Legislative Assembly for the Australian Capital Territory
Standing Committee on Social Policy

Inquiry into men's suicide rates

Legislative Assembly for the Australian Capital Territory
Standing Committee on Social Policy

Approved for publication

Report 5
11th Assembly
June 2026

About the committee

Establishing resolution

The Assembly established the Standing Committee on Social Policy on 3 December 2024.

The Committee is responsible for the following areas:

- Aboriginal and Torres Strait Islander Affairs
- Community Services
- Disability
- Early Childhood Development
- Education
- Families
- Health and health services
- Homelessness and housing services
- Intergenerational fairness
- Justice Health
- LGBTIQA+
- Mental health
- Multicultural Affairs
- Prevention of Domestic and Family Violence
- Seniors
- Social Housing
- Veterans
- Women (including the Office for Women)
- Youth Affairs.

You can read the full establishing resolution on our website.

Committee members

Mr Thomas Emerson MLA, Chair
Ms Chiaka Barry MLA, Deputy Chair
Miss Laura Nuttall MLA
Ms Caitlin Tough MLA
Mr Jeremy Hanson MLA (from 2 December 2024 to 26 June 2025)

Secretariat

Ms Katie Langham, Committee Secretary
Ms Erin Dinneen, Assistant Secretary (until 30 September 2025)
Ms Jennifer Forest, Assistant Secretary (from 1 December 2025)
Mr Justice-Noah Malfitano, Committee Support Officer
Mr Dikshes Patel, Administrative Officer

Contact us

Mail Standing Committee on Social Policy
Legislative Assembly for the Australian Capital Territory
GPO Box 1020
CANBERRA ACT 2601

Phone (02) 6207 5498

Email LACommitteeSP@parliament.act.gov.au

Website parliament.act.gov.au/parliamentary-business/in-committees

About this inquiry

Under Standing Order 216, standing committees can self-initiate an inquiry into any subject area it is given responsibility for by the establishing resolution. The Standing Committee on Social Policy resolved to conduct an inquiry into men's suicide rates on 22 April 2025.

The Committee informed the Assembly of its intention to conduct this inquiry on 6 May 2025.

Sensitive content warning

The Committee recognises that each statistic referenced in this report represents a person and acknowledges the devastating impact of suicide and self-harm on people, their families, friends and communities.

This report discusses suicide and contains sensitive content and themes that some people may find distressing. You may want to consider how and when you read this report.

Support for anyone affected by the issues raised in this inquiry is available from the following services:

- In an emergency, call 000.
- Lifeline www.lifeline.org.au ph. 13 11 14
- Kids Help Line (for people aged5 to 25 years) www.kidshelpline.com.au ph. 1800 55 1800
- Access Mental Health: 1800 629 354
- MensLine Australia www.mensline.org.au ph. 1300 789 978
- Men's Link Australia: (02) 6268 2226 or menslink.org.au
- 13YARN: 13 92 76 or www.13yarn.org.au
- QLife: 1800 184 527 or qlife.org.au
- Suicide Call Back Service ph.1300 659 467
- Beyond Blue www.beyondblue.org.au ph. 1300 22 4636

Contents

Acronyms & Abbreviations

Acronym or Abbreviation	Long form
ACCO	Aboriginal Community-Controlled Organisation
ACT	Australian Capital Territory
ACTCOSS	ACT Council of Social Service
CARE	Correct Agency, Right Engagement model
CHS	Canberra Health Services
Community-led peer support groups	Groups established by community members to provide support for each other, frequently around an activity such as sport, exercise or volunteering.
DHR	Digital Health Record
FINACT	Federation of Indian Associations of the ACT
GP	General practitioner, a medical doctor
GBTQ+	Gay, bisexual and queer men and people of diverse sexualities and genders who were assigned male at birth
LDAT	Local Drug Action Team
LGBTIQA+	Lesbian, gay, bisexual, transgender, intersex, queer and asexual
MHCC ACT	Mental Health Community Coalition ACT
MLA	Member of the Legislative Assembly
QTON	Question taken on notice
RACGP	Royal Australian College of General Practitioners
Slade et al	Slade, A., Reily, N.M., Fujimoto, H., Seidler, Z., Christensen, H., Shand, F. & Tang, S., *Men's mental health and suicide prevention service landscape in Australia: a scoping review*, BMC Public Health, 2025.
SHFPACT	Sexual Health and Family Planning ACT
Vinnies	St Vincent de Paul Society

Findings and Recommendations

Recommendation 1

The Committee recommends that the ACT Government develop a men's and boys' wellbeing strategy and give consideration within the administrative arrangements to make it clear which minister has responsibility for this strategy.

Recommendation 2

The Committee recommends that the ACT Government establish better referral pathways and connections between Canberra Health Services, community service providers, General Practitioners and psychologists.

Recommendation 3

The Committee recommends that the ACT Government create bi-directional links between informal support services — like men's sheds, community service providers, running groups, and community sport organisations — and formal clinical support services to bridge gaps in care, including by offering mental health first aid training to community organisations which may be the first port of call in a potential crisis.

Recommendation 4

The Committee recommends that the ACT Government improve community sector funding arrangements to ensure they are resourced adequately to meet demand, including through longer-term contracts and sustainable funding that matches the level of risk of work.

Finding 1

The Committee finds that the ACT Government failed to prioritise, make meaningful progress on delivering, and uphold its reporting obligations under the *ACT Mental Health and Suicide Prevention Regional Plan 2019–2024.*

Recommendation 5

The Committee recommends that the ACT Government provide regular updates to the Assembly regarding its progress under the *ACT Mental Health and Suicide Prevention Plan Regional 2025–2030.*

Recommendation 6

The Committee recommends that the ACT Government provide funding for a trial of the Distress Brief Intervention Model.

Recommendation 7

The Committee recommends that the ACT Government establish an ACT Local Drug Action Team where ACT Policing is a community partner.

Recommendation 8

The Committee recommends that the ACT Government create stronger connections and support for people who have attempted suicide to ensure they have continual and supported access to aftercare services, including ongoing involvement of their caregivers and family members.

Recommendation 9

The Committee recommends that the ACT Government ensure people's support networks are involved in both the development and enactment of their discharge plans and related supports following an acute mental health crisis.

Recommendation 10

The Committee recommends that the ACT Government invest in addressing the 'missing middle' of mental health support for people whose needs are considered too complex for primary care but not acute enough for specialised clinical services.

Recommendation 11

The Committee recommends that the ACT Government investigate the potential benefits of updating the Digital Health Record so it can track suicide attempts and suicidal ideation.

Recommendation 12

The Committee recommends that the ACT Government increase resources for the Coroner's Court to speed up coronial inquests.

Recommendation 13

The Committee recommends that the ACT Government explore legislative options for minimising the impact of gambling on men's mental health, including through a full gambling advertising ban.

Recommendation 14

The Committee recommends that the ACT Government increase public housing and further fund programs that get men into public housing and provide wraparound support when they have complex needs.

Recommendation 15

The Committee recommends that the ACT Government undertake a formal evaluation of community-led, peer support groups within the ACT's formal and informal landscape for men, to better understand and recognise the value provided by men's peer support services.

Recommendation 16

The Committee recommends that the ACT Government fund the establishment of an assertive mental health outreach worker who can engage with men with high and complex needs to provide them with support and connect them with supports they might not otherwise be in a position to access.

Recommendation 17

The Committee recommends that the ACT Government fund the establishment of an ACT equivalent to Suicide Prevention Australia's Doing It Tough program in New South Wales.

Recommendation 18

The Committee recommends that the ACT Government invest in providing and promoting additional mental health support for early parenting fathers.

Recommendation 19

The Committee recommends that the ACT Government provide sustainable long-term funding to Aboriginal Community Controlled Organisations to provide specialised culturally responsive services to First Nations men.

Recommendation 20

The Committee recommends that the ACT Government embed cultural safety in all men's support services acknowledging the unique experiences of boys and men.

Recommendation 21

The Committee recommends that the ACT Government provides mandatory cultural capability training for allied health workers in ACT public schools.

Recommendation 22

The Committee recommends that the ACT Government strengthen the ACT Safe and Inclusive Schools Initiative.

Recommendation 23

The Committee recommends that the ACT Government establish or fund a dedicated crisis service for LGBTIQA+ people in the ACT.

Recommendation 24

The Committee recommends that the ACT Government establish or fund a dedicated aftercare service for LGBTIQA+ people in the ACT.

Recommendation 25

The Committee recommends that the ACT Government increase investment in LGBTIQA+ community groups in order to provide peer support without diverting from operational capacity.

Recommendation 26

The Committee recommends that the ACT Government ensure that the carers recognition card includes mental health carers.

1. Conduct of the inquiry

1.1. On 30 April 2025, the Committee issued a media release announcing the inquiry and inviting submissions. Invitations for submissions were also emailed to stakeholders.

1.2. The Committee received 62 submissions, the details of which are listed at **Appendix A.**

1.3. The Committee held public hearings on 16 October, 25 November and 28 November 2025. The Committee heard evidence from witnesses listed at **Appendix B.** The transcripts and video recordings are available on the Legislative Assembly website.

1.4. The Committee had 13 questions taken on notice (QTONs) from the public hearings, the details of which are listed at **Appendix C.**

1.5. Statistics on the gender of witnesses, collected in response to an audit by the Commonwealth Parliamentary Association, are at **Appendix D.** The information is collected to determine whether committee inquiries are meeting the needs, and allowing the participation of, a range of genders in the community. Participation is voluntary and there are no set responses.

Individual submissions

1.6. During the inquiry, the Committee received several submissions detailing the individual experiences of those with lived or living experience of mental ill-health and/or suicide, and those of their families, friends and carers.[1]

1.7. The Committee thanks those who contributed to this inquiry and appreciates the important and unique perspectives they provided.

Terminology

1.8. The Committee is conscious of the importance of using accurate language when discussing suicide and suicidality. This report draws on terminology used in the *National Suicide Prevention Strategy 2025–2035* and by Lifeline.[2] A glossary of terms used in this report is available at **Appendix E.**

1.9. The Committee adopted an inclusive approach to the term 'boys and men' in this inquiry. Its use in this report refers to cisgender men, transgender men and other non-binary, gender-diverse individuals who would consider themselves to align with the parameters of the inquiry.

[1] Name Withheld, *Submission 1*; Name Withheld, *Submission 2*; James Walker, *Submission 3*; Confidential, *Submission 16*; Confidential, *Submission 19*; Confidential, *Submission 40*; Name Withheld, *Submission 50*; Justin Geange, *Submission 57*; Jayden Campbell, *Submission* 59; Confidential, *Submission 62*.

[2] Lifeline, *What is suicide?,* 2025, www.lifeline.org.au/get-help/support-toolkit/topics/suicide#what-is-suicide, (accessed 25 February 2026), and National Suicide Prevention Office, *The National Suicide Prevention Strategy 2025–2035*, 2025, p 92, www.mentalhealthcommission.gov.au/sites/default/files/2025-02/the-national-suicide-prevention-strategy.pdf, (accessed 25 February 2026).

Report approach

1.10. The Committee notes from the outset that this inquiry covers sensitive and challenging issues. Many submitters noted the complexity of suicidality, cautioning against a search for simple answers.[3] The Committee acknowledges that this complexity requires a whole-of-system approach.

1.11. To that end, this report is structured to provide background and context before discussing the specific opportunities to uplift the whole-of-system approach that may contribute to improving the male suicide rate.

1.12. Under the background and context, the report addresses the following areas:

a) Prevalence of male suicide.

b) Risk factors that contribute to the male suicide rate.

c) Population group-specific risk factors.

d) Protective factors.

e) The service delivery landscape.

f) Current policy and program actions by the Australian Government and the ACT Government.

1.13. The report then examines opportunities for enhanced leadership by the ACT Government to improve integration, connection and capability across providers in the service delivery landscape. The report examines opportunities to:

a) improve system leadership and integration;

b) build system capability;

c) strengthen community agency; and

d) provide targeted support for specific population groups.

[3] See, for example, ACTCOSS, *Submission 48*, p 4; Menslink, *Submission 8,* p 2; yourtown and headspace, *Submission 25,* p 3.

2. Introduction

Prevalence

2.1. The Committee was aware that there were variations in health and wellbeing data for men and women. While the data reports an almost indistinguishable difference in overall life satisfaction of men (7.1) and women (7.2),[4] the Committee noted that in Australia the suicide rate for men was three times that of the suicide rate for women. In 2023, it was 18.3 per 100,000 men and 5.9 per 100,000 women.[5]

2.2. Australian data shows that women are more likely to attempt suicide and be hospitalised for intentional self-harm.[6] In the ACT, data from the Health Research Institute at the University of Canberra identified that women were more likely to be suicidal than men (18.3 percent compared to 15 percent).[7] Lifeline observed that women make more suicide attempts than men, though men are more likely to die by suicide. This is known as the 'suicide gender paradox [and] is largely determined by gender-specific suicide method choice, with men likely to use more lethal methods.'[8]

2.3. There is also a gender difference in help seeking behaviours. Data for Canberra's hospitals at Figure 1, shows that women, particularly between the ages of 18–34 years, present in higher numbers than men to emergency departments due to a suicide attempt and self-harm.[9] The majority of emergency department presentations, for both men and women across all ages, were from people 'without a recorded mental health diagnosis.'[10]

[4] Australian Bureau of Statistics, *Gender indicators*, 2023, https://www.abs.gov.au/statistics/people/people-and-communities/gender-indicators, (accessed 5 February 2026).
[5] Australian Bureau of Statistics, *Gender indicators*, 2023, https://www.abs.gov.au/statistics/people/people-and-communities/gender-indicators, (accessed 5 February 2026).
[6] Australian Institute of Health and Welfare, 2026, *Deaths by suicide over time,* www.aihw.gov.au/suicide-self-harm-monitoring/overview/suicide-deaths, (accessed 23 March 2026).
[7] Health Research Institute University of Canberra, *Submission 27*, p 4.
[8] Lifeline, *Submission 13,* p 3.
[9] Health Research Institute University of Canberra, *Submission 27,* pp 10–11, Figure 3 and Figure 4.
[10] Health Research Institute University of Canberra, *Submission 27,* p 11.

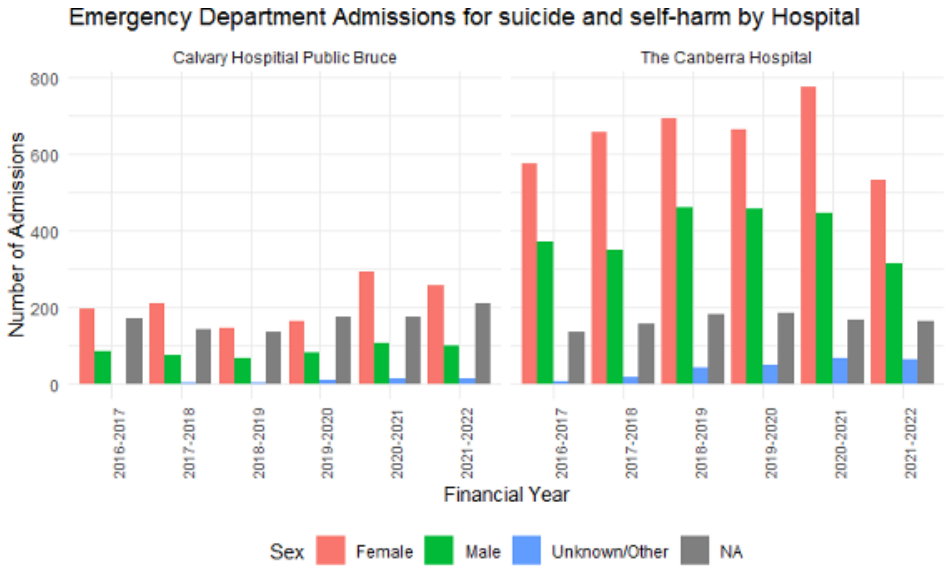

Figure 1: Emergency Department Admissions, Canberra's hospitals [Source: Health Research Institute University of Canberra, *Submission 27*, p 11.].

