communication, understanding locus of control and taking responsibility, which are learned on calls unrelated to intimate partner violence/domestic violence, may be practiced within a relationship context and serve a preventative role.
3. Callers can reach out for relationship support when there is no specific risk for intimate partner violence/domestic violence and learn skills that may support the growth, development, and maintenance of a healthy relationship.
4. Finally, callers are also able to reach out to the line at the moment of a relationship crisis and receive specific support and de-escalation at that moment.

FSENS had experience providing Single Counselling Sessions sessions to users of other programs prior to the implementation of the MHL. These experiences helped guide the initial helpline training of Responders and implementation of the MHL. During initial training, Responders are reminded that the most important thing is the connection they build with and care they give to the caller. Emphasis is placed on exploring issues and then building aspects of improved mental wellness. Responders are encouraged to consciously make use of an intentional, collaborative, holistic, strengths-based and trauma-informed approach. To support this work, MHL Responders receive regular reflective supervision, attend FSENS team meetings, and can access 24/7 consultation. Such supports allowed for management of technical and process issues during line implementation alongside reflections of what can be done better. The meetings also provide a space for the MHL team to reflect on and process both the successes and challenges encountered on the MHL. This regular communication has allowed for changes to procedures as well as identifying areas for further training and growth. Examples have included specific meetings focussed on managing the timing of calls, working with callers who express suicidal ideation and callers who may be living with mental illness. These discussions have sought to build a deeper understanding that the Single Counselling Sessions with the Men's Helpline is indeed open for all people who identify as male over the age of 18 in Nova Scotia who reach out.

ONGOING COUNSELLING SESSIONS WITH AN ASSIGNED THERAPIST

Finally, where appropriate, callers to the MHL can be connected to an Ongoing Counselling process with an assigned therapist based on the client's needs, location and preference. FSENS coordinates this work by recruiting and creating a network of appropriate counsellors. Counsellors engage in providing Ongoing Counselling sessions must be practicing clinicians who are registered and in good standing with a professional governing body in Nova Scotia (NSCCT, NSCSW, NSBEP), hold appropriate liability insurance for the purpose of providing therapeutic counselling, provide a clear criminal record, vulnerable sectors, and child abuse registry check, and be able and willing to provide counselling that is aligned with the brief time frame of a maximum of 4 to 6 sessions per client. Counsellors must have experience working with individuals who perpetrate or experience family violence, diverse populations and backgrounds and with collaborative practice with communities and community-based organizations. They provide services that are culturally informed and safe, trauma-informed and based on best available practices.

Spreading the Word – How the MHL is Advertised

In general, the advertising for the MHL takes a minimalist approach in its messaging, focuses on it being a “Men’s Helpline” that men can call for any reason. This broad appeal intentionally avoids the use of language or accompanying visuals that may lead the public to view the MHL as a mental health or domestic violence line. The goal is to advertise the MHL in such a way that “any” male-identifying person in Nova Scotia would feel comfortable calling. Key messages were tested and refined with the initial ad hoc working group, which included many men-serving organizations, as well as women-serving groups, to ensure the language, messaging, and invitation would be appropriately received, sufficiently broad, and include a clear “call to action”. See Figure 2 for an example of MHL advertising.



Figure 2. An example of the primary imagery used when advertising the MHL on social media platforms, such as Facebook and Twitter.

KEY MESSAGES

- Life can be tough. It’s okay for everyone to reach out and ask for help.
- Most calls for support are from women, and we want to make it easier for men to reach out for help too. That’s why we are now offering a Men’s Helpline, available 24/7 through 211.
- Someone is always ready to listen. It’s confidential. It’s free. It can help.

The MHL has been advertised in several ways. A paid digital ad campaign was run on the Canadian Broadcasting Corporation (CBC) website from September 2020 through November 2020 with *416,618 impressions³ served* and *801 clicks* to the MHL website (click through rate: 0.19%). Paid advertisements were posted on Facebook on December 16 through December 17, 2020 and December 21 through December 24, 2020 with a *reach of 5,508 people*, *56 shares* and *10 likes*. Additional non-paid

³ Impressions are the number of times content is displayed, regardless of whether it was clicked or not.

posts/tweets were made on Facebook and Twitter originating from @StatusofWomenNS and reposted/tweeted by the DCS account. Finally, prominent political leaders in Nova Scotia have mentioned the Men's Helpline during press conferences and have publicly shown broad support for the MHL, including a Facebook post promoting the MHL by Premier McNeil in September 2020. In addition, the FSENS Executive Director participated in media interviews about the MHL on CBC Halifax and Cape Breton, and a national story on the MHL in the context of preventing VAW featured both FSENS and CREVAWC Director Katreena Scott.

