



# Submission cover sheet

## Inquiry into men's suicide rates

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Submitter: Federation of Indian Associations of ACT (FINACT)

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# FEDERATION OF INDIAN ASSOCIATIONS OF ACT (FINACT)

Canberra, 08 August 2025

Dear Sir/Madam

We sincerely thank the ACT Government for the opportunity given to **FINACT** to make a **submission to the “Inquiry into men’s suicide rates”**.

This is an important step toward better understanding and addressing the mental health challenges faced by men in our community, especially within the South Asian diaspora. We’re proud to contribute and be part of the solution.

Men’s mental health is a complex and multifaceted issue, influenced by social, cultural, economic, and systemic factors, and this is particularly true for migrant men from collective cultures.

This submission outlines the particular challenges faced by men in the ACT, with a focus on men from culturally and linguistically diverse (CALD) backgrounds, specifically of Indian origin and often first-generation migrants.

During this submission we spoke to the community. We found that many men delay or avoid seeking help due to deep-rooted stigma, societal expectations around masculinity, and limited mental health literacy. Emotional suppression is often seen as strength, while vulnerability is mistaken for weakness. This has been socially reinforced. For migrants this is particularly harder as they are expected to know all the answers, be the protector of the family and find solutions in a world that looks very different. Adjustment takes its toll.

This results in a critical gap between need and access. Men in the Indian community are often socialised to be stoic, self-reliant, and emotionally restrained. These social norms can be especially damaging when



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men in this community experience personal crises such as job loss, relationship breakdown, illness, or isolation. Men often internalise distress, turning to maladaptive coping strategies such as substance use, aggression, or complete withdrawal.

Mental health services are often not designed with men's help-seeking behaviours in mind and certainly not for the migrant men from such cultures.

Services may operate during business hours, involve lengthy intake processes, or use therapeutic models that are not culturally appropriate. There is a need to diversify service models to include peer support, walk-in clinics, informal groups, and mobile outreach, particularly in local community settings.

Services also need to be accessible to men who do not drive or have reliable access to public transport. A significant number of men—especially older men, recent migrants, and those on low incomes—lack access to reliable transportation. This restricts their ability to attend mental health appointments, join social activities, or connect with support groups. It also leads to further isolation, especially in outer suburbs or areas with poor public transport connectivity.

To address this, it is recommended that the ACT Government

- Fund community-based programs that provide low-cost or subsidised transport options such as group shuttles, partnerships with ride-sharing services, or community volunteer drivers in existing centres like MARSS.
- Mental health and wellbeing activities should be hosted in accessible, local venues such as libraries, neighbourhood centres, schools, or faith-based institutions, to reduce travel barriers and encourage participation.

Migrant men often face a convergence of challenges. Migration is a major life transition that involves loss, adaptation, and often a steep learning curve. Migrant men frequently experience loss of social networks, status, and familiar cultural anchors.



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They face pressure to ‘succeed’ quickly in a new country, often becoming sole breadwinners for extended families. Many work in insecure jobs, long hours, or roles that do not match their qualifications. Language barriers can further limit employment opportunities, socialisation, and ability to seek help. Cultural dissonance—where their identity, role, and masculinity do not align with mainstream norms—can often lead to a sense of alienation.

Despite facing immense change—often all at once—migrant men are less likely to seek help due to cultural stigma, fear of being judged, or belief that mental health support is only for "serious" illness. For many, mental health is not spoken of openly in their cultures, or is associated with shame. Some may fear that seeking help will impact their visa status or reflect poorly on their families. These fears must be met with empathy, confidentiality, and culturally informed approaches.

It is essential that orientation and settlement programs for new migrants

- include a focus on mental wellbeing. This should cover adjustment stress, local support systems, and pathways to help.
- Sessions should be delivered in-language or through trusted community leaders, and framed around resilience and adaptation, not illness.
- These programs could be delivered in partnership with migrant resource centres, community organisations, and ethnic associations.
- Services are more likely to succeed when they are designed with—not just for—diverse communities. Programs must be co-designed with CALD men, involve culturally competent practitioners, and be rooted in community partnerships. Again existing organisations can be leveraged for this.
- Trusted community leaders, including faith leaders, youth mentors, and cultural elders, can act as intermediaries to build trust in mental health systems.



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- Services should recruit and train bilingual and bicultural staff, and offer interpreter support without stigma. Materials should be translated, and services explained in clear, jargon-free language.

Access to services is often limited by language difficulties, unfamiliarity with government systems, or previous negative experiences with authority. Many men are reluctant to open up to professionals who they feel may not understand their culture or life experiences. Mental health systems must be trained in cultural humility, listening to communities about what they need and how they wish to be supported.

Stigma is one of the most significant barriers to men accessing mental health support. Reducing stigma must be a foundational part of any strategy. This includes broad public campaigns, community-level conversations, and the use of male role models—especially from diverse backgrounds—who can speak openly about their mental health journeys. Men need to see that talking about challenges is not a weakness, but a sign of strength and emotional maturity.

Public campaigns should move beyond clinical messages and use real-life stories, community languages, and culturally resonant imagery. Trusted messengers, including sports figures, musicians, religious leaders, and everyday community members, can play a powerful role. Campaigns should be tailored to different age groups, cultural communities, and life stages. For example, messages for young men may focus on peer pressure and online stress, while those for older men may address isolation or bereavement.

It is also important to create spaces where men can talk informally—places like barbershops, men's sheds, sports clubs, or walking groups. These environments can provide low-pressure settings where conversations about wellbeing emerge naturally. Government and community services can support these spaces by providing training to facilitators, offering mini-grants, or developing mental health toolkits that can be integrated into social programs.



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In schools and youth programs, boys are taught that expressing emotions is normal and healthy.

Curriculum content should include emotional literacy, respectful relationships, and coping strategies.

Mentorship programs that pair boys with positive male role models can also encourage open dialogue and build confidence. These early interventions are key to shifting cultural narratives over time.

Data collection and program evaluation are critical to ensuring accountability and improvement. The ACT Government should ensure that all mental health data is disaggregated by gender, culture, age, and socioeconomic status. Further investment in research on CALD men's mental health in the ACT is essential, particularly to identify gaps in service access, perceptions of mental health, and help-seeking preferences. Community-based participatory research methods should be used wherever possible to ensure lived experience is at the centre.

Social connectedness plays a vital role in mental wellbeing. The ACT should invest in community programs that promote belonging and reduce isolation. This includes support for multicultural festivals, language-specific men's groups, community kitchens, and intergenerational activities. These programs do not need to be framed as mental health interventions; rather, their value lies in fostering trust, relationships, and routine human interaction.

To summarise, we offer the following recommendations.

- increase after-hours and mobile support services, especially in areas with limited public transport.
- fund community-based transport options and host services in accessible, familiar settings.
- co-design mental health programs with CALD communities and recruit diverse staff.
- Fourth, reduce stigma through public campaigns, peer storytelling, and safe spaces for informal conversations.
- provide orientation and adjustment programs for migrants, with a focus on resilience.
- embed emotional education in schools and youth services.
- support social connectedness programs that foster inclusion and trust.
- ensure that all initiatives are backed by disaggregated data and community-informed evaluation.