2.4. The available Australian data also shows that men engage at a lower rate than women with other support services. Lifeline noted that while men account for 75 percent of suicides in Australia, men account for 'only around 40% of Lifeline helpline services users.'[11] Suicide Prevention Australia also reported on data they collected from men that showed around a third of the respondents stated that 'they were experiencing extreme distress but did not seek any help.'[12]

2.5. Data from the Australian Institute of Health and Welfare identified that men were also less likely than women to visit a health professional for their mental health—12 percent of men compared to 21 percent of women.[13] The Ten to Men Study run by the Australian Institute of Family Studies, a longitudinal study into men's health, found that just 40 percent of men with 'clinically significant depressive symptoms' were seeing a mental health professional.[14]

2.6. Men were also more likely to have a contributing risk factor, such as alcohol use. Twenty-seven percent of men exceeded more than 10 standard alcoholic drinks a week, while 13 percent of women exceeded this amount.[15] Prolonged use of alcohol and acute intoxication are considered to increase risks of suicide, with Lifeline noting that alcohol can be used as a coping mechanism to deal with distress, but can also impair decision-making.[16] This was supported by the Alcohol Tobacco and Other Drugs Association ACT, which

[11] Lifeline, *Submission 13*, p 3.
[12] Mr Jason Patrick Delgado, Data Analyst, Suicide Prevention Australia, *Committee Hansard*, 25 November 2025, p 145.
[13] Australian Institute of Health and Welfare, *How does the health of males and females compare?,* 2023, www.aihw.gov.au/getmedia/32ea8a7f-50d5-4047-b70b-92dd63d387b8/aihw-phe239-240-factsheet.pdf.aspx, (accessed 5 February 2026).
[14] Dr Sean Martin, Program Lead Ten to Men Study, Australian Institute of Family Studies, *Committee Hansard,* 16 October 2025, p 13.
[15] Australian Institute of Health and Welfare, *How does the health of males and females compare?,* 2023, www.aihw.gov.au/getmedia/32ea8a7f-50d5-4047-b70b-92dd63d387b8/aihw-phe239-240-factsheet.pdf.aspx, (accessed 5 February 2026).
[16] Lifeline, *Submission 13,* p 6.

observed that alcohol and other drug use can impact cognition and self-regulation and worsen detrimental coping behaviours.[17] The Australian Institute of Family Studies observed that 'combined with stressful life events, harmful or hazardous alcohol consumption led to a threefold-increase in the risk of suicidal ideation.'[18]

2.7. As the available data shows a significant disparity in male suicide rates, and contributing risk factors, the Committee resolved to examine the situation in the ACT and hear directly from the community about potential actions to improve outcomes for boys and men.

Factors contributing to male suicide rates

2.8. The Committee heard that the factors contributing to men's suicide rates are complex and interconnected.[19] Several submitters highlighted the cumulative impact of risk factors and how risks can impact individuals differently.[20]

2.9. The *National Suicide Prevention Strategy 2025–2035*, developed by the Australian Government, speaks to this intersection between underlying social determinants and individual risk factors, as illustrated in Figure 2. Based on research and interviews with approximately 3,000 people with lived experience, the strategy provides the explanation that:

> Suicide and suicidal distress are not just about mental illness. Suicidal distress is a human response to overwhelming suffering. There can be many different factors that contribute to suicidal distress. They can include a lack of resources that people need (like money, housing and health care), stressful or traumatic life experiences, health issues such as mental illness or drug and alcohol use, and individual characteristics like genetics, personality and age or cultural heritage. These factors can combine to increase the likelihood of suicidal distress.[21]

[17] Alcohol Tobacco and Other Drugs Association of the ACT, *Submission 28,* p 3.
[18] Australian Institute of Family Studies, *Submission 54,* p 4.
[19] See, for example, David Maywald, *Submission 5,* p 1; Lifeline, *Submission 13*, p 4; Menslink, *Submission 8,* p 2; Australian Medical Association (ACT), *Submission 61,* pp 5–6; The Royal Australian and New Zealand College of Psychiatrists Australian Capital Territory Branch, *Submission 17*, p 2.
[20] See, for example, Lifeline, *Submission 13,* p 4; Australian Medical Association (ACT), *Submission 61,* p 6; Australian Multicultural Action Network, *Submission 4,* pp 2–3; South Asian Research and Advocacy Hub, *Submission 9*, p 4; Federation of Indian Associations of the ACT, *Submission 58* pp 3–4; A Gender Agenda, *Submission 38,* pp 3–4.
[21] National Suicide Prevention Office, *Summary of the National Suicide Prevention Strategy*, 2025, p 2, www.mentalhealthcommission.gov.au/national-suicide-prevention-strategy, (accessed 25 February 2026).

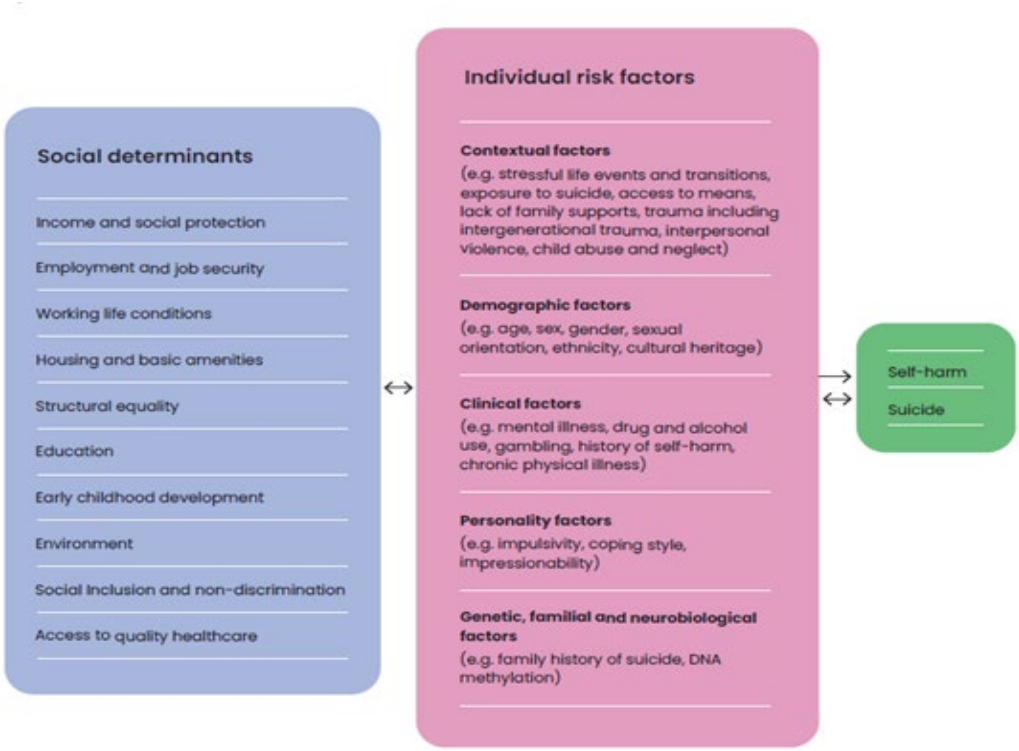

Figure 2: Social determinants and individual risk factors for suicide and self-harm [Source: National Suicide Prevention Office, *Summary of the National Suicide Prevention Strategy*,2025, p 2, www.mentalhealthcommision.gov.au/national-suicide-prevention-strategy, (accessed 25 February 2026)].

2.10. Previous experience of suicide and/or suicidality is also a contributing risk factor of suicide or suicidal distress. Research by Suicide Prevention Australia observed that 'people who have made a suicide attempt do not instantly 'recover' from their experience nor are they immediately able to change their circumstances.'[22]

2.11. While the Committee acknowledges the complexity and intersectionality of factors that contribute to increased risk of suicide, the following factors were highlighted in the evidence received during the inquiry:

- a fragmented referral system;[23]
- the role of distress in suicidality;[24]
- stigma around accessing support services;[25] and
- population groups identified as being at higher risk of suicide.[26]

[22] Suicide Prevention Australia, *Leading with empathy – embedding the voice of lived experience in future service design,* 2020, www.suicidepreventionaust.org/wp-content/uploads/2020/12/Leading-with-empathy-final-report.pdf, p 3 (accessed 23 April 2026).

[23] Australian Medical Association (ACT), *Submission 61,* p 6.

[24] See, for example, Mrs Verlene Marshall, Facilitator, Canberra After Suicide Support, *Committee Hansard,* 25 November 2025, p 81; Lifeline, *Submission 13,* pp 4–13; Australian Institute of Family Studies, *Submission 54*, pp 3–4.

[25] See, for example, Australian Medical Association (ACT), *Submission 61,* p 6; Ms Emma Agostino, Senior Policy Officer, ACTCOSS, *Committee Hansard,* 25 November 2025, p 95.

[26] See, for example, Australian Multicultural Action Network, *Submission 4,* pp 2–3; South Asian Research and Advocacy Hub, *Submission 9*, p 4; Federation of Indian Associations of the ACT, *Submission 58* pp 3–4; ACTCOSS, *Submission 48,* p 7; A Gender Agenda, *Submission 38,* p 4.

A fragmented referral system

2.12. A fragmented referral system, characterised by long wait times and high cost, was identified as making it difficult for men to access services. The Australian Medical Association (ACT) (AMA ACT) advised of the barriers General Practitioners (GPs) face in finding specialised support for their patients:

> We need people who can help meet us where we are, and meet our patients where they are, in a timely way. This is actually worth the investment. We need the knock on the door to be answered, whether it is a patient knocking or whether it is other health professionals.[27]

2.13. A survey conducted by the AMA ACT of its members found a 'constant theme was the difficulty of accessing psychiatric and psychological services, with wait times often extending for months.'[28] The Association also noted the under resourcing of public health and the cost of private health created barriers to health care.[29]

2.14. The professional association for psychologists, the Australian Psychological Society observed that referral pathways between GPs, mental health specialists and community services would benefit from improved communication.[30]

2.15. Carers ACT, representing those caring for a vulnerable loved one, identified that it is difficult to know which services to access and that referrals can often involve multiple redirections to a different health care provider.[31]

2.16. The need for improved system-wide connection and integration between health and other support providers is discussed further at Chapter 3.

The role of distress

2.17. The Committee understands that suicide is not just a mental health issue.[32] Canberra After Suicide Support drew on their lived experience to provide insight into the role of distress, rather than mental illness, in leading to suicidality:

> The narrow focus on it being a health issue or a mental health issue does not reach out to all the men who have suicidal ideation…I think a lot of the men who die by suicide never thought that they had a mental health problem or that they should seek help for their mental health issues.[33]

2.18. The AMA ACT survey respondents highlighted the impact of 'acute distress' on suicidality.[34] Examples of acute distress include relationship breakdowns, financial pressure, custody

---

[27] Dr Kerrie Aust, President, Australian Medical Association (ACT), *Committee Hansard,* 25 November 2025, p 105.
[28] Australian Medical Association (ACT), *Submission 61,* p 6.
[29] Australian Medical Association (ACT), *Submission 61,* p 3 and p 6.
[30] The Australian Psychological Society, *Submission 34,* p 4.
[31] Mr Cain Beckett, Chief Executive Officer, Carers ACT, *Committee Hansard,* 28 November 2025, p 157.
[32] National Suicide Prevention Office, *Summary of the National Suicide Prevention Strategy*, 2025, p 2, www.mentalhealthcommission.gov.au/national-suicide-prevention-strategy, (accessed 25 February 2026).
[33] Mrs Verlene Marshall, Facilitator, Canberra After Suicide Support, *Committee Hansard,* 25 November 2025, p 81.
[34] Australian Medical Association (ACT), *Submission 61*, p 6.

disputes and social isolation.[35] The AMA ACT members noted that these sources of acute distress can 'often intersect with mental health vulnerabilities' such as depression to increase the risk of suicide.[36]

2.19. The Australian Psychological Society highlighted the situations that cause distress and the need to address these risk factors to have an impact on suicide rates:

> As health professionals who work directly with clients affected by economic insecurity, family breakdown, substance use, trauma, domestic and family violence, psychologists understand that suicide prevention must extend beyond the treatment of mental health conditions. Genuine commitment to suicide prevention must include a commitment to address the identified risk factors to see any positive long-term change.[37]

2.20. Possible responses to distress management are discussed further at Chapter 4.

Stigma around accessing support services

2.21. Several organisations raised that boys and men can feel stigma, based on contemporary social-cultural norms for masculine identities, around recognising that they need help and then accessing a support service.[38]

2.22. The AMA ACT members noted that 'the role of stigma and cultural expectations around masculinity…discourage[d] men from seeking help or expressing emotional distress.'[39]

2.23. The ACT Council of Social Services (ACTCOSS) also observed that cultural norms may create stigma:

> …typical masculine identities of stoicism, self-reliance and strength are more likely to lead men towards social isolation and avoidance of support.[40]

2.24. The provider of Kids Helpline, yourtown, noted their findings from a survey with young men aged 12–18 years that:

> Young men told us the fear of stigma especially around masculine norms or being judged was a major barrier for seeking help. Being perceived as weak or feeling embarrassed were other common themes that arose.[41]

2.25. This was also observed by the ACT Children and Young People Commissioner who advised that young people were reporting increased social media content promoting misogyny and suppression of emotions.[42]

---

[35] See for example, David Maywald, *Submission 5,* p 1; Council of the Ageing ACT, *Submission 10,* p 1; Parents Beyond Breakup, *Submission 49,* p 1; Australian Medical Association (ACT), *Submission 61*, p 6.
[36] Australian Medical Association (ACT), *Submission 61*, p 6.
[37] Australian Psychological Society, *Submission 34*, p 5.
[38] See, for example, Australian Federal Police Association, *Submission 20,* p 3; Australian Men's Shed Association, *Submission 47,* p 5; yourtown and headspace, *Submission 25,* p 3.
[39] Australian Medical Association (ACT), *Submission 61,* p 6.
[40] Ms Emma Agostino, Senior Policy Officer, ACTCOSS, *Committee Hansard,* 25 November 2025, p 95.
[41] yourtown and headspace, *Submission 25,* p 3.
[42] ACT Children and Young People Commissioner, *Submission 21,* p 7.