GATHERING LEARNINGS

Evaluation of the MHL has been a collaborative process, involving the collection of information from virtually all partners, using multiple data-collection methods, and accessing numerous perspectives on the MHL. In particular, there were significant efforts on the part of both 211NS and FSENS to gather and collate large volumes of administrative data, by the DCS evaluation team to compile, analyze, and facilitate collaborative analysis with the evaluation working group, and by university-based researchers to gather focus group information from the 211 Navigators and FSENS Responders. This triangulation is a significant strength of the evaluation. Specific sources of data include:

Administrative Data

Administrative data was collected by 211NS, FSENS, and Communications Nova Scotia (CNS) using their organization-specific data collection methods to provide relevant indicators for the evaluation. 211NS and FSENS tracked information about men contacting 211NS for resource and support navigation as well as callers using the MHL. CNS tracked information about the MHL advertisement campaigns, including their type, duration and how they were performing.

Single Counselling Sessions Brief Questionnaire

Callers who accessed the MHL for Single Counselling Sessions were asked up to 3 evaluative questions before their session was concluded: 1) Would you reach out for help again? 2) Would you recommend our service to someone else? And 3) Is there any way to feel we can improve our service? Consistent with a client-centered approach, counsellors used their clinical judgement to determine which, if any, questions were appropriate to ask the caller.

Ongoing Counselling Session Feedback Informed Treatment (FIT) Questionnaire

Callers who accessed the MHL for Ongoing Counselling Sessions were asked questions from the FIT questionnaire during each of their sessions. The FIT includes the Outcome Rating Scale (ORS) and the Session Rating Scale (SRS). The ORS was administered at the beginning of each session and allows the caller to report how they feel they are functioning in key areas of their life. The SRS was administered at the end of the session and is designed to measure the working relationship between the therapist and caller and if the caller feels the session is helpful/meeting their needs. Consistent with a client-centered approach, counsellors used their clinical judgement to determine if the FIT questionnaires were appropriate to ask the caller.

Focus Groups with 211NS Navigators and FSENS MHL Responders

Three focus groups were conducted over the course of the evaluation. The focus of meetings with 211NS Navigators and FSENS MHL Responders was on the content of the discussions and on staff's experience with the MHL. In December of 2020, about four months after the initiation of the MHL, focus groups were held separately with 211NS Navigators and FSENS MHL Responders. The focus of observations and

discussions centered on the intersectional needs of clients that call the line, the decision-making processes behind referring clients, how the MHL service fits in with other support services in the province, in particular mental health services, and the multiple different angles of approach that clients may use to access services. Story-point-prompts were used to encourage discussion of these issues. A third focus group with FSENS MHL Responders took place in April 2021. This focus group was shaped by data analysis of the initial meetings, as well as feedback received from the Evaluation Working Group on preliminary findings presented in the first focus group draft report. Primary goals for the second FSENS focus group included: confirming the accuracy of findings with participants, sharing preliminary results, asking new questions relating to repeat callers, mental health, and domestic violence, and updating answers to previous questions to see if salient changes had occurred since the first focus group.

Evaluation Working Group Observations

With the permission of those involved, the research team were invited to, participated in, and took notes during the Evaluation Working Groups regularly scheduled group meetings from September 2020 – June 2021. The focus of these qualitative observations was on the content of the discussions and the research team paid particular attention to the problem-solving abilities and collaborative strengths of the Evaluation Working Group as an evaluation and pilot-project implementation team. Meeting occurred via Microsoft Teams software and no video or audio recordings were made. Researchers' notes focused on the implementation of the MHL, including successes, challenges, and problems solved.

Outreach to Men & Boys Service Providers

Near the end of the evaluation period (i.e., May 2021, 8 months after MHL initiation), outreach was done with organizations in Nova Scotia that provide services to men and/or boys. Potential organizations were identified via an environmental scan (detailed in a separate report entitled Environmental Scan of Men & Boys Services in Nova Scotia). Outreach was initiated via email to organizations that were located in Nova Scotia and phone interviews were conducted with the goals of confirming the nature of services available and the service providers' knowledge about and impressions of the MHL.

Data interpretation

Throughout the project, members of the MHL evaluation working group met to consider and interpret emerging trends from across sources of data. For example, three collaborative sense-making workshops were hosted by DCS to review and engage with administrative data and two meetings were set aside to review results of the focus and working group analyses. This process led to the evaluation team layering COVID restrictions and major events onto the administrative data on call numbers to look at possible correlations with call volumes and presenting issues. Data was written up into two interim reports, one on administrative and statistical data prepared by DCS Senior Evaluator Joshua Brisson and a second on results of focus groups, outreach to service providers to men and boys, and working group observations prepared by CREVAWC. The current report is an integrative summary, highlighting major results and themes.

