

LIFE MENTORING. ALONGSIDE CARE.

Could a mentor suit the man you're supporting?

Free, one-to-one life mentoring gives him a sounding board, perspective and space to work towards his own goals.

He might want to reflect on a life change, find confidence or connection, or take a practical next step. He chooses what matters to him.

FREE / MEN 18+ / TRAINED VOLUNTEERS



ILLUSTRATIVE IMAGE · NOT PARTICIPANTS

WITHIN THE MENTORING ROLE

A trained volunteer listens and shares perspective from lived experience. Mentoring gives him room to reflect on choices and work towards his own goals.

Conversations can explore purpose, confidence, connection and everyday challenges. When a concern exceeds the mentor's role, he seeks program support.

ALONGSIDE EXISTING CARE

Mentoring is non-clinical. It does not provide counselling, diagnosis, treatment, medication advice or crisis care. It is not a domestic and family violence intervention or a men's behaviour change program. Specialist needs remain with the relevant services.

BEFORE YOU REFER

He needs to choose mentorship himself, be willing to take part regularly and want to work towards something that matters to him. He doesn't need a polished goal; identifying it can be part of the conversation.

KNOW THE ROLE. CHECK THE FIT.

Suitability is an individual intake decision.

01 A PURPOSEFUL RELATIONSHIP

Mentorship is goal-focused and timebound, with an ending agreed by mentor and mentee. Connection matters, but MM is not an ongoing friendship or companionship service.

02 WHEN MENTORING ISN'T THE RIGHT SUPPORT

Active substance dependence, unmanaged mental health symptoms or current harmful behaviour may prevent safe participation. Mentoring is not suitable when these needs are unsupported, require specialist intervention beyond a volunteer's role, or put anyone's safety at risk.

03 SUPPORT NEEDS MATTER

Specialist disability assistance, personal care, substantial communication or behaviour support, or supervision may exceed what a volunteer mentor can provide. MM is not an NDIS disability support service. A diagnosis or disability alone does not decide suitability: his support needs and safe participation within the mentoring role matter.

04 DISCUSS SPECIALIST SUPPORT WITH INTAKE

If specialist support is in place or being sought, talk with intake first about his current needs, readiness and support arrangements. Where specialist support is needed, mentorship can only sit alongside appropriate care. A mentor must never be the sole support for those needs. Seeking specialist help does not, by itself, make current harmful behaviour or an unsafe situation suitable.

05 DISCUSS SAFETY CONCERNS INDIVIDUALLY

Current or recent criminal matters, violent offending, threats and other concerns about mentor or participant safety need intake discussion. These are assessed in the man's individual circumstances; safety concerns may prevent a match.

CALL BEFORE SHARING SENSITIVE INFORMATION

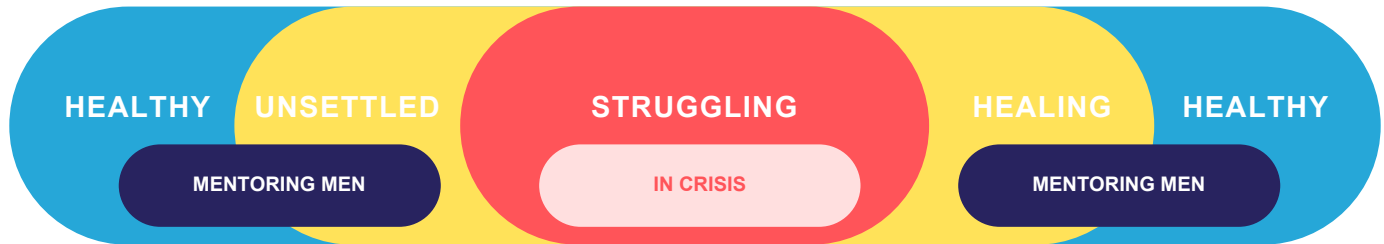
Call 1300 583 925 to agree a suitable way to share sensitive information. Please don't send health records or details of alleged or past offences by ordinary email or an unapproved form.

For urgent concerns, use your clinical, safeguarding and emergency pathways.

KNOW THE APPROACH. KNOW THE BOUNDARIES.

Our Model of Care covers mentor screening and preparation, intake and matching, program support and check-ins, escalation, feedback and a planned ending. These diagrams describe scope; they are conceptual, not diagnostic tools, scores or automatic acceptance rules.