2.26. Possible responses to address stigma are discussed in Chapters 3 and 4.

Population group-specific risk factors

2.27. Intersectionality risk factors that impact identified population groups were also brought to the attention of the Committee by several organisations with lived experience.[43]

2.28. Boys and men from culturally diverse backgrounds have a unique set of challenges which can create situational distress.[44] It was observed that migration itself is a significant stress factor:

> 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. 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.[45]

2.29. Aboriginal and Torres Strait Islander men have suicide rates that are '…2.9 times higher than for non-Indigenous men.'[46] The ACT Council of Social Service (ACTCOSS) identified that Aboriginal and Torres Strait Islander men experience distinctive barriers to receiving meaningful support services:

> Community stakeholders and ACCOs [Aboriginal and Torres Strait Islander Community Controlled Organisations] emphasise that healing for Aboriginal and Torres Strait Islander men must address the underlying trauma of colonisation, dispossession and the forcible removal of children. Disconnection from land, culture, identity, and community has led to widespread and enduring distress… Many Aboriginal and Torres Strait Islander men at risk of attempting or completing suicide have experienced repeated service failure, often encountering systems that are unresponsive or actively discriminatory.[47]

2.30. Representatives of Canberra's LGBTIQA+ community highlighted the rates of suicidality in LGBTIQA+ young people in the ACT, with almost 50 percent considering suicide in the last 12 months.[48] A Gender Agenda noted the impact of wider societal events on LGBTIQA+ suicidality:

> In recent years, violence (including physical violence, cyber violence, and harassment and abuse) has increased toward trans and gender diverse people broadly, and debates about trans people's right to participate in different social institutions has had far ranging impacts on people with intersex variations… Lack

[43] See, for example, Australian Multicultural Action Network, *Submission 4,* pp 2–3; South Asian Research and Advocacy Hub, *Submission 9*, p 4; Federation of Indian Associations of the ACT, *Submission 58* pp 3–4; A Gender Agenda, *Submission 38,* pp 3–4.

[44] Australian Multicultural Action Network, *Submission 4,* pp 2–3; South Asian Research and Advocacy Hub, *Submission 9*, p 4; Federation of Indian Associations of the ACT, *Submission 58* pp 3–4; Council on the Ageing ACT, *Submission 10,* p 1.

[45] Federation of Indian Associations of the ACT, *Submission 58* pp 3–4.

[46] ACTCOSS, *Submission 48,* p 7.

[47] ACTCOSS, *Submission 48,* p 7.

[48] A Gender Agenda, *Submission 38*, p 2.

> of access to known protective factors…also create unique drivers of suicidal distress in both trans and intersex communities.[49]

2.31. Targeted support services for population groups are discussed in Chapter 6.

Protective factors

2.32. Witnesses identified that protective factors could have a positive influence on reducing suicidality in boys and men. These factors include participation in employment and education, and involvement in community-led peer support groups which provide connection in times of distress.[50]

2.33. Running for Resilience briefed the Committee on the purpose of their 11 weekly runs held with 1,000 participants in Canberra:[51]

> It is a free event—no details, no money exchanged to participate. We just ask for one thing from our runners or walkers, and that is to support each other as their donation…we definitely understand that a lot of men do not resonate with suffering from mental health, and a lot of suicides can be prevented through situational events…we have really embraced sharing stories—men and women openly sharing their stories and struggles that they have had, and how they have overcome mental health problems, whether it be depression, anxiety or whatever factors could potentially lead to suicide.[52]

2.34. The Australian Men's Shed Association used the term 'health by stealth – embedding informal mental and physical health discussions into everyday activities' to describe the opportunities for connection amongst members.[53] The Belconnen Community Men's Shed noted that:

> Men's sheds save lives. I have personally saved the life of one man in the shed…I have had many men come to me and talk because they had no one else to talk to. Through the men's shed, and a smaller group that meet at my place, lives are being significantly changed because of the men's shed… men's sheds are Australia's largest men's mental health network.[54]

2.35. Further discussion on the role of community-led peer support groups can be found in Chapter 5.

[49] A Gender Agenda, *Submission 38,* p 4.
[50] Mr Joshua Vaughan, Chief Executive Officer, The Right Direction Australia and Kinnections, *Committee Hansard*, 16 October 2025, pp 59–60; Ms Amy Herbert, Manager, Policy and Engagement, Alcohol and Drug Foundation, *Committee Hansard,* 16 October 2025, p 24; Dr Steve Leicester, National Clinical Manager, Schools and Communities, headspace, *Committee Hansard,* 25 November 2025, p 129; Dr Anna Brooks, Chief Research Officer, Lifeline Australia, *Committee Hansard,* 28 November 2025, p 137.
[51] Mr Glen Collins, Co-Founder and Board Member, Running for Resilience, *Committee Hansard,* 16 October 2025, p 57.
[52] Mr Glen Collins, Co-Founder and Board Member, Running for Resilience, *Committee Hansard,* 16 October 2025, p 58.
[53] Australian Men's Shed Association, *Submission 45,* p 5.
[54] Mr Gordon Cooper, President, Belconnen Community Men's Shed, *Committee Hansard,* 25 November 2025, pp 87–88.

The service delivery landscape

2.36. There are many types of health and support services in Australia and the ACT that assist a person during suicidal crisis. Different services are managed and funded by:

a) The Australian Government: funds and manages Medicare and the Pharmaceutical Benefits Scheme.[55]

b) State and territory governments: fund and manage hospitals, emergency departments, residential mental health care and community mental health care services.[56]

c) Non-government organisations:

i) Private sector: funds and manages private hospitals and private medical providers, including psychologists.[57]

ii) Community sector: provides crisis support services like telephone helplines and websites, as well as frontline support organisations like St Vincent de Paul Society Canberra-Goulburn and EveryMan Australia. The community sector can also include community-led peer support groups like men's sheds and running groups.[58]

2.37. Below is a list of the services that people may engage with in times of suicidal crisis:

- There are crisis services for people at immediate risk of suicide. These include hospital emergency departments, ambulance, the triple zero phone number (000) and helplines that provide 24/7 support like Lifeline or 13YARN (for Aboriginal and Torres Strait Islander people).[59]
- GPs may provide crisis referrals and ongoing care. Doctors are also the referral point to specialist medical and allied health practitioners.[60]
- Medicare Mental Health Centres and Kids Hub are both real-world centres and online referral points to mental health practitioners.[61]

[55] Australian Institute of Health and Welfare, *Australia's Mental Health System,* 2 December 2025, https://www.aihw.gov.au/mental-health/overview/australias-mental-health-system, (accessed 10 February 2026).
[56] Australian Institute of Health and Welfare, *Australia's Mental Health System,* 2 December 2025, https://www.aihw.gov.au/mental-health/overview/australias-mental-health-system, (accessed 10 February 2026).
[57] Australian Institute of Health and Welfare, *Australia's Mental Health System,* 2 December 2025, https://www.aihw.gov.au/mental-health/overview/australias-mental-health-system, (accessed 10 February 2026).
[58] Australian Institute of Health and Welfare, *Australia's Mental Health System,* 2 December 2025, https://www.aihw.gov.au/mental-health/overview/australias-mental-health-system, (accessed 10 February 2026).
[59] Health Direct, *Australian Mental Health Services,* 2026, www.healthdirect.gov.au/australian-mental-health-services, (accessed 10 February 2026).
[60] Health Direct, *Australian Mental Health Services,* 2026, www.healthdirect.gov.au/australian-mental-health-services, (accessed 10 February 2026).
[61] Department of Health, Disability and Ageing, *Medicare Mental Health Centres*, www.medicarementalhealth.gov.au/medicare-mental-health-centres, (accessed 10 February 2026).

- Specialist medical and allied health professionals include psychologists, psychiatrists, mental health nurses and social workers who work in crisis response and/or ongoing care.[62]
- In-patient, residential care may be provided at psychiatric units at hospitals.[63]
- Non-government organisations may provide housing, food or other supports such as liaison with health services.[64]
- Community-led peer support groups may provide connection and socialisation opportunities as protective factors.[65]
- Referral and communication mechanisms between these multiple service providers will vary with different formal and informal linkages.[66]

Policy context

2.38. The Australian Government and the ACT Government both have policy and funding responsibility for services that support people in suicidal crisis.

National policy context

2.39. Three core documents outline the national policy for suicide prevention and support—the *National Suicide Prevention Strategy 2025–2035, National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025–2035*, and the *National Mental Health and Suicide Prevention Agreement.*

2.40. The *National Suicide Prevention Strategy 2025–2035* is managed by the National Suicide Prevention Office and was endorsed by all states and territories and the relevant Australian Government portfolios.[67] The strategy outlines a model that addresses:

a) the underlying risk factors contributing to suicide;

b) an effective support system for people at risk; and

c) system enablers and actions including governance, research and workforce.

---

[62] Health Direct, *Australian Mental Health Services,* 2026, www.healthdirect.gov.au/australian-mental-health-services, (accessed 10 February 2026).

[63] Health Direct, *Australian Mental Health Services,* 2026, www.healthdirect.gov.au/australian-mental-health-services, (accessed 10 February 2026).

[64] Benjamin Fitzgerald, Team Leader Street-to-Home, St Vincent de Paul Society Canberra-Goulburn, *Committee Hansard*, 16 October 2025, pp 46–54.

[65] Running for Resilience, *Submission 4,* p 3; Australian Men's Shed Association, *Submission 47,* p 5; The Men's Table, *Submission 62,* p 2.

[66] Australian Psychology Society, *Submission 34,* p 4; The Royal Australian College of General Practitioners NSW-ACT, *Submission 26,* p 4. See also, the ACT Government Office for Mental Health and Wellbeing, *Office for Mental Health and Wellbeing 2025 Interim Work Plan*, 2025, www.act.gov.au/__data/assets/pdf_file/0005/2908571/Office-for-Mental-Health-and-Wellbeing-2025-Interim-Work-Plan.pdf, p 15 (accessed 26 February 2026).

[67] National Suicide Prevention Office and the National Mental Health Commission, *Mental Health and Suicide Prevention Agreement Review Response to Consultation*, 2025, www.mentalhealthcomission.gov.au/default/files/2025-04/productivity-commission-submission---mental-health-and-suicide-prevention-agreement-review.pdf productivity-commission-submission---mental-health-and-suicide-prevention-agreement-review.pdf, (accessed 25 February 2025).

2.41. The *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025–2035* outlines the model for all governments to work with Aboriginal and Torres Strait Islander peoples, organisations and communities to reduce the rates of suicide and self-harm. It outlines the foundational principles, enablers and priorities of the model.[68]

2.42. The *National Mental Health and Suicide Prevention Agreement* was signed in 2022 and identified commitments for national and state and territory government action. Funding was included in bilateral schedules, including one signed by the Australian Government and the ACT Government, due to expire on 30 June 2026. This funding totalled $38 million, with $25.2 million funded by the Australian Government and $12.9 million by the ACT Government.[69]

2.43. Under the bilateral schedule, the Australian Government and ACT Government are jointly responsible for services related to this inquiry, including:

a) improving the integration of adult mental health services;

b) improving the integration of youth mental health services;

c) supporting the update and implementation of the ACT joint regional mental health and suicide prevention plan; and

d) co-funding aftercare services to ensure universal availability on discharge from hospital after a suicide attempt.[70]

2.44. There are also key commitments that are the specific responsibility of each government:

Australian Government	ACT Government
Fund operation of one existing Head to Health adult mental health centre	Establish and operate a Head to Health Kids Hub co-funded 50:50
Fund the enhancement of one existing headspace service	Undertake routine perinatal mental health screening
Contribute funding to the ACT Government for perinatal mental health screening	Establish a youth mental health initiative co-funded 50:50

Table 1: Key commitments under the Bilateral Agreement on Mental Health and Suicide Prevention Commonwealth Government and the ACT Government [Source: Federal Financial Relations, *Bilateral Schedule on Mental Health and Suicide Prevention: Australian Capital Territory,* 2022].

National reviews and inquiries

2.45. Several inquiries and reviews have examined mental health and suicide prevention actions and policies in recent years.

[68] Department of Health, Disability and Aged Care, *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035,* 2025, www.health.gov.au/sites/default/files/2024-12/national-aboriginal-and-torres-strait-islander-suicide-prevention-strategy.pdf, (accessed 25 February 2026.)

[69] The Hon Greg Hunt MP, Former Minister for Health and Aged Care, '$38 million to boost mental health services in the ACT', *Media Release,* 27 March 2022.

[70] Federal Financial Relations, *Bilateral Schedule on Mental Health and Suicide Prevention: Australian Capital Territory,* 2022, https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-04/nmh_sp_bilateral_agreement_act.pdf, (accessed 26 February 2026).

2.46. In 2021, the Select Committee on Mental Health and Suicide Prevention presented its final report to the House of Representatives on 24 November 2021, making 44 recommendations to strengthen and expand mental health service provision and workforce capability.[71] In September 2024, the Australian Government response noted that due to the lapse in time a government response was not appropriate.[72]

2.47. The Royal Commission into Defence and Veterans Suicide, established on 8 June 2021, returned its final report tabled in the Australian Parliament on the 9 September 2024. The Royal Commission made 122 recommendations framed by five themes:

a) 'Prevent harm;

b) intervene early;

c) improve communication, coordination and collaboration;

d) build capability and capacity; and

e) strengthen oversight and accountability.'[73]

2.48. The Australian Government is developing a taskforce to oversee implementation of the recommendations, and liaison with the states and territories of the 17 recommendations with which they have jurisdictional influence.[74]

2.49. On 11 November 2025, the Productivity Commission released its report on the *National Mental Health and Suicide Prevention Agreement*. It found that the actions in the Agreement do not advance system reform, key commitments have not been delivered and that a new co-designed, policy architecture is required to improve outcomes. It recommended the current agreement be extended until June 2027 to allow sufficient time for this co-design.[75]

ACT policy context

2.50. The ACT Government is the territory's strategic manager for the delivery of health and support services. The ACT Government:

a) establishes the legislation and policy frameworks;

b) manages the funded ACT programs under the *National Suicide Prevention Strategy*; and

[71] Parliament of Australia Select Committee on Mental Health and Suicide Prevention, *Mental Health and Suicide Prevention Final Report,* 2021, www.aph.gov.au/Parliamentary_Business/Committees/House/Former_Committees/Mental_Health_and_Suicide_Prevention/MHSP/Report (accessed 25 February 2025).

[72] Australian Government, *Australian Government Response to the House of Representatives Select Committee on Mental Health and Suicide Prevention,* 2024, www.health.gov.au/sites/default/files/2024-10/australian-government-response-to-the-mental-health-and-suicide-prevention-final-report.pdf (accessed 26 February 2026).

[73] Royal Commission into Defence and Veterans Suicide, *Executive Summary, Recommendations and the Fundamentals,* 2024, www.defenceveteransuicideroyalcommission.gov.au/system/files/2024-09/final-report-volume-1.pdf (accessed 26 February 2026), p 69.

[74] ACT Government, *Submission 52*, p 17.

[75] Productivity Commission, *Mental Health and Suicide Prevention Agreement Review,* 2025, www.pc.gov.au/inquiries-and-research/mental-health-review/report/, (accessed 26 February 2026).

c) delivers health and support services, including working with community sector providers to deliver services.[76]

2.51. The *2025–2030 ACT Mental Health and Suicide Prevention Regional Plan: The Framework* was developed by the ACT Government and the Capital Health Network. The document identifies needs and opportunities to address those needs. It will be supported by the Action, Implementation and Monitoring Plan, which is to be developed.[77]

2.52. The ACT Government is also developing a consumer-centred Mental Health Services Plan with an expected delivery date of the end 2026. The plan aims to improve the integration of the mental health system and pathways between the multiple services including alcohol and other drug services, mental health, suicide prevention, aftercare and primary health services.[78]

2.53. The Office of the Chief Psychiatrist is reviewing the *Mental Health Act 2015*, which will be informed by engagement with Suicide Prevention Australia.[79]

ACT Government delivery structure

2.54. Directorates within the ACT Government have responsibility for the delivery of programs and services, either directly to the public or through collaboration with the community sector, which may impact men's suicide rates.