MAIN FINDINGS

Finding 1. 33% Increase in men's help seeking associated with COVID-19

Partnership with 211NS afforded the opportunity to explore how COVID-19 has contributed to men's general help-seeking contact with 211NS independent of the MHL. From January 2019 to March 2021, there were a total of 26,899 men who contacted 211NS. As show in Figure 3, there were clear increases in contact around time the Federal and Provincial governments initially declared a State of Emergency in response to the COVID-19 pandemic and again during subsequent periods of COVID-19 related restrictions. Increased contact also occurred at the time of the Northern Pulp Mill Closure, the Nova Scotia Mass Shooting, and the murder of George Floyd. A direct comparison of the number of calls over a 7-month period (September to March) year-over-year finds a 33% increase in calls from men in 2020-21 as compared to pre-pandemic 2019-20. Calls increased for all age groups and from virtually all regions of NS.

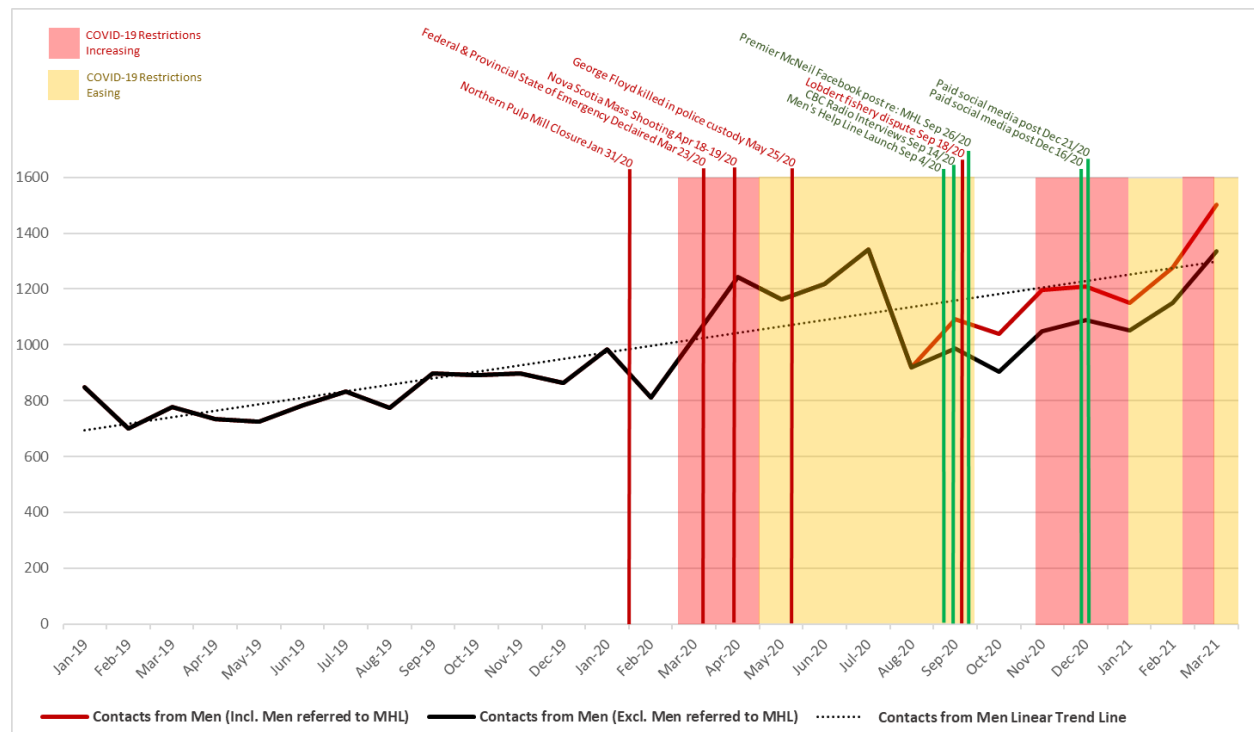


Figure 3. 211NS Male Contacts Pre-MHL Implementation and Post-MHL Launch, Including Significant Events and COVID-19 Restrictions (Source: DCS Internal Report)

Finding 2. Use of 211NS as a broad and holistic entry point was effective for engagement