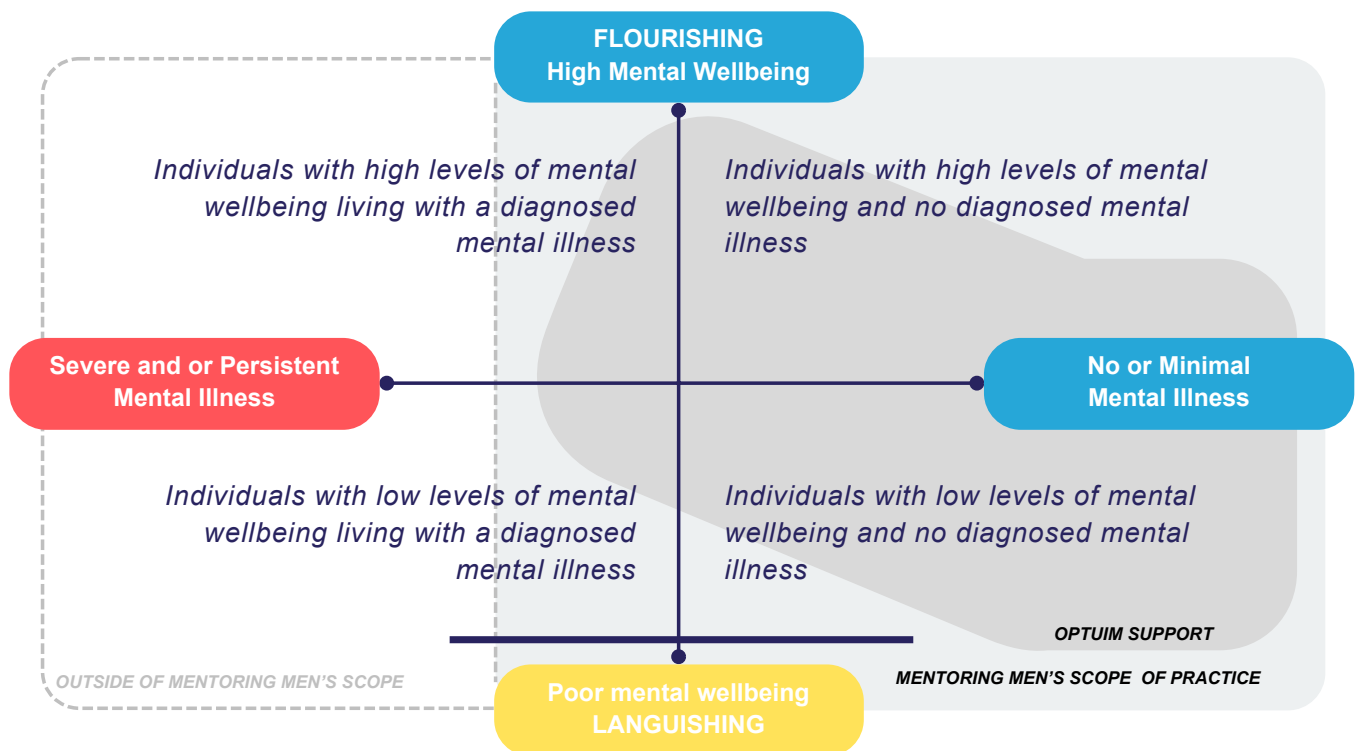
01 / SUPPORT EITHER SIDE OF CRISIS



(Reference: Beyond Blue)

The continuum runs from Healthy to Unsettled, Struggling, Healing and Healthy. MM sits either side of crisis; In Crisis is within Struggling.

02 / TWO DIMENSIONS OF MENTAL HEALTH



(Queensland Mental Health Commission, 2015)

Wellbeing and mental illness are separate axes. The dashed left region is outside MM's scope. Light grey shows the scope of practice; the darker curved area shows optimum support, extending slightly left of the vertical axis. There is no numerical scale. Suitability remains an individual intake decision.

READ THE FULL MODEL OF CARE

START WITH HIS CHOICE.

Explain the offer, check he wants to hear from us, then let our team discuss the fit with him.

01 TALK IT THROUGH

Explain the mentoring role, limits and regular catch-ups. Ask what he would value in a mentor. Give him time to decide.

02 AGREE THE NEXT STEP

Before sharing details, make sure he knows about the referral and agrees to MM contacting him. Agree safe contact details and what information can be shared.

03 CONNECT WITH INTAKE

Our team contacts him, confirms consent and considers suitability, availability and matching. A referral is not acceptance or a guaranteed immediate match.

READY TO REFER?

With his agreement, use the Mentee Referral Form to share what intake needs to contact him. Please don't include clinical records.

KEEP CARE CONNECTED

Continue planned care. Agree what can be shared, who to contact about concerns and what updates would help. Ask intake what's possible.

ONE APPROACH. DIFFERENT CONVERSATIONS.

GPs & general practice

Raise mentoring around a challenge, goal or life change. Explain how the volunteer role differs from clinical care.

Clinicians & counselling services

Discuss reflection alongside care, goals, boundaries and agreed communication. Family safety stays with specialist and safeguarding pathways.

Veteran services

Ask about routine, identity and connection after service, and the qualities he values. A particular background or match is not guaranteed.

Community organisations

Start with work, family, purpose or connection. Keep the invitation practical and leave the choice with him.

HE CAN TAKE THE LEAD

Share Thinking about a mentor? if he prefers to explore or apply himself. He can choose when to take the next step.

EXPLORE MENTORING

REFERRAL GUIDANCE

MENTORINGMEN.ORG.AU / 1300 583 925