Frontline services

2.55. The ACT Government manages and funds specific programs and services in health and mental health promotion, prevention, treatment and aftercare. This also includes services targeted at suicidality. Table 2 outlines key frontline services managed and funded by the ACT Government:

[76] Federal Financial Relations, *Bilaterial Schedule on Mental Health and Suicide Prevention: Australian Capital Territory,* 2022, https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-04/nmh_sp_bilateral_agreement_act.pdf, (accessed 26 February 2026), and ACT Government's Office for Mental Health and Wellbeing, *Office for Mental Health and Wellbeing 2025 Interim Work Plan*, 2025, www.act.gov.au/__data/assets/pdf_file/0005/2908571/Office-for-Mental-Health-and-Wellbeing-2025-Interim-Work-Plan.pdf, p 15 (accessed 26 February 2026).

[77] Capital Health Network, *2025-2030 ACT Mental Health and Suicide Prevention Regional Plan*, 2025, https://www.chnact.org.au/wp-content/uploads/2025/12/2025-2030-ACT-Mental-Health-and-Suicide-Prevention-Regional-Plan.pdf, (accessed 26 February 2026).

[78] ACT Government, *Submission 52,* p 16.

[79] ACT Government, *Submission 52,* p 16.

Service name	Provider	Purpose
Adult Community Mental Health Services / Child and Adolescent Mental Health Services	Canberra Health Services	Prevention, intervention, postvention and aftercare.
Adult Inpatient Mental Health Services	Canberra Health Services	Crisis stabilisation, mental health assessment and intervention during hospital stay.
Way Back Support Service	Canberra Health Services	Support in the first few months after a hospital attendance due to a suicide attempt.
Walk-in Centres	Canberra Health Services	Frontline support for people with mental health conditions including referrals.
PACER	First responders	Police, paramedics and mental health clinician response teams for people in acute mental health crisis.

Table 2: ACT Government frontline services [Source: ACT Government, *Submission 52,* pp 19–21, pp 24–26.]

Community sector partnerships

2.56. The ACT Government also supports the community sector, through a mixture of ongoing funding and grants, to deliver services to support people at risk of suicide, and their caregivers. A summary of these programs and services is outlined at Table 3.

Program name	Provider	Purpose
Aboriginal and Torres Strait Islander model of care	Thirrili	Prevention, intervention, postvention and aftercare for First Nations people. As at June 2025, supporting 15 ongoing clients, nine women and six men, and providing care to three bereaved families.[80]
Belconnen Safe Haven	Stride	Non-clinical safe space for people aged 16+ experiencing emotional distress to develop safety planning, access support and referrals.
Compeer Friendship Program	St Vincent de Paul Society Canberra-Goulburn	Volunteers paired with adults diagnosed with mental illness to foster social connection.
Coronial Counselling Program	Relationships Australia	Counselling, assistance with the Coroner's Office and referrals for people affected by unexpected or traumatic deaths.

[80] Ms Rachel Stephen-Smith MLA, Minister for Mental Health, *answer to QTON 9,* 28 November 2025, (received 9 December 2025), pp 2–4.

MindMap	Multiple providers	Online triage navigation portal for young people (0-25 years), parents and carers who are seeking mental health support, services and information.
Minds Together	Everymind	Online program for families, friends and carers of those experiencing suicidal distress, with a face-to-face program.
Menslink	Menslink	Range of programs including Silence is Deadly suicide awareness for boys and young men in school years five to 12.
Moderated Online Social Therapy	Orygen	Online therapeutic tools for 12–25-year-olds to complement their mental health clinical treatment.
Peer Companion in the Community program	Roses in the Ocean	Volunteer community member network to support others in suicidality.
Perinatal Wellbeing Centre	Perinatal Wellbeing Centre	Provides in-person, telephone and email support for expecting parents, including fathers.[81]
QPR	Capital Health Network	Online training in suicide prevention to supporting someone at risk of suicide.
Wellbeing in Schools program	Education Directorate	Social workers and youth workers to provide one-on-one support to young people. School psychologists screen individual students for risk and work with students and carers to access services.
Youth Aftercare Service	Youth Coalition of the ACT	Co-design process underway for an aftercare service for young people aged 12–25 years.
Youth Aware of Mental Health	MIEACT	Program for Year 9 students in public, independent and Catholic schools to reduce depression and suicidal ideation by facilitating healthy lifestyle choices.

Table 3: Support services funded by the ACT Government [Source: ACT Government, *Submission 52,* pp 8–22.]

[81] Ms Rachel Stephen-Smith MLA, Minister for Mental Health, *answer to QTON 11,* 28 November 2025, (received 11 December 2025); and ACT Government, *Australian Capital Territory Budget 2025–26 Women's Budget Statement,* p 13.

3. System leadership and integration

3.1. The following recommendations speak to the need for system-wide integration and leadership that the ACT Government can provide. These recommendations don't seek to address all community suggestions but speak to the opportunities to uplift the whole-of-system response and integration.

Health and wellbeing strategy

3.2. It was raised with the Committee that the ACT may benefit from a suicide prevention action plan targeting the issues that impact men's mental health and the social determinants which drive men's suicide rates.[82]

3.3. The Committee heard that mental health screening tools used across providers may not adequately capture the impact of male-specific symptoms or situational factors.[83] The Australian Institute of Family Studies, which runs the longitudinal *Ten to Men* study, described how traditional approaches can miss male-specific symptoms:

> Clinically significant depressive symptoms remain the strongest predictor of suicidality in men (*Ten to Men*, 2021). However, it is known that traditional diagnostic tools for depression often fail to capture male-specific symptoms, leading to under-diagnosis and missed opportunities for early intervention. Men may express depression through externalising behaviours such as anger, substance use, or risk-taking, which are not always recognized as signs of depression.[84]

3.4. The ACT Council of Social Service (ACTCOSS) supported the need for a gender-specific approach, pointing to research demonstrating some men feel more comfortable accessing male-specific services, however availability of such services is 'extremely limited'.[85]

3.5. The Australian Men's Health Forum argued that the development of a men's health and wellbeing strategy was not a contrarian policy suggestion, and that such a plan would have wider societal benefits:

> …we are a mature society; we should have it within ourselves to be able to say the phrase I have been using for years: "We need to support men and boys in addition to the support we give to women and girls, not in opposition." Those two things do not need to be in opposition. In fact, part of the argument that is now being made consistently is not only are they not in opposition…but actually focusing on

[82] Mr Glen Poole, Chief Executive Officer, Australian Men's Health Forum, *Committee Hansard,* 25 November 2025, p 118; Australian Christian Lobby, *Submission 53,* p 10.
[83] See for example, Australian Institute of Family Studies, *Submission 54*, p 5; Suicide Prevention Australia, *Submission 44,* p 6; Federation of Indian Associations (ACT), *Submission 58,* p 2.
[84] Australian Institute of Family Studies, *Submission 54*, p 5.
[85] ACTCOSS, *Submission 48,* p 5.

> improving the wellbeing of men and boys is not just good for men and boys, it has positive benefits for women and broader society.[86]

3.6. ACTCOSS offered parameters for consideration if such a strategy was to be developed. These included:

- high-level commitment;
- specificity to allow a committee to conduct a future assessment of the plan; and
- a clearly defined role for the community sector.[87]

3.7. A recommendation from the Australian Christian Lobby suggested that the ACT Government establish a 'Minister for Men.'[88] When asked by the Committee about a possible proposal along these lines, EveryMan Australia commented that:

> I know that men's rights association – of which we are not members let me point that out now – will argue that men need a minister for men or whatever. This is not our view. Our view is that agencies that are providing services to the community need to be responsible for generating a framework for meeting the needs of the men who fall within their particular silo and being proactive about that.[89]

3.8. Some jurisdictions have chosen to assign ministerial responsibility for men's health and wellbeing. The Australian Government appointed a Member of the House of Representatives to the role Special Envoy for Men's Health,[90] while the Victorian Government has a Minister for Men and Boys.[91] In April of this year, the Canberra Liberals announced the appointment of a Shadow Minister for Men and Men's Health.[92]

Committee comment

3.9. The Committee considers that there are potential whole-of-community benefits in developing a specific strategy that supports the health and wellbeing of boys and men. Such a strategy may target and improve the system capability and integration issues discussed below.

3.10. The Committee suggests that the ACT Government, working with community sector providers and peer support groups, consider the following areas for inclusion in a strategy:

a) Integrated communication and referrals between service providers (see recommendation 5).

---

[86] Mr Glen Poole, Chief Executive Officer, Australian Men's Health Forum, *Committee Hansard,* 25 November 2025, p 118.
[87] Dr Devin Bowles, Chief Executive Officer, ACTCOSS, *Committee Hansard,* 25 November 2025, p 9.
[88] Australian Christian Lobby, *Submission 53,* p 10.
[89] Mr Gregory Aldridge, Chief Executive Officer, EveryMan Australia, *Committee Hansard,* 16 October 2025, p 68.
[90] Department of Health, Disability and Aged Care, *Special Envoy Repacholis Biography,* www.health.gov.au/ministers/the-hon-dan-repacholi-mp/special-envoy-repacholis-biography, 2025 (accessed 27 February 2026).
[91] Premier of Victoria Hon Jacinta Allan MP, *Statement from the Premier,* 15 April 2026, www.premier.vic.gov.au/draft-premier, (accessed 23 April 2026).
[92] Laine Tindale, 'Canberra Liberals leader to be shadow minister for men and men's health', *The Canberra Times,* 16 April 2026, www.canberratimes.com.au/story/9224903/canberra-liberals-establish-mens-and-womens-health-portfolios/, (accessed 7 May 2026).

b) Bi-directional referrals between health services and community-led peer support groups (see recommendation 6).

c) Social determinants of health and wellbeing including access to housing (see recommendations 7 and 15).

d) Review of existing and/or new support services for distress triggers, such as gambling, family breakdown, and early parenting fathers (see recommendations 8, 14 and 19).

3.11. The Committee considers that there are opportunities for enhanced leadership by the ACT Government articulated through such a strategy and that specific administrative responsibility for the strategy should be considered during its development.

Recommendation 1

The Committee recommends that the ACT Government develop a men's and boys' wellbeing strategy and give consideration within the administrative arrangements to make it clear which minister has responsibility for this strategy.

System integration

3.12. The Committee observed there are substantial opportunities for improvement to the whole-of-system response which may ensure men can access care when they need it. Health and support services can be more fully integrated to ensure that people receive continuity of care over time and seamless referrals between providers.

Clinical responses and referrals

3.13. The Committee heard that client experiences of health and other support services can be fragmented, leaving people without continual or adequate care.[93] This fragmentation was attributed to several factors, including lack of community knowledge, inconsistent referral pathways between providers, and the need for strategic leadership.[94]

3.14. System fragmentation can at times be attributed to a lack of knowledge in the wider community about where to seek help, given the many service providers in the field.[95] The Royal Australian College of General Practitioners NSW–ACT noted that:

> Mental health service pathways are often poorly understood by the public. Many individuals report uncertainty about where to begin to seek help or what the process entails…A public awareness campaign should encourage early engagement with trusted health providers through messaging such as: 'See your GP – Book a long consult – Access a Mental Health Care Plan.'[96]

[93] See, for example, Australian Medical Association (ACT), *Submission 61*, p 6; Australian Psychological Society, *Submission 34*, p 4.
[94] See, for example, Royal Australian College of General Practitioners NSW-ACT, *Submission 26,* pp 5–6; Dr Devin Bowles, Chief Executive Officer, ACTCOSS, *Committee Hansard*, 25 November 2025, pp 96–97.
[95] Royal Australian College of General Practitioners NSW-ACT, *Submission 26,* pp 5–6.
[96] Royal Australian College of General Practitioners NSW-ACT, *Submission 26,* pp 5–6.

3.15. Canberra Health Services (CHS) officials advised that '…awareness – just kind of knowing what is out there…' can be a barrier to accessing programs.[97] They noted, with reference to aftercare services:

> It can be quite sporadic in terms of what programs are available, the eligibility requirements and then timely access. I think the gap is ensuring that consistent understanding of what is available in the community.[98]

3.16. The Australian Psychological Society noted that referral pathways between medical and mental health specialists would benefit from improved communication:

> Improve[d] systems to facilitate communication and referral pathways between psychologists, GPs, and community-based services. The APS calls for a consistent approach to the screening and assessment of suicide risk through a national standard, co-designed by psychologists and GPs and other mental health professionals.[99]

3.17. ACTCOSS highlighted the need to consider the leadership necessary to create a fully integrated system across multiple providers, noting that only the government could provide the 'early jump start to make it a functioning ecosystem more quickly.'[100] ACTCOSS proposed that this functioning ecosystem would be enhanced by community sector providers, clients and the ACT Government coming together to identify '…a clear understanding of what the ideal service mix is.'[101] The ACT Government could then publish a strategic overview identifying the services it has procured and what services are missing:

> It could, in my view, absolutely change for the better how government considers incoming budget bids, because it would already have established thinking about, 'Here are the priority investments that we recognise were priorities, but we couldn't make.' That would also assist the community sector to make better budget proposals, because it would not be wasted effort. It would be focused on, 'Here's what the government has already identified are its priorities.'[102]

3.18. The Committee notes the work underway by the ACT Government arising out of its recently released *ACT Mental Health and Suicide Prevention Regional Plan 2025–2030*. The plan places priority on enhanced communication and collaboration, with identified possible work:

> Pathways for action might include finding opportunities for greater cross-agency collaboration, co-location, establishing stronger referral processes across parts of

[97] Ms Stacy Leavens, Chief Executive Officer, Capital Health Network, *Committee Hansard,* 16 November 2025, p 8.
[98] Ms Stacy Leavens, Chief Executive Officer, Capital Health Network, *Committee Hansard,* 16 November 2025, p 8.
[99] Australian Psychological Society, *Submission 34,* p 4.
[100] Dr Devin Bowles, Chief Executive Officer, ACTCOSS, *Committee Hansard*, 25 November 2025, p 96.
[101] Dr Devin Bowles, Chief Executive Officer, ACTCOSS, *Committee Hansard*, 25 November 2025, p 97.
[102] Dr Devin Bowles, Chief Executive Officer, ACTCOSS, *Committee Hansard*, 25 November 2025, p 97.

the system, and leveraging lived experience and peer expertise to communicate more effectively with communities.[103]

3.19. The ACT Government also advised that work is underway to '…co-design a consumer centred Mental Health Services Plan to improve integration and care pathways across the service system, including pathways between alcohol and drug service and mental health, suicide prevention and postvention, primary health and physical healthcare services.'[104]

3.20. The Minister for Mental Health stressed the importance of building a consistent service system that supports navigation across Commonwealth Government, ACT Government, and community sector services to make it easier for people to 'find the right support at the right time.'[105]

Committee comment

3.21. A consistent theme throughout the inquiry was the fragmented nature of the whole-of-system response to boys and men in suicidal crisis, leaving them without continual or adequate care. The Committee acknowledges the work already underway by the ACT Government to improve referral pathways and connections between service providers.

3.22. The Committee is of the view that system leadership requires clarity of communication and responsibility. Bringing together partners from across the service delivery ecosystem would support opportunities to effectively work together to identify and respond to gaps in service provision, clarify areas for improvement within existing services, and identify priority funding needs.

3.23. The Committee encourages the ACT Government to review communication processes, within such a proposal, to continue to improve the system's responsiveness and the knowledge of referral options and pathways held by sector workers and the community.