One of the key considerations in launching the MHL was the extent to which men would seek out and access this service. Past work with men across Canada has identified that men are often reluctant to engage in violence prevention/gender equality programming on a voluntary basis⁴. It was hoped that using a broad, holistic invite may help to overcome some of this hesitation. It was all the more encouraging that the launch of the MHL was associated with an immediate increase in calls, requests for, and transfers to the MHL. Administrative data from 211NS (Figure 2) shows that, since the launch of the MHL, approximately 9% of calls to 211NS from men were transferred to the MHL. 211NS Navigators

⁴ Dozois, E., & Wells, L. (2020). Changing Contexts: A Framework for Engaging Male-Oriented Settings in Gender Equality and Violence Prevention—Practitioners' Guide.

explained that, in most cases, men who are referred to the MHL call 211NS to directly ask for the service. Men hear about the MHL in a wide range of ways, including from advertising, other helping professionals, agencies, and by word of mouth. Navigators reported that men are also encouraged to call 211NS to be connected with the MHL by friends and family, in particular mothers and intimate partners. 211NS Navigators themselves also play a key role in raising awareness about the service. In cases where men were not calling to be put through to the MHL but were calling to learn about support services more broadly, Navigators would generally inform the caller about the MHL. 211NS Navigators suggested that often these callers are struggling because of job loss, food insecurity, mental health issues (e.g., anxiety, depression), and changes in family dynamics. Through further conversation, Navigators are able to uncover underlying needs that the MHL might support and can offer to connect the caller to this service.

Finding 3. MHL provided almost 800 single counselling sessions to men of all ages and in all regions of Nova Scotia

Between September and March of 2020, the MHL responded to 794 calls from approximately 278 unique callers. Of callers whose age was known, most were between the ages of 18 and 34 (35%) or 35 to 54 (41%), with fewer callers 55 and older. The geographic distribution of callers aligned with population distribution suggesting reach of the MHL across the entire province. Calls came at all times of the day, with a fairly even distribution of calls across the morning (22%), afternoon (30%), evening (5 to 10pm, 24%) and overnight (10pm to 6am, 24%). Generally speaking, the distribution of callers, in terms of age and location, were similar across 211NS and the MHL, supporting the province-wide approach that is being used. The one notable exception to this trend was younger callers. A minority of callers to 211NS are younger men – less than 10% are ages 18 to 34. However, 35% of callers transferred from 211NS to the MHL were 34 or under. These results were surprising and run counter to some other Canadian research suggesting that younger people are, in general, most likely to search online when dealing with problems rather than calling support lines. Results may reflect the acute need for this type of service: perhaps, even if this is not the preferred methods of help-seeking for younger men, the need is high enough that the service will be used. Alternatively, it may be the case that, in Nova Scotia, the subculture around phone use is different and that it is still more common to "pick up the phone" to reach for help.

Finding 4. Men call the MHL with a range of concerns and needs

Information on men's concerns and needs were collected using both administrative data and focus group discussions with MHL Responders. In administrative MHL data from FSENS, the needs of callers' accessing single and ongoing counselling sessions were classified into one of five different categories: Emotional (such as exploring and coping with anger, depression, grief/loss, or stress); External event (such as coping with historical trauma or traumatic events); Family (such as parenting, family relationships, or coping with separation); Personal (such as building self esteem, exploring gender identity or sexual orientation, or coping with financial or health challenges); or Other. As shown in Figure 2, MHL Responders most often classified men's needs as emotional, followed by personal, family or related to an external event.

