




# Submission cover sheet

## Inquiry into men's suicide rates

Submission number: 33

Submitter: Capital Health Network

Date authorised for publication: 9 September 2025



# Submission to ACT Legislative Assembly Standing Committee on Social Policy Inquiry into men's suicide rates

August 2025

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## Introduction

Capital Health Network (CHN) is the Australian Capital Territory's Primary Health Network (PHN), advancing the way health care is delivered in the ACT and surrounding regions. It is one in the network of PHNs that understand and support local services and communities, through coordinating, commissioning and building capacity to deliver high quality, tailored and responsive mental health and suicide prevention services and models. CHN thanks the Standing Committee on Social Policy for the opportunity to make a submission men's suicide rates in the ACT.

CHN initiated and supports the ACT and Region Suicide Prevention Community Collaborative (the Collaborative) to harness and strengthen community wide expertise across the ACT's community, government, services, and lived experience community to contribute to broader suicide prevention efforts in the ACT. This submission draws on that expertise to suggest practical approaches for reducing male suicide rates in the ACT. It reflects the Collaborative's work to adopt a systems' based approach to suicide prevention and capacity building by:

- Identifying and develop responses to social, contextual and individual factors influencing suicidality
- promoting integration
- progressing system improvement
- delivering community led activities
- addressing gaps in suicide prevention across the ACT and surrounding region.

The submission focuses on men aged 45 to 64 years old, reflecting concerns raised by the Collaborative of the lack of engagement by this cohort (and older cohorts) with mental health services. Men are best reached through the activities, services and intermediaries they engage with and trust. While that may include specialist health services, or activities outside the health system entirely, this submission focuses on engaging men within primary health care services.

## Men aged 45 to 64 years

### Engagement with services

Data collected by the Australian Institute of Health and Welfare<sup>1</sup> indicate that around one-quarter of Australian men who ideate/attempt suicide are aged 45 to 64 years. CHN understands that ACT rates and distributions generally reflect the national data.

The Collaborative has pointed to the reluctance of many men, and especially men aged 45 years and older, to use mental health services. Delivering messages, information, outreach and other resources or services through mental health service providers carries a stigma for many men and, with it, either denial of mental illness or denial that they need support. Similarly, any messaging that uses language offering "mental health" information or support may discourage engagement.

A more effective way to reach men could be to connect with men through mainstream health services, including primary health services, identifying when men may be struggling with their mental health or experiencing suicidal distress, and offering information and suggest ways to improve their general health and wellbeing, and who they can talk to (other than mental health services).

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<sup>1</sup> <https://www.aihw.gov.au/suicide-self-harm-monitoring/resources/download-data-tables?&page=1>

## Pharmacy

Pharmacists, along with GPs and dentists, are the most commonly visited or used health practitioners by Australians, and they enjoy high community support and trust, with a recent NAB Health Insights report<sup>2</sup> indicating consumer satisfaction at 8.2/10.

Primary Health Tasmania piloted a training program with 150 pharmacists, developed by the Black Dog Institute, to teach them how to identify customers who may be at risk of suicide and confidently question, persuade and refer those customers. Evaluation of the program by Curtin University found that the training improved participants' suicide prevention skills. However, it acknowledged that addressing the barriers that arise in a retail setting, such as privacy, time and more immediate support from other health professionals, would improve program outcomes.<sup>3</sup>

## General practice

There may also be capacity within general practice, including to enable GPs, nurses and other health practitioners, to identify suicide risk, and have the time and confidence to discuss mental health issues with patients. Greater support for older men could encompass using the principles adopted in Primary Health Tasmania's pilot to develop a training program, and by appropriate use of general health assessments with longer consultations. Such an approach could also overcome the privacy barrier identified in the pharmacy pilot.

## Recommendation

CHN recommends that the Committee consider innovative approaches to engage with men aged 45 to 65 years, who are at risk of suicide, including:

- Identifying where and how men engage with services, activities and trusted intermediaries, including primary health care providers
- supporting primary health services, including general practice and pharmacy, to identify when men may need support and the best approach to engage with men at risk of suicide
- considering successful programs operating in other jurisdictions and other innovative approaches and messages that can reach men who will not directly engage with mental health services
- using low stigma language and messaging that resonates with men to raise their awareness and promote supports
- providing information and resources on general health and wellbeing (rather than "mental health") to support concerned carers/family members/friends engage with men who may be at risk.

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<sup>2</sup> [NAB-Health-Insights-Report-2024-2025.pdf](#), p7

<sup>3</sup> [Online training boosts pharmacists' suicide prevention skills - Black Dog Institute | Better Mental Health](#)