Recommendation 2

The Committee recommends that the ACT Government establish better referral pathways and connections between Canberra Health Services, community service providers, General Practitioners and psychologists.

Community connection

3.24. The Committee heard of the contribution that community-led peer support initiatives and groups have in reducing social isolation and building community connection and relationships. Many of these community groups are self-initiated by members of the public

[103] ACT Government, *2025-2030 ACT Mental Health and Suicide Prevention Regional Plan*, www.chnact.org.au/wp-content/uploads/2025/12/2025-2030-ACT-Mental-Health-and-Suicide-Prevention-Regional-Plan.pdf, 2025 (accessed 2 March 2026).
[104] ACT Government, *Submission 52*, p 16.
[105] Ms Rachel Stephen-Smith MLA, Minister for Mental Health, *Committee Hansard*, 28 November 2025, p 179.

responding to gaps or lived experiences.[106] These community groups are focused on providing social activities such as sports, men's sheds or a volunteering opportunity.[107]

3.25. Community groups, such as Right Directions Australia and Kinnections, outlined how they provide connection, reducing the sense of isolation that boys and men can experience:

> It is a simple, grassroots movement, and it is helping to connect men, strengthen communities, combat isolation as much as we can, and shift the culture around men's health by stealth. By walking together regularly, men build connection, resilience and a sense of belonging. We are hoping that this is before things reach a crisis point. There is no pressure or judgement. It is just a chance to show up, move and talk.[108]

3.26. The Belconnen Community Men's Shed observed that when men do experience a crisis, community groups and individual leaders at sheds are often the first point of contact for men seeking help, with Shed members sometimes referring men experiencing suicidality to the appropriate support services.[109] Right Directions Australia and Kinnections also spoke to the role of community organisations in 'tapping into the way that men think, feel and act around mental health.'[110]

3.27. Given the role of community groups as first points of contact for people experiencing mental ill health or suicidality, the Belconnen Community Men's Shed is seeking to upskill its members through Mental Health First Aid training:

> Most of the funding for men's sheds, which we are very grateful for, comes from the federal government, given to the Australian Men's Shed Association based in Newcastle, and the sheds apply for the funding... We recently got a grant through that process for mental health first aid training. Men's sheds are all volunteers. I have no background, other than lived experience, in mental health first aid and suicide.[111]

3.28. Conversely, those community organisations that don't receive government funding rely on personal connections into the mental health sector or partnerships.[112] Running for Resilience explained the importance of mental health first aid training for community organisations and their volunteers:

---

[106] Mr Glen Poole, Chief Executive Officer, Australian Men's Health Forum Inc, *Committee Hansard,* 25 November 2025, pp 113–114.

[107] See for example, Mr Perfect, *Submission 36;* Name Withheld, *Submission 6*; Running for Resilience, *Submission 12*; Mentoring Men, *Submission 24*; The Right Direction Australia Ltd and Kinnections Australia, *Submission 35*; Australian Men's Shed Association, *Submission 47*; The Men's Table, *Submission 60*.

[108] Mr Joshua Vaughan, Chief Executive Officer, The Right Direction Australia and Kinnections, *Committee Hansard,* 16 October 2025, p 56.

[109] Mr Gordon Cooper, President, Belconnen Community Men's Shed, *Committee Hansard,* 25 November 2025, p 87–88.

[110] Mr Joshua Vaughan, Chief Executive Officer, The Right Direction Australia and Kinnections, *Committee Hansard,* 16 October 2025, p 58.

[111] Mr Gordon Cooper, President, Belconnen Community Men's Shed, *Committee Hansard,* 25 November 2025, p 87–88.

[112] Mr Joshua Vaughan, Chief Executive Officer, The Right Direction Australia and Kinnections, *Committee Hansard,* 16 October 2025, p 58.

> Yes, we have partnered up with organisations like Menslink, Bravery Trust and Lifeline. We definitely work alongside them with different events and promote their cause, because we are very much the first step to take. If people need to seek extra help, we are not professional counsellors, but we would like to think that we have a fair bit of training, in the volunteers, in a bit of mental first aid. We would like to see that being more easily accessible.[113]

Committee comment

3.29. The Committee recognises the vital contribution that community-led peer support groups make in reducing loneliness in men and creating safe spaces where they can share experiences without judgment. These groups are often an accessible, trusted first point of contact during a crisis, to seek help and navigate distress with the support of peers. By empowering men to support one another, peer-support groups can be a core component of the wraparound care men in crisis need.

3.30. Community-led groups therefore have significant potential to complement clinical services in supporting men experiencing suicidality. Currently, they are not integrated into the health system, operating in parallel to formal health responses. Strengthening their capability, through funding for mental health first aid training and promotion of the available groups with health professionals, would enhance bi-directional links.

Recommendation 3

The Committee recommends that the ACT Government create bi-directional links between informal support services — like men's sheds, community service providers, running groups, and community sport organisations — and formal clinical support services to bridge gaps in care, including by offering mental health first aid training to community organisations which may be the first port of call in a potential crisis.

Community sector funding arrangements

3.31. The Committee heard that the community sector is frequently at the frontline of crisis support. Organisations like EveryMan Australia and St Vincent de Paul Society Canberra-Goulburn engage with men from many backgrounds, including those with high and complex needs.[114]

3.32. EveryMan Australia advised that 'rarely do the men presenting to our services come with one issue to address or one issue that has triggered suicidality.'[115] Service providers need to respond to this complexity and provide intervention across multiple areas, for example housing, relationship loss or alcohol and drug use.[116] EveryMan Australia discussed the

[113] Mr Glen Collins, Co-Founder and Board Member, Running for Resilience, *Committee Hansard,* 16 November 2025, p 59.
[114] EveryMan Australia Ltd, *Submission 43*, p 3.
[115] EveryMan Australia Ltd, *Submission 43*, p 3.
[116] EveryMan Australia Ltd, *Submission 43*, p 4.

challenge that some providers are only equipped to respond to a single issue, which is different to their model of 'whole-of-person' delivery:

> Not surprisingly, we find that men value services that value the whole person and offer support in the areas of life that matter to them as individuals – their needs, interests and concerns.[117]

3.33. Witnesses also observed that the intervention required to support boys and men through suicidal crisis is not a short-term fix; time is required to affect lasting change. Effective intervention relies on building relationships over time and continuity of care provided by trusted staff, especially for men with complex needs.[118]

3.34. Short-term funding of community sector providers can lead to staff turnover, impacting the ability to provide continuity of care. ACTCOSS advised that:

> When funding is uncertain or inadequate, organisations lose staff, continuity and the relational depth needed to keep men engaged. This undermines early intervention and pushes more men into acute health and justice systems—responses that are more costly, often harmful and do not address the root causes of distress…. When men take the step to reach out, the service system must be stable, trusted and equipped enough to meet them.[119]

3.35. The Sector Sustainability Project, which is a response to the 2021 *Counting the Costs: sustainable funding for the ACT community services sector* report*,* seeks to move towards a 'sustainable resourcing and relationship model with the ACT community sector.' The 2025–26 ACT Budget included an update on the project's progress:

> Across 18 months to December 2024, the ACT Government and the sector cooperated to deliver a sector sustainability project that identified future priorities for investment to improve sustainability through the resourcing and relationship model between ACT Government and NGOs delivering human services… To support this and have a shared language on how to price and cost services, a range of tools have been co-designed with sector partners. These resources are close to final and are vitally important for both government officials and sector leaders. Over time they will inform government understanding of the real costs of health and community services as well as decisions it makes about the services it funds.[120]

Committee comment

3.36. The Committee notes the progress of the Sector Sustainability Project. Given the risks to continuity of care associated with short-term funding approaches and staff turnover, the Committee considers that greater priority should be given to establishing longer-term

---

[117] EveryMan Australia Ltd, *Submission 43*, p 4.
[118] Ms Emma Agostino, Senior Policy Officer, ACTCOSS, *Committee Hansard,* 25 November 2025, p 95.
[119] Ms Emma Agostino, Senior Policy Officer, ACTCOSS, *Committee Hansard,* 25 November 2025, p 95–96.
[120] ACT Government, *Strengthening Community Services (Budget 2025-26 Factsheet),* 2025, www.act.gov.au/__data/assets/pdf_file/0006/2877558/Community-sector-budget-fact-sheet-2025-to-2026.pdf, (accessed 4 March 2026).

sustainable funding contracts for the community sector. Greater sustainability will support vital community services to build trust and meet the complex needs of men who engage with these services over time.

Recommendation 4

The Committee recommends that the ACT Government improve community sector funding arrangements to ensure they are resourced adequately to meet demand, including through longer-term contracts and sustainable funding that matches the level of risk of work.

Reporting requirements

3.37. The *ACT Mental Health and Suicide Prevention Regional Plan 2025–2030* (the Regional Plan) is the territory's key guidance document for improving mental health and suicide outcomes.[121] It outlines opportunities for system improvement to guide resource use in achieving better outcomes.[122] Reporting against the Regional Plan allows the ACT Government and Capital Health Network to respond to emerging needs and priorities or system changes that may impact the plan.[123]

3.38. The Committee received evidence from the Capital Health Network about the delivery of the 2019–2024 Regional Plan, and development of the next plan for 2025–2030, which was delivered soon after the inquiry's hearings on 20 December 2025.[124]

3.39. Evidence was later submitted that the Steering Committee of the plan was to deliver three progress reports. The Steering Committee was chaired by the Capital Health Network, and included representatives from:

a) the ACT Health Directorate;

b) Office for Mental Health and Wellbeing;

c) Canberra Health Services;

d) Mental Health Community Coalition ACT;

e) ACT Mental Health Consumer Network; and

f) Carers ACT Mental Health Carers Voice.[125]

[121] See discussion at Chapter 2.
[122] ACT Government, *2025–2030 ACT Mental Health and Suicide Prevention Regional Plan: The Framework*, 2025, p 12.
[123] ACT Government, *2025–2030 ACT Mental Health and Suicide Prevention Regional Plan: The Framework*, 2025, p 34.
[124] Ms Stacy Leavens, Chief Executive Officer, Capital Health Network, *Committee Hansard,* 16 October 2025, p 2; Ms Rachel Stephen-Smith MLA, Minister for Mental Health, 'New plan to improve mental health and wellbeing', *Media Release*, 20 December 2025.
[125] Ms Rachel Stephen-Smith MLA, Minister for Mental Health, *answer to QTON 10*, 28 November 2025 (received 11 December 2025), p 2.

3.40. The Committee notes that, despite chairing the Steering Committee responsible for the Regional Plan, Capital Health Network did not mention the plan in its submission and took on notice questions asked during the hearing regarding progress under the plan.[126]

3.41. The Minister for Mental Health advised that the Steering Committee did not deliver those three progress reports. Restrictions under the COVID-19 pandemic made it difficult to conduct consultations to inform the progress reports. The Minister advised that a short progress summary was developed instead.[127]

3.42. The Minister later advised that in subsequent years after the pandemic, the Capital Health Network's *2021 Mental Health Needs Assessment* formed the basis of the next progress summary. It was not publicly released as it had not been subject to the standard consultation process.[128]

3.43. The Minister noted that lessons learned about annual reporting processes from the 2019–2024 Regional Plan 'have been taken forward in the 2025–2030 Regional Plan to ensure that any future monitoring and reporting is meaningful and achievable.'[129]

3.44. The 2025–2030 Regional Plan identifies two points of reporting, a mid-point progress update and a review and reflection closing report. The mid-point update will provide a progress report on the focus areas, discuss any major system or community changes and respond to emerging needs and priorities.[130]

Committee comment

3.45. Acknowledging the challenges presented by the COVID-19 pandemic, the Committee is concerned about the failure to prepare and publicly release the promised progress statements on the 2019–2024 Regional Plan.

3.46. The Committee is of the opinion that it is difficult for the ACT Government, the Legislative Assembly and community members to assess the progress and impact of the Regional Plan, past or present versions, without regular and publicly available reporting. The Committee considers that a mid-point progress update on the 2025–2030 Regional Plan, most likely in 2027–2028, creates a significant time gap in reporting to the Legislative Assembly and community. The Committee encourages the ACT Government to provide more timely and regular updates throughout the life of the Regional Plan 2025–2030 to the Assembly.

[126] Capital Health Network, *Submission 33*; Ms Stacy Leavens, Chief Executive Officer, Capital Health Network, *Committee Hansard,* 16 October 2025, p 3; Ms Stacy Leavens, Chief Executive Officer, Capital Health Network, *answer to QTON 1*, 22 October 2025, (received 29 October 2025).

[127] Ms Rachel Stephen-Smith MLA, Minister for Mental Health, *answer to QTON 10*, 28 November 2025 (received 11 December 2025), p 2.

[128] Ms Rachel Stephen-Smith MLA, Minister for Mental Health, *answer to QTON 10*, 28 November 2025 (received 11 December 2025), p 2.

[129] Ms Rachel Stephen-Smith MLA, Minister for Mental Health, *answer to QTON 10*, 28 November 2025 (received 11 December 2025), p 2.

[130] ACT Government, *2025–2030 ACT Mental Health and Suicide Prevention Regional Plan: The Framework*, 2025, p 34.

Finding 1

The Committee finds that the ACT Government failed to prioritise, make meaningful progress on delivering, and uphold its reporting obligations under the *ACT Mental Health and Suicide Prevention Regional Plan 2019–2024*.

Recommendation 5

The Committee recommends that the ACT Government provide regular updates to the Assembly regarding its progress under the *ACT Mental Health and Suicide Prevention Plan Regional 2025–2030.*

4. Opportunities to build system capability

4.1. In addition to the system-wide leadership and integration improvements suggested by witnesses, the Committee heard of several stand-alone actions that could improve broader system capability. These include:

a) developing intervention models to manage acute distress and crisis;

b) strengthening the continuity of care provided in aftercare, the 'missing middle' of mental health support and through data collection;

c) funding of the Coroner's Court to assist bereaved families; and

d) addressing the risk factors of housing and problem gambling.