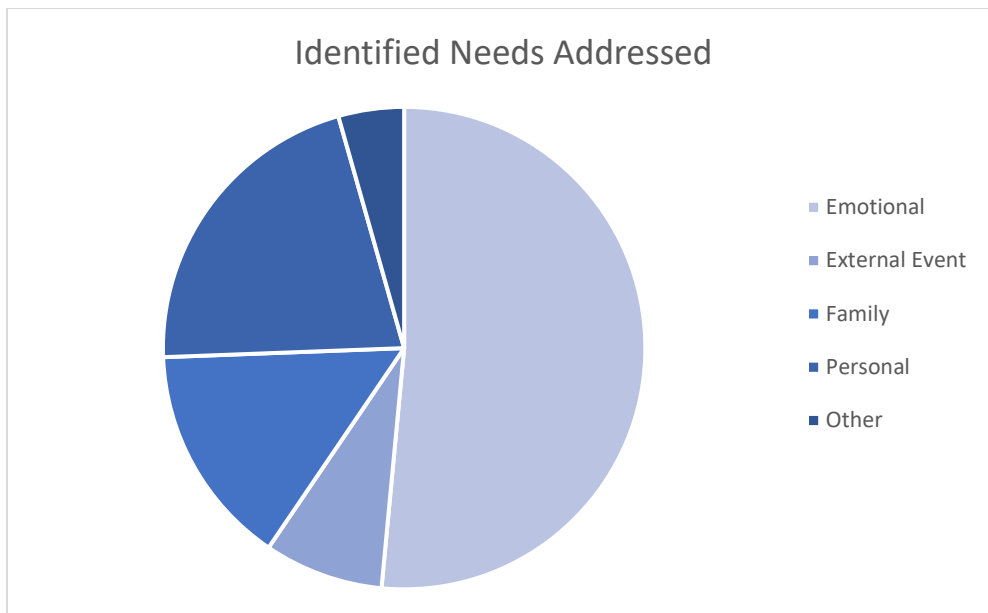


Figure 4. Type of Needs Addressed During Single Counselling Sessions

Focus groups with MHL Line Responders clarified and gave additional detail to these classifications. From the reports of Responders, reasons for calling, in approximate order of frequency, are:

- Mental wellness and stress: MHL Responders reported that routine callers are men calling with needs related to mental health, stress, and anxiety. Often these challenges are due to employment loss or because callers are waiting for mental health services. MHL Responders shared the belief that the MHL fills “a gap” in existing mental wellness supports that are available to men.
- Relationship loss and separation: It was noted that some men who were calling had recently become separated from their partner and/or children. Sometimes, men calling for this reason were also involved with child protective services.
- Anger, conflict and violence in relationships: Men have also called with concerns about anger management, with some presenting with high levels of misogynistic attitudes, and descriptions of high levels of conflict in intimate relationships. Specific examples of this language include men sharing with MHL Responders that women “deserve” any negative treatment they receive for “emotionally manipulating” men. In addition to listening for men’s attitudes towards women, MHL Responders shared that they listen for men’s attitudes towards and descriptions of conflict and violence and incorporate this into their analysis of the caller’s needs.
- Isolation, loneliness, and grief: A final common category of calls focus on isolation and loneliness. Such concerns have often been intensified by COVID-19 and may be an especially significant concern for individuals who are new to the province and who are without local social support networks.

MHL Responders emphasized that the MHL is able to meet men “where they are at” and how, even if the MHL cannot meet all of a caller’s needs, it can be a significant first step for those who might otherwise not reach out at all.

Finding 5. Meeting men where they are at – offering a combination of single session and ongoing counselling services

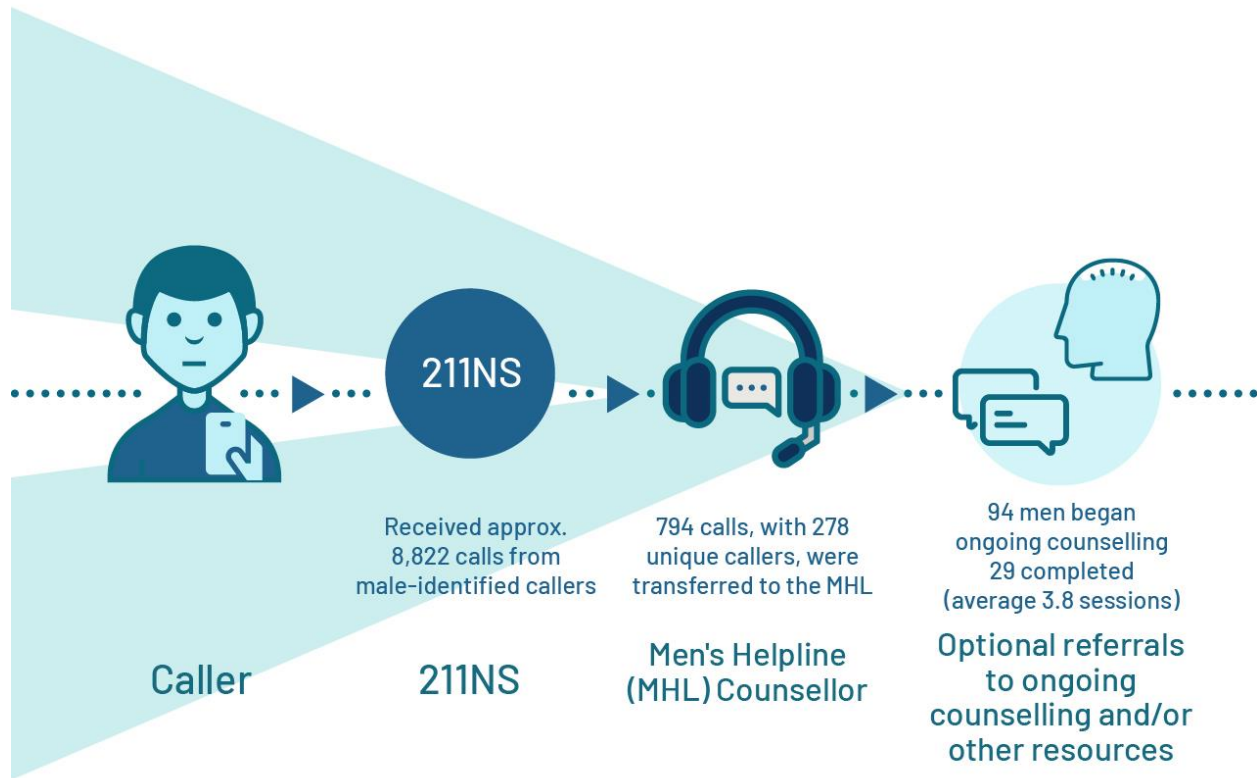


Figure 5. Flow-chart showing the number of male-identified callers that contacted 211NS, the number of calls and unique callers transferred to the MHL, and the number of callers that have begun ongoing counselling sessions.

Research on the MHL aimed to increase understanding of the ways in which men access, and can be provided with, a continuum of service. As described, the MHL service model was developed so that men whose needs were high and/or who were interested in additional service could be referred from the MHL to short term counselling in their community. It was unclear, at the onset, how many men would take up this option. Results showed that about one third of unique callers (90 men, 32.4%) were referred to short-term ongoing counselling services and 29 men were deemed to have “completed” these services. The men attended ongoing counselling sessions and who were asked to rate their level of satisfaction (ratings available for 16% of sessions) were highly satisfied with the service provided to them – on session-closing questionnaires, most indicated that their needs had been met.

Although referral to ongoing counselling services was not uncommon, it was also found that the MHL served a high number of men who called repeatedly for Single Counselling Sessions. More frequently than expected, callers expressed a preference for the single, unscheduled, “on demand” sessions, as provided by the MHL Responders. In focus group discussions, MHL Responders talked about the range of reasons men had for this preference. Sometimes, callers felt that they “got what they needed” with the single sessions and that they value the MHL as an accessible service that they can use to speak with a counsellor immediately, instead of being put on a waitlist for services. There were also a few repeat callers who were reluctant to access ongoing counselling due to mistrust of services and previous negative experiences with other service providers.

It is also worthwhile to note that many of the men who called the MHL were involved in other services and supports. Most common among these other services were mental health and addictions, health care services, and income support services. Reflecting on these callers, MHL Responders described the MHL as “a small step in between” mobile health crisis and emergency services. Some described the MHL as giving men some “buoyancy” to help them until they could be connected with more intensive interventions. MHL Responders also shared that some repeat callers have complex needs, that are sometimes related to mental health, that may only become apparent through their repeated calls to the MHL.

Finding 6. The services of the MHL are positively evaluated

The MHL receives strong positive endorsement from callers, 211NS Navigators, FSENS MHL Responders, and service providers for men and/or boys across Nova Scotia.

Speaking first to the experience of callers, feedback was provided for 70% of the single session calls. Rated satisfaction was very high – 99.8% of callers reported that they would reach out for help again and 97.7% reported that they would recommend this service to someone else.

Service providers involved with the line are also satisfied. 211NS Navigators reported that MHL addressed a huge gap in available tools to offer 211NS callers, based on callers’ needs. Prior to the initiation of the MHL, Navigators reported having to rely on making referrals to mental health, addiction, family support services, and counsellors that often have long wait lists. Navigators emphasized that, in comparison to other non-emergency services that they can refer men to, the immediate availability of the MHL and knowing that the caller will be promptly connected with a live person is a major strength of the line. Multiple 211NS Navigators also emphasized the relief they personally feel now that they can directly connect men with the MHL and know that they will be promptly connected to a live person who can provide them with immediate support.

FSENS MHL Responders similarly expressed high levels of support for this work and, in particular, with being able to provide an immediate response to male-identified callers. Line Responders reported that while some men access the MHL between other support service appointments or while on a waitlist, others access the MHL as a one-stop shop for support. To this end, they see the MHL as both a primary and complementary service. Because men can access immediate support for mental health related needs before or without experiencing crisis and without having a referral, MHL Responders feel that the MHL likely also acts as an effective prevention tool.