Intervention models

Distress Brief Intervention Model

4.2. The Mental Health Community Coalition ACT (MHCC ACT) advised that 'the system remains too clinically orientated, too reactive and often out of reach for people who need time, trust and non-medical support to engage.'[131]

4.3. The MHCC ACT considered that distress responses were being unnecessarily medicalised:

> What do I mean by that? I go to the doctor because my relationship is breaking down. He tells me I have depression and anxiety and puts in a mental health care plan to send me to a psychologist to have six sessions of therapy. So now, instead of having an emotional reaction to my relationship breakdown, I have got depression and anxiety. We are not allowing people to experience the pitfalls of life, the ups and downs of life, and to have a support system around them to manage that as normal life, rather than as a medicalised diagnosis.[132]

4.4. Scotland's Distress Brief Intervention Model provides an example of a non-medicalised response that aims to relieve a person's distress in a community setting. The model is an 'early intervention model focused on the distress a person may be in. It provides an '"ask once get help fast" approach over two levels.'[133] Level 1 is an immediate response by trained frontline workers like police or General Practitioners (GPs) and Level 2 is a referral to a Distress Brief Intervention practitioner from a community-based team within 24 hours, who provides 14 days of support focused on problem-solving and distress planning.[134]

4.5. The MHCC ACT advised that the Distress Brief Intervention Model is focused on problem-solving; for example, connecting a person who has lost their job with the local food bank or

[131] Mental Health Community Coalition ACT, *Submission 46*, p 7.
[132] Ms Lisa Kelly, Chief Executive Officer, Mental Health Community Coalition, *Committee Hansard,* 28 November 2026, p 191.
[133] Mental Health Community Coalition ACT, *Submission 46*, p 7.
[134] Mental Health Community Coalition ACT, *Submission 46*, p 7.

information on how to find work.[135] An outline of the model in practice was provided by MHCC ACT:

> …the service asks the person where they are most comfortable to meet with somebody – it might be at a pub. We send somebody not because they are a mental health professional but because they are compassionate, and they are trained, and they have got a natural empathy for people. We send them to the pub, and they talk about the distress…look at how they can problem-solve and how they can help get you connected back to your natural coping mechanisms.[136]

4.6. Carers ACT was also supportive of this model as 'research around brief intervention is extremely positive…there is evidence that speaks to its effectiveness.'[137]

4.7. The *National Mental Health and Suicide Prevention Strategy 2025–2035* provided funding to four states to trial the Distress Brief Intervention model—New South Wales, Victoria, Queensland and South Australia.[138] The trials will provide targeted short-term, non-clinical support to relieve distress in community settings.[139]

4.8. The Committee notes the MHCC ACT advice around where the focus of this type of model delivery should be placed:

> '…this model has been implemented in different parts of Australia but are not true to the design of the model as I have seen it operate in Scotland. People are using it as… an intervention model for people who have become distressed with mental illness, and that's not what it was ever designed for. It was designed for people experiencing the normal distress of life and not for somebody who has got a mental illness who is have a distress moment.[140]

Committee comment

4.9. The Committee appreciates that acute distress may trigger a person on a pathway that leads to suicide, and their willingness and ability to seek help may be impacted by stigma.[141] The Committee considers that the Distress Brief Intervention Model may fill gaps in the whole-of-system response for people experiencing acute distress. The features of

---

[135] Ms Smera Naik, Policy and Training Officer, Mental Health Community Coalition ACT, *Committee Hansard*, 28 November 2026, p 192.

[136] Ms Lisa Kelly, Chief Executive Officer, Mental Health Community Coalition ACT, *Committee Hansard,* 28 November 2026, p 191.

[137] Mr Cain Beckett, Chief Executive Officer, Carers ACT, *Committee Hansard*, 28 November 2025, p 158.

[138] The Hon Emma McBride MP, Australian Government Assistant Minister for Mental Health and Suicide Prevention, *Speech - National Suicide Prevention Conference,* 30 April 2024, www.health.gov.au/ministers/the-hon-emma-mcbride-mp/media/assistant-minister-for-mental-health-and-suicide-prevention-speech-30-april-2024?language=en, (accessed 5 March 2026).

[139] The Hon Emma McBride MP, Australian Government Assistant Minister for Mental Health and Suicide Prevention, *Speech - National Suicide Prevention Conference,* 30 April 2024, www.health.gov.au/ministers/the-hon-emma-mcbride-mp/media/assistant-minister-for-mental-health-and-suicide-prevention-speech-30-april-2024?language=en, (accessed 5 March 2026.)

[140] Ms Lisa Kelly, Chief Executive Officer, Mental Health Community Coalition ACT, *Committee Hansard,* 28 November 2026, p 191.

[141] See discussion at Chapter 2.

the Scottish model, such as meeting in a setting of the person's choice, may minimise stigma and encourage men to engage with this support service.

Recommendation 6

The Committee recommends that the ACT Government provide funding for a trial of the Distress Brief Intervention Model.

Local Drug Action Teams

4.10. In making the case for treatment of alcohol and drug use as a suicide prevention tool, the Alcohol and Drug Foundation (the Foundation) raised the role of Local Drug Action Teams (LDATs). This is a place-based prevention model that builds community partnerships across schools, health, community organisations, police and local government.[142] The Foundation noted that:

> These partnerships are then able to deliver multiple locally tailored interventions simultaneously in their communities. Evidence from evaluations shows that this approach has been successful in targeting protective factors including increased social connection and inclusion, shifts in reported confidence, and greater knowledge in communities.[143]

4.11. The Foundation discussed how LDATs work with the community to identify and implement place-specific strategies, including a role for the police who are frequently the first responders. The Foundation noted that as the police regularly work with people affected by alcohol, it is imperative that they know the services available for referrals, the knowledge of which can be developed through the LDAT connections.[144] The Foundation noted:

> In quite a few of our Local Drug Action Teams, the local police are community partners. It has actually been a win-win, because it is breaking down those barriers. We are learning things about the local community from the police and they are learning things from us as well.[145]

4.12. In October 2023, changes to the *Drugs of Dependence Act 1989* took effect. The changes reduced the maximum penalties for possessing small amounts of some illegal drugs for personal use and aimed to divert people who use drugs away from the criminal justice system and encourage access to health services.[146]

---

[142] Alcohol and Drug Foundation, *Submission 56,* p 3.
[143] Alcohol and Drug Foundation, *Submission 56,* p 3.
[144] Mrs Allison Reid, State Manager for NSW/ACT, Alcohol and Drug Foundation, *Committee Hansard*, 16 October 2025, p 29
[145] Mrs Allison Reid, State Manager for NSW/ACT, Alcohol and Drug Foundation, *Committee Hansard*, 16 October 2025, p 30.
[146] ACT Government, *Drug law reform*, https://www.act.gov.au/health/drugs-alcohol-smoking-and-vaping/drug-law-reform#What-is-not-changing (accessed 8 My 2026).

4.13. The Minister for Police, Fire and Emergency Services advised that, as harms related to alcohol and drug use are a health issue, rather than a criminal issue, ACT Policing was not a partner to the ACT LDATs. The Minister acknowledged that alcohol and other drug use is complex, and affirmed ACT Policing's commitment to targeting drug trafficking and criminality driven by drug use.[147]

4.14. While ACT Policing is not an LDAT partner, it is a partner of the PACER model of care, an integrated first responder model of police, paramedics and mental health clinicians. The PACER model aims to reduce the pressure on emergency departments and other acute inpatient services to ensure that people experiencing a mental health crisis are provided the appropriate assessment, treatment and care in the community.[148]

4.15. The ACT Government advised there is a new program under development: the 'Correct Agency, Right Engagement' (CARE) model which will build on the work of PACER:

> The CARE model is aimed at ensuring that the right agency responds to health-related calls, rather than police being the default first responder where there is a concern about a person's physical or mental health. This recognises that people requiring medical support should be treated by those who have the requisite training and resources, while avoiding the inadvertent stigmatisation and criminalisation of those experiencing a medical crisis. The approach recognises that police can have a significant impact on a person where there may be mental health considerations.[149]

Committee comment

4.16. The Committee appreciates the work of the ACT's first responders through the PACER model, and the work underway on an extension with the CARE model, which has the potential to respond sensitively to people in crisis.

4.17. The Committee observes that Scotland's Distress Brief Intervention Model discussed above may have potential integration with this CARE model. Responders under the CARE model could assess whether the person required a medical referral or a referral to a Distress Brief Intervention Model trained practitioner.

4.18. While alcohol and drug use do not constitute criminal offences in the ACT, the Committee considers it likely that police may encounter, or be contacted about, people under the influence of alcohol and other drugs in the course of their work. The Committee is therefore of the view that including ACT Policing as a community partner on ACT LDATs may present an opportunity for better integration and referral pathways. The LDAT model emphasises the place-based protective strategies as preventive tools and shared learnings that are possible working across the community partners, including with ACT Policing.

4.19. The Committee considers that it is critical to take a health-based approach for people experiencing harms related to alcohol and other drugs, and that partnership with LDATs

[147] Dr Marisa Paterson MLA, Minister for Police, Fire and Emergency Services, *answer to QTON 12,* 28 November 2026 (received 23 January 2026), p 1.
[148] ACT Government, *Submission 52,* p 27.
[149] ACT Government, *Submission 52,* p 27.

should enable police to refer people through health pathways where they have been engaged as a first responder.

Recommendation 7

The Committee recommends that the ACT Government establish an ACT Local Drug Action Team where ACT Policing is a community partner.

Aftercare services

4.20. Several community organisations identified gaps in relation to follow-up processes after a suicide attempt or crisis.[150] This fragmentation of available aftercare services was supported by the individual stories put to the Committee.

4.21. The Australian Psychological Society described the process of follow-up after presenting at an emergency department:

> Every situation is slightly different. In my understanding of the normal way that someone goes through the process, a letter is written. It is usually addressed to a GP. Of course, we know that people who, from a social determinants perspective, are at a greater risk of quite acute distress and in mental ill-health, often do not have things like a regular GP and a psychologist….if they are seeing a psychologist, there is a gap there, because the psychologist may not even be informed that the patient presented to the emergency department.[151]

4.22. ACT Government officials outlined the assessment process undertaken after a person presents to the emergency department due to a suicide attempt or self-harm incident. Officials advised that the emergency department will assess the person, including the protective factors they have in place before developing a safety management plan. This is completed 'regardless of whether the person has actually attempted suicide or not.'[152] If the risk is too high for the person to return home, they can be admitted to a residential mental health unit at the hospital until they can be safely discharged. Where a person is assessed as being safe to return home, they will be connected to appropriate services.[153]

---

[150] See, for example, Ms Lisa Kelly, Chief Executive Officer, Mental Health Community Coalition ACT, *Committee Hansard,* 28 November 2025, pp 190–191; Ms Danielle Nagle, Acting Executive Branch Manager, Mental Health Policy and Strategy, Health and Community Services Directorate, *Committee Hansard,* 28 November 2025, p 171; Dr Alexander Murray, Head of Policy and Research, Australian Psychological Society, *Committee Hansard,* 28 November 2025, pp 162–163.

[151] Dr Alexander Murray, Head of Policy and Research, Australian Psychological Society, *Committee Hansard,* 28 November 2025, pp 162–163.

[152] Mr Bruno Aloisi, General Manager, Mental Health, Justice Health and Alcohol and Drug Services, Canberra Health Services, *Committee Hansard,* 28 November 2025, pp 169–170.

[153] Mr Bruno Aloisi, General Manager, Mental Health, Justice Health and Alcohol and Drug Services, Canberra Health Services, *Committee Hansard,* 28 November 2025, pp 169– 70.

4.23. A 2020 review by the ACT Children and Young People Child Death Review Committee recommended implementation of assertive outreach guidelines for young people who have attempted suicide, including contact within the first 24 hours.[154]

4.24. Data from the Health Research Institute at the University of Canberra on follow-up action by Canberra's two public hospitals showed that 93.6 percent of men had a visit within 30 days of discharge from The Canberra Hospital, while 2.7 percent received no follow-up visit. For the North Canberra Hospital, 82.6 percent of men received a visit within 30 days, with seven percent of men receiving no follow-up visit.[155]

4.25. The Minister for Mental Health provided information about the aftercare services funded directly by the ACT Government and those funded jointly with the Australian Government under the *National Mental Health and Suicide Prevention Agreement*. These include:

a) Thirrili: providing prevention, intervention and aftercare for Aboriginal and Torres Strait Islander people.

b) Way Back Support Service: non-clinical and practical support for people after an attempt.

c) Minds Together: training for families, friends and others supporting a person after an attempt or in suicidal distress.[156]

4.26. The MHCC ACT spoke to the Way Back Support Service, run by the Woden Community Service, which provides up to 12 weeks of outreach support following a suicide attempt.[157] While praising the efforts of the program, the MHCC ACT highlighted challenges associated with poor referral points and reliance on phone calls following discharge from hospital:

> Now, most of us, in this day and age, do not answer calls from numbers we do not know. If I am distressed, as well, or I have had an emotionally distressing moment, the chances of me answering a call and engaging in that sort of way are probably quite low. Then there is a follow-up email or a follow-up letter sent, and, again, the onus is on the person to have to engage back in with the service.[158]

4.27. It was suggested a more proactive model would see the connection to aftercare support made at the hospital before a person is discharged, and an appointment made for a follow-up visit.[159] This could include a person's family or other caregivers who could support the

[154] ACT Children and Young People Death Review Committee, *Submission 15,* Attachment A, p 22.
[155] Health Research Institute University of Canberra, *Submission 27*, p 14.
[156] Ms Rachel Stephen-Smith MLA, Minister for Mental Health, *answer to QTON 9,* 28 November 2025 (received 11 December 2025), pp 2–3.
[157] Ms Lisa Kelly, Chief Executive Officer, Mental Health Community Coalition ACT, *Committee Hansard,* 28 November 2025, p 189; Woden Community Service, *The Way Back Support Service*, The Way Back Support Service - Woden Community Service (accessed 8 May 2026).
[158] Ms Lisa Kelly, Chief Executive Officer, Mental Health Community Coalition ACT, *Committee Hansard,* 28 November 2025, p 189.
[159] Ms Lisa Kelly, Chief Executive Officer, Mental Health Community Coalition ACT, *Committee Hansard,* 28 November 2025, p 189.

person to be able to access aftercare services in a more efficient and in a more timely manner:[160]

> …we need to stop assuming that every consumer does not want their carers or their family members involved. We tend to have this base assumption that we cannot involve family. Even when family have presented at the hospital with the person and are aware, we do not then reach back out and assume that family can be involved. We hear everything from, "It is a privacy breach," which I struggle to see how it is, to "We are respecting the consumer's right," or "The consumer did not consent." And I think, "Did the consumer have capability to consent at that time?" The consumer has consented to their mum bringing them to emergency, so why do we now think that they are not consenting for mum to be called the next day to see if they are okay?[161]

4.28. The Capital Health Network advised that it had provided funding to Way Back Support Service for many years, noting that:

> Currently the funding under this agreement ends this financial year. So we are just looking to the future of what that continuation will look forward to – there is definitely ongoing engagement around what the Way Back Support Service is delivering, but as well what else might be needed in this aftercare space.[162]

4.29. The Minister for Mental Health informed the Committee that further aftercare services were under development, including:

a) Peer Companion in the Community Program: funding has been provided to Roses in the Ocean and expected to be in operation early 2026 providing lived experience, community member peer supports.

b) The Youth Coalition is leading a co-design project to develop aftercare for young people 12–25, including for Aboriginal and Torres Strait Islander, culturally and linguistically diverse and LGBTIQA+ young people.[163]

4.30. The Committee notes that, as of April 2026, Roses in the Ocean volunteers were being recruited by the regional coordinator for the Peer Companion in the Community Program.[164]

---

[160] Ms Lisa Kelly, Chief Executive Officer, Mental Health Community Coalition ACT, *Committee Hansard,* 28 November 2025, p 189.

[161] Ms Lisa Kelly, Chief Executive Officer, Mental Health Community Coalition ACT, *Committee Hansard,* 28 November 2025, p 190.

[162] Ms Stacy Leavens, Chief Executive Officer, Capital Health Network, *Committee Hansard,* 16 October 2025, p 4.

[163] Ms Rachel Stephen-Smith MLA, Minister for Mental Health, *answer to QTON 9,* 28 November 2025 (received 11 December 2025), p 3.

[164] Clare Fenwick, 'New mental health service aims to fill the gaps between crisis care and everyday life', *Region Canberra,* 12 April 2026, https://region.com.au/new-mental-health-service-aims-to-fill-the-gaps-between-crisis-care-and-everyday-life/949980/, (accessed 30 April 2026).

Committee comment

4.31. The Committee acknowledges the ongoing work by Canberra's frontline responders and support programs, including new initiatives, to provide aftercare support for men, young people and First Nations people.