Finally, in order to assess the broader reach and view of the MHL, outreach calls were done to organizations that provide services for men and/or boys in Nova Scotia. Overall, calls with service providers demonstrated a high level of support for this initiative. All the service providers contacted welcomed the opportunity to hear and talk about the service. Service providers described the MHL as a “great initiative”, “wonderful”, “fantastic”, and as a “breath of fresh air”. They discussed how the MHL helps to address the disparity around services for men, particularly broadly accessible services that match men’s help seeking tendencies. Additionally, a few service providers reported that they had received positive feedback from men who used the MHL.

Finding 7. The strength of working together

Finally, with the permission of those involved, research team members took notes on the problem-solving abilities and collaborative strengths of the MHL Evaluation Working Group during the initial implementation and evaluation of the MHL. As discussed earlier in this report, the MHL emerged as a result of collaborative efforts of DCS and Standing Together to reach shared aims of shifting towards a preventative, holistic models of service that are human-centred, collaborative, and responsive. The

structure of the Evaluation Working Group, collaboratively bringing together community, academic, and government representatives to collectively observe and troubleshoot/problem-solve, was a significant strength for problem-solving issues of implementation. There are numerous examples of challenges that were worked out collaboratively by this group, including the timing of advertising, monitoring and, as necessary, adjusting for level of service demand, and considering and interpreting evaluation data. Moreover, due to this collaborative structure, members of this group were able to connect quickly, with impromptu meetings, to address concerns about time-sensitive issues (e.g., technical issues related to connecting calls or request for media). The collaborative nature of the Evaluation Working Group bridges common gaps between government and community organizations, particularly with regards to communication, thereby reducing the negative effects that commonly result from groups that do related work operating in silos, such as service duplication, miscommunications, and gaps in referrals and services. All Evaluation Working Group members participated in ongoing evaluation of results and used this data to continue to develop and strengthen service provision.

THE WAY FORWARD

In this final section of the report, results are considered with a view to what has been learned in Nova Scotia that might be relevant to other provinces and territories in Canada who may be considering this type of expansion of work with men and boys. Six considerations are advanced based on results of research on the MHL and developing thinking in this area.

CONSIDERATION 1

Consider broad outreach messages.

The MHL in Nova Scotia was very deliberate in using broad, holistic messaging around access, with key messaging that “Life can be tough. It’s okay for everyone to reach out and ask for help”. With this messaging, the MHL was accessed immediately and at rates deemed high by the Evaluation Working Group. It also meant that callers presented with a wide range of needs including emotional needs, such as those related to mental health and stress, personal and family needs, such as those related to relationship loss and separation, conflict and violence in relationships, isolation and loneliness. This breadth of presentation is both a strength and an inevitable challenge for Line Responders. It also brings up some questions about the ways in which a service like the MHL is best positioned to complement other helpline services available nationally (e.g., Hope for Wellness 24/7 line that provides counselling and crisis intervention to Indigenous Peoples across Canada, the recently launched Canadian Wellness Together initiative) and in the province or territory hosting the service.

CONSIDERATION 2

Consider the advantages of building from existing helpline infrastructure.

As part of a strategy to reduce barriers to calling and recognizing that men are more likely to reach out and engage initially with more concrete presenting issues versus a singular one like family violence (i.e., unemployment, navigating benefits, housing, mental health, etc.), the MHL made use of 211NS as an initial broad point of access. In addition to the success of broad messaging, the strategy of building on existing help services had advantages in terms of costs, availability of interpretation and ability to co-manage situations when there were simultaneous callers. Two additional advantages worth highlighting

are addressing crises and navigating subsequent help seeking. The MHL is advertised as providing non-crisis-based support, which of course, does not preclude calls from men in crisis. With the partnership with 211NS, men who were calling for the MHL and who were in crisis could be diverted to appropriate crises services instead of to the MHL. Second, FSENS MHL Responders described that, as part of their service, they sometimes helped connect callers to other resources. Again, the partnership with 211NS was a key advantage. Line Responders could refer men back to 211NS or call 211NS themselves to explore local resources.

CONSIDERATION 3

Engage in tensions around anonymity.

One of the key features of the MHL in Nova Scotia is the ability of callers to connect anonymously. Feedback from focus groups with 211NS Navigators and FSENS MHL Responders suggested that this was an important feature of the MHL and was a critical advantage for at least some callers. The anonymity of callers also presented some challenges, especially in responding to men who called the line repeatedly. For these callers, the disadvantage of anonymity was the inability for counsellors to strategically build caller strengths, skills, and solutions session over session. Reflecting on this, others setting up services might consider using a hybrid approach to anonymity. It would be possible offer the service to men who call anonymously and, at the same time, engage men in a way that encourages them to see the MHL as a resource and to voluntarily provide some basic information so that their needs can be tracked and responded to across multiple calls.

CONSIDERATION 4

Co-create and collaborate across government, community and with key stakeholders including men themselves.

As described in this report, the MHL was launched strategically both as part of the Standing Together Initiative and ongoing work by the Department of Community Services in modernizing supports for men and families. The MHL was built, implemented, and monitored collaboratively with a strong Working Group that included representatives from government, community agencies, and researchers. Considerable work was done in advance of the launch to ensure broad based acceptance – and this work paid off. Service providers across Nova Scotia referred men to the MHL. They were enthusiastic about its launch. The collaborative evaluation working group was able to quickly and effectively solve initial problems in implementation. As with all projects, there is still work to be done. More information needs to be gathered about the extent to which the MHL is being accessed by diverse Nova Scotians, including those who identify as Indigenous or as African Nova Scotians or as non-binary, as during outreach some questions were raised by external service providers regarding whether the MHL could meet their clients' needs; however, with the strong collaboration at the heart of this initiative and with its connection to the broader Standing Together and DCS Strengthening Fathers Programming work, the groundwork has been laid for these discussions.

CONSIDERATION 5

Engage in tensions around providing services aimed at promoting men's wellness and gender equity.

Work with men to promote healthy relationships and prevent gender-based violence can be fraught with controversy. It is worth engaging with these tensions. In Nova Scotia, the MHL roots itself in a social determinants of health and men's wellness perspective. The aim is to work preventatively, to address callers' personal, emotional, and relationship issues, gain support, and learn healthy relationship skills *before* they reach a level where there may be risk for intimate partner/domestic violence. An underlying assumption is that, with more preventative wellness supports to men, there will be less domestic violence. An alternate conceptualization roots services in the promotion of gender equity and views the problems that men are experiencing in the context of intersectional masculinity. Such work embeds a gender transformative approach into activities to examine, question, and change rigid gender norms and imbalances of power. It is assumed that gender-based and intersectional aspects of power play out constantly in relationships in both healthy and unhealthy/abusive ways and that listening for, and amplifying, men's curiosity about these patterns will contribute to men's better personal and relational health and well-being. To be clear, when working individually with a caller on a specific problem, there is much that is overlapping in social determinants/wellness and gender equity/gender-transformative approaches. Both are intersectional, trauma and violence informed, and focus on "calling in" to change. However, there are also differences including in the extent to which counsellors "lean into" conversations about masculinity and the use and misuse of power in relationships, including risk for domestic violence. In Nova Scotia the tensions raised by these different approaches are being held and managed through the integration of the MHL within Standing Together and DCS's tiered supports. There are, however, other examples of services in different parts of Canada and elsewhere in the world where using a men's wellness, preventative approach without a focus on gender equity has led to the breakdown of relationships between men's service providers and women's rights and gender justice organizations. It is recommended that others considering starting a service like the MHL engage with these tensions.

CONSIDERATION 6

Continue to explore flexible models of engagement.

Finally, it is recommended that there be continued sharing of information across Canada on the ways in which men are most effectively engaged in services that have the potential to prevent domestic violence. There was important learning in Nova Scotia about the value of a hybrid and flexible model to meet men where they are at. It was originally assumed that more men would access ongoing short-term counselling sessions and that fewer would use the MHL for repeat support. More time and data are needed to continue to track, understand, and respond to these patterns of use. It is recommended that other similar services track usage and that services engage in open sharing with each other about their learning.

LIMITATIONS AND CAVEATS

Although the current work has the strengths of using multiple methods of data collection and engaging in collaborative interpretation of results, there are also some important limitations. First, many aspects of this evaluation involved the secondary data analysis of administrative data from multiple sources. In some cases, data reported from each of the sources was inconsistent or included a significant portion of data labelled as "missing". Second, since data collection followed a client-centered approach in which counsellors used their clinical judgement to determine which, if any, questions were appropriate to ask callers, not all callers were asked/responded to all questions, which limits interpretation of outcomes reports for satisfaction with the MHL and the ongoing service sessions. Focus groups, although useful for

adding depth to the findings, did not necessarily represent the views of all involved. Research with managers and administrators that were engaged in the development and implementation of the MHL represent an opportunity for future research. Finally, although there was some data collected from MHL users for administrative purposes, this research did not include focus group or interview feedback directly from men who have called the MHL which would have been helpful to deepen understanding. **Finally, it would be useful to have data collected over a longer term on the impact of services.**

CONCLUDING STATEMENT

To conclude, as the researchers on this project, we would like to thank everyone for the opportunity to conduct this work. Significant efforts were made by all involved to gather and interpret data and to come to a set of agreed upon findings and recommendations.