4.32. Noting that available data suggests some men do not receive contact following a suicide attempt, the Committee considers that there are some gaps in the consistency of connection with, and referral to, aftercare supports.

4.33. Given the potential high-risk consequences where support is not provided, the Committee considers that priority should be given to ensuring consistent aftercare referrals and support services, which support the inclusion of family members and caregivers where appropriate. In-person connection at the emergency department and inclusion of family members may ensure more effective connections with the Way Back Support Service and other aftercare services.

Recommendation 8

The Committee recommends that the ACT Government create stronger connections and support for people who have attempted suicide to ensure they have continual and supported access to aftercare services, including ongoing involvement of their caregivers and family members.

Recommendation 9

The Committee recommends that the ACT Government ensure people's support networks are involved in both the development and enactment of their discharge plans and related supports following an acute mental health crisis.

Missing middle of mental health support

4.34. It was raised with the Committee that there are two aspects shaping a 'missing middle' of mental health care support: the priority placed on primary care responses to acute crisis and the absence of longer-term care for people with complex and enduring mental health issues.[165]

4.35. The Royal Australian College of General Practitioners (RACGP) NSW-ACT identified a significant gap in current service provision for people who have 'a chronic or treatment resistant condition' but are not exhibiting immediate or other suicidality symptoms which would see them admitted to acute care.[166] They noted that:

> Public referrals often prioritise psychosis or active suicidality, excluding those with chronic or treatment resistant conditions who require consistent care.

[165] Royal Australian College of General Practitioners NSW-ACT, *Submission 26,* p 4; Mr Cain Beckett, Chief Executive Officer, Carers ACT, *Committee Hansard,* 28 November 2025, p 157.

[166] Royal Australian College of General Practitioners NSW-ACT, *Submission 26,* p 4.

> Community-based services such as Headspace or Catholic Care's Next Step program are valuable, but they experience long wait times and operate with exclusion criteria that leave out more complex or unwell patients.[167]

4.36. Carers ACT also identified the 'missing middle' service provision gap:

> We have a situation where someone with a mental health issue might be too complex for carers and GPs to be dealing with but then are not viewed as complex enough to be supported by the primary and tertiary health system. So you have got a vast cohort of people in the middle with nowhere else to go.[168]

4.37. The concept of the 'missing middle' of mental health support is not new or unique to the ACT. The Royal Commission into Victoria's Mental Health System in 2021 noted that:

> There is a 'missing middle'. A large and growing group of people have needs that are too 'complex', too 'severe' and/or too 'enduring' to be supported through primary care alone, but not 'severe' enough to meet the strict criteria for entry into specialist mental health services. As a result, people receive inadequate treatment, care and support, or none at all.[169]

4.38. The RACGP NSW-ACT raised concern regarding the affordability of private psychology, noting while access is improving, the financial cost of this to patients is still an access barrier for those in the 'missing middle.'[170] Carers ACT also identified referral difficulties that this 'missing middle' and their caregivers face in securing an assessment and diagnosis:

> …there is no place they can go to be assessed… we need a single no-wrong-door approach that you can go to one place and know that you will be able to get help from there. At the moment, you are redirected multiple times, you might not get support, you do not know where to go and it is really quite complicated.[171]

4.39. The Capital Health Network and ACT Government confirmed that it was not necessary for a person to have made a suicide attempt to be able to access the health and support services.[172] The Capital Health Network provided the following information:

> There remains a "missing middle" for people whose needs are considered too severe/complex for primary care but are not considered severe enough for specialised or tertiary supports. However, CHN has not identified any barriers to accessing these services based on a specific criterion of whether someone has made a suicide attempt or not, noting that CHN commissioned services, as well as

[167] Royal Australian College of General Practitioners NSW-ACT, *Submission 26,* p 4.
[168] Mr Cain Beckett, Chief Executive Officer, Carers ACT, *Committee Hansard,* 28 November 2025, p 157.
[169] Royal Commission into Victoria's Mental Health System, *Final Report Summary and Recommendations Royal Commission into Victoria's Mental Health System*, 2021, p 19.
[170] Mr Cain Beckett, Chief Executive Officer, Carers ACT, *Committee Hansard,* 28 November 2025, p 157; Royal Australian College of General Practitioners NSW-ACT, *Submission 26,* p 4.
[171] Mr Cain Beckett, Chief Executive Officer, Carers ACT, *Committee Hansard,* 28 November 2025, p 157.
[172] Mr Bruno Aloisi, General Manager, Mental Health, Justice Health and Alcohol and Drug Services, Canberra Health Services, *Committee Hansard,* 28 November 2025, p 169; Ms Stacy Leavens, Chief Executive Officer, Capital Health Network, *answer to QTON 3,* 16 October 2025 (received 29 October 2025), p 2.

> other services in the ACT, support people in suicide distress or crisis, regardless of whether or not they have attempted suicide. For example, The Way Back Support Service, a suicide aftercare service commissioned by CHN, supports people following a suicide attempt and people identified as experiencing a suicidal crisis.[173]

Committee comment

4.40. The Committee appreciates the importance of an appropriate primary care response system capable of treating an acute crisis, managing risk and returning the person safely to the community. However, the Committee is concerned that there appears to be a treatment gap for people with long term and complex mental health issues.

Recommendation 10

The Committee recommends that the ACT Government invest in addressing the 'missing middle' of mental health support for people whose needs are considered too complex for primary care but not acute enough for specialised clinical services.

Data collection

4.41. The Health Research Institute at the University of Canberra identified the central role of data collection and evaluation in understanding the impact of existing strategies on the suicide rate. The Health Research Institute recommended appropriate resourcing be provided to ensure accurate and timely data is captured on both completed suicides and attempted suicides in Canberra:

> Urgent consideration should be given to establishing more integrated approaches to data collection and presentation through interactive, real-time dashboards, such as MChart, already being developed in the ACT, and those currently in operation in South Australia.[174]

4.42. One of the key data sources that may inform such an evaluation is the Digital Health Record (DHR) which stores information about a person's visit at an ACT public hospital, walk-in centre or community health centre. This is medical history and information includes test results, referrals, allergies and clinical observations. A person needs to register for MyDHR, giving consent for health practitioners to record the information and to store the information.[175]

4.43. The Committee heard that issues with the way in which DHR data is recorded may hinder a full understanding of the number of men presenting to emergency departments due to a

[173] Ms Stacy Leavens, Chief Executive Officer, Capital Health Network, *response to QTON 3,* 16 October 2025, (received 29 October 2025).
[174] Health Research Institute University of Canberra, *Submission 27*, p 4.
[175] ACT Government, *Digital Health Record,* www.act.gov.au/health/digital-health-record, 17 March 2026 (accessed 27 March 2026).

suicide attempt.[176] The Committee understands that DHR uses the international classification for diseases and may not have 'the level of granularity' required to easily identify data on presentations involving suicide attempts.[177] Officials explained:

> For example a person could be coded as presenting with depression or an acute psychosis and a suicide attempt might actually be part of that presentation or suicidal ideation might actually be part of that presentation as well.[178]

4.44. Further information was later provided by the Minister for Mental Health which advised that the data recorded the principal reason for attending the emergency department, such as treatment of the injury:

> Emergency data held does not allow for reporting on presentations for suicide and self-harm due to data collection being focussed on principal diagnosis. This principal diagnosis reflects the acute need for care, for example, it might be the injury associated with a suicide attempt or self-harm rather than the intent.[179]

Committee comment

4.45. The Committee considers that there may be opportunity to update the data collection capability of DHR to record beyond the principal diagnosis and more fully capture suicide attempts, suicidal ideation and self-harm. The Committee appreciates the complexities of recording beyond the principal diagnosis, including patient privacy, however considers further investigation should be undertaken to determine potential benefits and implementation steps.

4.46. Data collection and tracking of suicidality with finer granularity may also support the consistent provision of aftercare to all people attending the emergency department after a suicide attempt or crisis.

Recommendation 11

The Committee recommends that the ACT Government investigate the potential benefits of updating the Digital Health Record so it can track suicide attempts and suicidal ideation.

Coroner's Court

4.47. One of the difficulties that bereaved families face is the length of time that the Coroner's Court takes to make a finding where a person has died by suicide. Canberra After Suicide

[176] Mr Bruno Aloisi, General Manager, Mental Health, Justice Health and Alcohol and Drug Services, Canberra Health Services, *Committee Hansard,* 28 November 2025, pp 172–173.
[177] Mr Bruno Aloisi, General Manager, Mental Health, Justice Health and Alcohol and Drug Services, Canberra Health Services, *Committee Hansard,* 28 November 2025, p 172.
[178] Mr Bruno Aloisi, General Manager, Mental Health, Justice Health and Alcohol and Drug Services, Canberra Health Services, *Committee Hansard,* 28 November 2025, pp 172–173.
[179] Ms Rachel Stephen-Smith MLA, Minister for Mental Health, *answer to QTON 9*, 28 November 2025, (received 11 December 2025), p 2.

Support advised that this process can be very slow, sometimes taking years, and exacerbates an already stressful time for family members at 'the worst time in their lives.'[180] The delays in Coroner's findings also prolong legal processes associated with wills and estates, which can lead to further grief.[181]

4.48. ACT Coroner's Court findings can also assist in identifying groups that are at higher risk of suicide. The ACT Government advised that work it had undertaken with the ACT Coroner and CHS had previously identified increased suicides in the university sector.[182]

4.49. The length of time for Coroner's findings was also raised during the *Inquiry into Estimates 2025–2026*. In response to a question on notice, the Attorney-General advised:

> The Government has extended support to the Coroners Court in the 2025–26 Budget through the provision of additional temporary resources and continuing design work to replace the Court's Local Case Management system. This additional funding will enhance the Coroners Court's ability to manage caseloads and support the efficient and sensitive handling of matters which often involve vulnerable individuals and families. Government will continue to engage with the Court to monitor any resourcing requirements.[183]

Committee comment

4.50. There is a consistent concern raised by the community, of which the ACT Government is aware, regarding the length of time for findings to be delivered by the Coroner's Court. These delays contribute to the distress and grief of the families of people who have died by suicide. The Committee urges the ACT Government to increase sustainable resourcing for the Court to ensure timely delivery of findings.

Recommendation 12

The Committee recommends that the ACT Government increase resources for the Coroner's Court to speed up coronial inquests.

Responding to problem gambling

4.51. Problem gambling is associated with several risk factors of suicide, including drinking alcohol at harmful levels, depression among men, financial distress and shame.[184]

[180] Mrs Verlene Marshall, Facilitator, Canberra After Suicide Support, *Committee Hansard,* 25 November 2025, p 80.
[181] Mrs Verlene Marshall, Facilitator, Canberra After Suicide Support, *Committee Hansard,* 25 November 2025, p 80.
[182] Ms Danielle Nagle, Acting Executive Branch Manager, Mental Health Policy and Strategy, Health and Community Services Directorate, *Committee Hansard,* 28 November 2025, p 174.
[183] Ms Tara Cheyne MLA, Attorney-General, *answer to QON 158,* Select Committee on Estimates 2025–2026, 30 July 2025 (received 19 August 2025), p 2.
[184] Lifeline, *Submission 13,* pp 8–9.

4.52. Lifeline spoke to the connected nature of these risk factors, pointing to data that shows indebtedness and shame being two main areas that connect problem gambling and suicidality.[185]

4.53. Several community organisations raised the impact of problem gambling on men's mental health and suicidality.[186] Canberra After Suicide Support observed:

> … that gambling can provide temporary relief for emotional distress but exacerbates feelings of guilt, shame and purposelessness, and this results in a loss of face and severe financial and family distress, and in some cases suicide.[187]

4.54. The 2024 ACT Gambling Survey reported that 'young men experience disproportionately high rates of gambling harm compared to other demographics.'[188] The Survey observed an upward trend in online gambling participation, with the highest participation being among men (32.5 percent), particularly those aged 25 to 54 years (approximately 37 percent).[189]

4.55. Concern was also expressed that young men under 25 years were being targeted by advertising promoting online gambling while watching sports,[190] with reports that gambling advertising during sports programming was four times the rate as compared to non-sport programming.[191]

4.56. Public health thinking since the year 2000 has concluded that individual interventions only have limited effectiveness, and instead gambling harm prevention should be seen as a public health matter.[192] Researchers explained that a public health approach includes measures such as 'reducing advertising and deconstructing the extent to which gambling, sports viewing, alcohol use and all these factors are normalised in young men.[193]

Committee comment

4.57. Research indicates a strong link between problem gambling, poor mental health triggers and suicidality. The Committee considers that reducing the promotion and accessibility of gambling environments can play an important role in lowering suicide risk among men, particularly in young men.

---

[185] Lifeline, *Submission 13,* p 9.

[186] See, for example, Mr Michael Wilson, Research Fellow in Men's Mental Health, Orygen, *Committee Hansard*, 25 November 2025, pp 124–136; Dr Kerrie Aust, President, Australian Medical Association (ACT), *Committee Hansard,* 25 November 2025, p 111.

[187] Mr Murray O'Hanlon, Peer Member, Canberra After Suicide Support, *Committee Hansard,* 25 November 2025, p 81.

[188] ACT Government, *Submission 52,* p 6.

[189] Matthew Rockloff, Alex M.T. Russell, Matthew Browne and Nerilee Hing, *2024 ACT Gambling Survey*, Experimental Gambling Research Laboratory, Central Queensland University, prepared for the ACT Gambling and Racing Commission, May 2025, p 7, quoted by the Australian Christian Lobby, *Submission 53,* p 6.

[190] Dr Steve Leicester, National Clinical Manager, Schools and Communities, headspace, *Committee Hansard,* 25 November 2025, p 124.

[191] Orygen, *Submission 7,* p 3.

[192] The ACT Gambling and Racing Commission, *Strategy for gambling harm prevention in the ACT – A public health approach 2019–2024,* 2019, p 9.

[193] Mr Michael Wilson, Research Fellow in Men's Mental Health, Orygen, *Committee Hansard,* 25 November 2025, p 124.

Recommendation 13

The Committee recommends that the ACT Government explore legislative options for minimising the impact of gambling on men's mental health, including through a full gambling advertising ban.

Secure housing as a protective factor

4.58. Community sector providers identified the central role housing has as a protective factor in preventing suicide, with insecure housing or homelessness acting as both a risk factor and a significant impediment to addressing other risk factors of suicidality.[194]

4.59. Suicide Prevention Australia drew attention to this risk factor:

> Data from the AIHW [Australian Institute of Health and Welfare] shows that problems related to housing and economic circumstances is a common risk factor for men aged 35-64 and linked to 9% of suicides within this age group. Data further identified that suicide in males is four times more likely to be associated with economic and housing circumstances compared to female suicide deaths.[195]

4.60. The St Vincent de Paul Society Canberra-Goulburn (Vinnies) noted the complex needs of men experiencing homelessness and the stability that crisis accommodation provides. If outreach workers know where people are, they are then able to bring the service to them.[196] Vinnies also advised that wait times for public housing, access to crisis accommodation and the expectations held by Housing ACT before men can be considered 'housing-ready' present significant barriers for getting men into housing.[197]

4.61. EveryMan Australia explained that their clients have complex and multiple needs, including housing, which requires a fully integrated, multidisciplinary response.[198] They stressed the importance of a 'whole-of-life wraparound' approach, cautioning against siloed funding arrangements which place strain on the community sector:

> Funding organisations for individual services but hoping that other agencies will pick up the other bits does not work. You see that with our partner contact program. Until we got funding through the ACT government recently, we had to cross-subsidise our partner contact service by taking money out of our men's

[194] See, for example, St Vincent de Paul Society Canberra-Goulburn, *Submission 41*, p 2; Dr Kerrie Lesley Aust, President, Australian Medical Association (ACT), *Committee Hansard,* 25 November 2025, p 107.
[195] Suicide Prevention Australia, *Submission 44*, p 10.
[196] Mr Benjamin Fitzgerald, Team Leader, Street to Home, St Vincent de Paul Society Canberra-Goulburn, *Committee Hansard*, 16 November 2026, p 50.
[197] Mr Benjamin Fitzgerald, Team Leader, Street to Home, St Vincent de Paul Society Canberra-Goulburn, *Committee Hansard*, 16 November 2026, pp 46–47.
[198] Mr Gregory Aldridge OAM, Chief Executive Officer, EveryMan Australia, *Committee Hansard,* 16 October 2025, p 71.

> counselling service, which diminished the number of counselling appointments that were available for men…[199]

4.62. The ACT Government identified that Vinnies worked with Marymead CatholicCare to support people into housing through the AXIAL Housing Program.[200] This is a pilot program 'providing wrap-around support and permanent accommodation to people sleeping rough on the street with high and complex support needs.'[201] The Minister for Mental Health noted that the program is 'specifically focused on ensuring that people with significant mental health challenges who are sleeping rough can be housed through a housing-first approach.'[202]

4.63. CHS officials advised that they too work with Marymead CatholicCare:

> We have the Homelessness Outreach Team. In the last few months, we started a collaborative with Marymead CatholicCare, particularly knowing that we have a large number of mutual clients that we see, more from the clinical mental health perspective, in terms of psychosocial support. We are developing a key relationship in terms of how we support each other. That is a way of looking at the person more holistically. Supporting a person from a mental health perspective helps them with other psycho-social determinants. That relationship is one that we highly value. The Homelessness Outreach Team also works more broadly across the homelessness sector. They have established relationships with a number of community agencies in this area.[203]

Committee comment

4.64. The Committee considers that it is critical for the need for secure housing, this most basic of human rights, to be met so that men with complex needs can be fully supported to address their risk factors of suicidality. The Committee urges the ACT Government to consider the feedback about the difficulty for men experiencing homelessness in meeting Housing ACT's requirements.

4.65. The Committee appreciates that community service providers are striving to support men with high and complex needs, despite not necessarily being funded to manage such complexity. The Committee understands this complexity is resource intensive for organisations seeking to provide the much-needed wraparound support, and that appropriate housing and related services are critical to this.

---

[199] Mr Gregory Aldridge OAM, Chief Executive Officer, EveryMan Australia, *Committee Hansard,* 16 October 2025, pp 71–72.

[200] Ms Rachel Stephen-Smith MLA, Minister for Mental Health, *Committee Hansard,* 28 November 2025, p 183.

[201] Marymead CatholicCare Canberra-Goulburn, *Accommodation,* https://mccg.org.au/services/accommodation/, 2026 (accessed 30 March 2026).

[202] Ms Rachel Stephen-Smith MLA, Minister for Mental Health, *Committee Hansard,* 28 November 2025, p 183.

[203] Mr Bruno Aloisi, General Manager, Mental Health, Justice Health and Alcohol and Drug Services, Canberra Health Services, *Committee Hansard,* 28 November 2025, p 183.

Recommendation 14

The Committee recommends that the ACT Government increase public housing and further fund programs that get men into public housing and provide wraparound support when they have complex needs.

5. Strengthening community agency

5.1. Community-led peer support groups are a vital partner in the service delivery landscape, providing regular social connection and relationships that reduce isolation and loneliness. There are opportunities to strength community-led peer support groups so they can continue their work and build capability as the first point of contact in crisis.

Evaluation of community-led peer support groups

5.2. Community-led peer support groups, through social, sports, exercise or volunteering activities, become regular points of contact that build relationships and provide emotional support, including in times of distress or crisis.[204] Running for Resilience noted that:

> By providing multiple opportunities to exercise and engage socially with others (no matter what your fitness level) we are promoting positive health behaviours, as well as providing socialisation opportunities. Further, by being open and sharing our struggles and how we managed to or continue to work towards moving past them, as well as being willing to listen to others struggles, we provide emotional support to others.[205]

5.3. Other groups also identified the importance of regular gatherings in a social setting for building relationships and connections. The Men's Table, a national for-purpose charity, provides support through regular community-led groups called Tables:

> Each Table is a committed group of local men who meet monthly over dinner to share the highs and lows of their lives. What starts as simple conversation often becomes a lifeline—reducing isolation, supporting resilience, and improving mental and emotional wellbeing. The Men's Table currently supports 2,650 men across 251 Tables in every state and territory, including the ACT.[206]

5.4. These peer support groups are community level activities, often initiated by volunteers, around a common interest and concern for men's wellbeing.[207] Some organisations, such as the Australian Men's Shed Association receive government funding, either from the Australian Government or the ACT Government.[208]

5.5. In its submission, the ACT Council of Social Service (ACTCOSS) highlighted the 2025 research by Slade et al into men's mental health and suicide prevention services in Australia. Of interest to the Committee in this context was the research study's observation that:

---

[204] See, for example, Mr Glen Collins, Co-Founder and Board Member, Running for Resilience, *Committee Hansard,* 16 October 2025, pp 57–58; Australian Men's Shed Association, *Submission 45,* p 5.
[205] Running for Resilience, *Submission 12*, p 3.
[206] The Men's Table, *Submission 60*, p 2.
[207] See, for example, The Men's Table, *Submission 60*, p 2; Running for Resilience, www.runningforresilience.com/our-charity (accessed 1 April 2026); Survivors and Mates Support Network, *Submission 22*, p 3.
[208] Mr Gordon Cooper, President, Belconnen Community Men's Shed, *Committee Hansard*, 25 November 2025, p 87.

> Indeed, among people at risk of suicide, men are less likely than women to disclose suicide ideation, and be in contact with formal mental health services such as psychologists and psychiatrists… Existing research has shown that men prefer therapies that are goal-focused, action-orientated, and gender-sensitive and more informal supports such as social groups or community based support.[209]

5.6. Slade et al in their 2025 study conducted a review of the services and initiatives that target men's mental health and suicide prevention to find out how many had been formally evaluated. The study found that only 22 percent had a published or publicly available evaluation.[210] The researchers also found that within that number 'no evaluations assessed suicide-specific outcomes (e.g. severity of suicidality, suicide deaths) aside from awareness of suicide risk factors and how to respond to those who may be suicidal.'[211]

5.7. These research findings are supported by the evidence from community stakeholders to this inquiry. Suicide Prevention Australia noted that evaluation data to demonstrate the effectiveness and integral place of social, community based groups was lacking.[212] The Belconnen Community Men's Shed was also aware of this lack of data and had partnered with the Australian National University to evaluate their Focused Blokes program, noting 'we say men's sheds save lives, but there is no data.'[213]

5.8. The Committee asked the ACT Government whether 'rigorous evidence based' evaluation of the programs for men was undertaken.[214] Officials advised that there was a recently released national evaluation framework,[215] developed by the data evaluation group under the *National Mental Health Suicide Prevention Agreement*.[216] The data evaluation group is led by the Australian Government and the ACT Government is a member.[217] The ACT Government advised the purpose of this framework:

> That evaluation framework is particularly for commonwealth funded services that they would like to use. It is a very good framework that we, in mental health and suicide prevention, have taken on board and started to implement. It is well developed. It has been developed with lived experience and Aboriginal and Torres

[209] Slade, A., Reily, N.M., Fujimoto, H., Seidler, Z., Christensen, H., Shand, F. & Tang, S., *Men's mental health and suicide prevention service landscape in Australia: a scoping review*, BMC Public Health, 2025, p 2.
[210] Slade, A., Reily, N.M., Fujimoto, H., Seidler, Z., Christensen, H., Shand, F. & Tang, S., *Men's mental health and suicide prevention service landscape in Australia: a scoping review*, BMC Public Health, 2025, p 24.
[211] Slade, A., Reily, N.M., Fujimoto, H., Seidler, Z., Christensen, H., Shand, F. & Tang, S., *Men's mental health and suicide prevention service landscape in Australia: a scoping review*, BMC Public Health, 2025, p 37.
[212] Mr Jason Patrick Delagado, Data Analyst, Suicide Prevention Australia, *Committee Hansard*, 28 November 2025, pp 151-152.
[213] Mr Gordon Cooper, President, Belconnen Community Men's Shed, *Committee Hansard,* 25 November 2025, p 87.
[214] Miss Laura Nuttall MLA, *Committee Hansard,* 28 November 2025, p 181.
[215] Ms Danielle Nagle, Acting Executive Branch Manager, Mental Health Policy and Strategy, Health and Community Services Directorate, *Committee Hansard,* 28 November 2025, p 181.
[216] Ms Danielle Nagle, Acting Executive Branch Manager, Mental Health Policy and Strategy, Health and Community Services Directorate, *Committee Hansard,* 28 November 2025, p 181.
[217] Ms Danielle Nagle, Acting Executive Branch Manager, Mental Health Policy and Strategy, Health and Community Services Directorate, *Committee Hansard,* 28 November 2025, p 181.

> Strait Islander input as well. The expectation is that we want to do better evaluation and have better data collection as well.[218]

5.9. The *National Mental Health and Suicide Prevention Evaluation Framework* identifies its intended users as:

a) Government agencies implementing programs under the National Agreement.

b) Mental health and suicide prevention services that are government funded or delivered.

c) Researchers and evaluators.

d) People with lived experience, families and other caregivers to find out how evaluations are conducted and how they can contribute to an evaluation.

e) Other agencies conducting their own evaluations seeking to incorporate mental health outcomes, for example housing or employment services.[219]

Committee comment

5.10. The Committee understands that the National Mental Health and Suicide Prevention Evaluation Framework will focus on Australian Government funded services and be a guiding document for other government funded activities. These evaluations are likely to focus on clinical responses to suicidality, which is a valuable area of research to determine their impact on the men's suicide rate. However, this framework may not capture community-led peer support groups operating in the ACT.

5.11. Given the reported anecdotal benefits of informal community-led peer support groups, the Committee considers there may be benefit in conducting formal, rigorous evaluations to assess their impact and recognise their value.

5.12. As discussed in Chapter 3, the Committee considers there is the opportunity to embed greater bi-directional links between community-led peer support groups and formal health services. Evaluations of these groups would assist them to demonstrate their value and be recognised by health professionals as key partners in social prescribing and the whole-of-system response to suicidality. Evaluations would also support these groups to seek financial and other support from government and philanthropic partners.

Recommendation 15

The Committee recommends that the ACT Government undertake a formal evaluation of community-led, peer support groups within the ACT's formal and informal landscape for men, to better understand and recognise the value provided by men's peer support services.

---

[218] Ms Danielle Nagle, Acting Executive Branch Manager, Mental Health Policy and Strategy, Health and Community Services Directorate, *Committee Hansard,* 28 November 2025, p 181.

[219] ARTD Consultants, *National Mental Health and Suicide Prevention Evaluation Framework*, www.health.gov.au/resources/publications/national-mental-health-and-suicide-prevention-evaluation-framework?language=en, 7 February 2025, (accessed 1 April 2026), p 5.

Mental health outreach worker

5.13. Community sector providers discussed the intensive resources and time commitment required to support men with complex mental health needs.[220] Men may present with alcohol and drug use issues, family and relationship breakdowns, homelessness and 'enmeshed long-term, often intergenerational involvement with mental health, child protection, domestic violence and justice systems related to domestic, family and sexual violence – as victim/survivor or as user of violence.'[221]

5.14. EveryMan Australia advised that effective service delivery requires building trust:

> …we are working with a man who has high, complex needs, 12 months is not even remotely going to be enough. This is a man who the system has told over and over again, "Quick; hurry up, hurry up, hurry up," but we know that that does not work. So we have to spend far more time with him—and even before we can start to intervene in certain things. He does have to trust us because, at the end of the day, we are going to be the people who are going to say, "I think we need to start here, because this seems to be the most problematic thing," but knowing that there a whole lot of things that we are going to have to keep in our mind.[222]

5.15. The Team Leader of the Vinnies Street to Home program identified the difficulties people who are rough-sleeping face in accessing mental health services, and the level of support they need to overcome these barriers:

> Wait times for psychology and even counselling services can sometimes be up to six months, and going to the GP and getting a mental health care plan often only allows you access to online mental health services, which, for someone who is rough-sleeping and does not have access to the phone or internet, is incredibly difficult. The big thing is that an assertive approach to mental health services would make a significant difference for the Street to Home program ...'[223]

5.16. A significant part of the current work of Street to Home is in facilitating pathways for men to meet service requirements, like securing the required 100 points of identification.[224] Vinnies explained the potential role of an assertive mental health outreach worker as an additional resource who could build those relationships over the long-term and help connect men to mental health services. It was noted that:

> We know that most of our companions suffer from complex mental health and AOD [alcohol and other drugs], and that is a symptom of the trauma they have

[220] See, for example, EveryMan Australia, *Submission 43*, pp 2–3; Ms Emma Agostino, Senior Policy Officer, ACTCOSS, *Committee Hansard,* 25 November 2025, p 95.
[221] EveryMan Australia, *Submission 43*, p 2.
[222] Mr Josh Hewitt, Manager, EveryMan Australia, *Committee Hansard,* 16 October 2025, p 73.
[223] Mr Benjamin Fitzgerald, Team Leader, Street to Home, St Vincent de Paul Society Canberra-Goulburn, *Committee Hansard,* 16 October 2025, pp 47-48.
[224] Mr Benjamin Fitzgerald, Team Leader, Street to Home, St Vincent de Paul Society Canberra-Goulburn, *Committee Hansard,* 16 October 2025, p 52.

> experienced. It is about providing that community with the wraparound services—providing them with the skills that they can see.[225]

5.17. Canberra Health Services officials advised that while the Homelessness Outreach Team operates across the homelessness sector, its work with rough sleepers tended to focus at the more moderate to acute end of the mental health spectrum.[226]

Committee comment

5.18. The Committee recognises that providing effective support for rough sleepers with high and complex mental health needs rarely follows a linear progression, requiring repeated engagement and flexible responses to build trust. The Committee considers that specific allocation of funding for an assertive mental health outreach worker for the Street to Home program is a reasonable request given the intensive time commitment and staff resourcing needed.

Recommendation 16

The Committee recommends that the ACT Government fund the establishment of an assertive mental health outreach worker who can engage with men with high and complex needs to provide them with support and connect them with supports they might not otherwise be in a position to access.

The 'Doing it Tough' program

5.19. As discussed in Chapter 2, men and women demonstrate differences in help seeking behaviours and connection with mental health support services. Suicide Prevention Australia raised the need for gender-tailored services noting that men are often 'less likely to be satisfied with what they encounter; [so] then they do not reach out again.'[227] One possible reason for this dissatisfaction with support services was attributed to the 'design of services not necessarily engaging men or particular types of men.'[228]

5.20. One example put to the Committee of an appropriate gender-tailored service for men was the 'Doing It Tough' program which is a website of tailored information.[229] The program has been run in New South Wales as a partnership between Suicide Prevention Australia and the Australian Men's Health Forum, with funding provided by the New South Wales Government.[230] As it was established for men in New South Wales, the program provides information and links to services in that state. Suicide Prevention Australia advised that the

[225] Mr Benjamin Fitzgerald, Team Leader, Street to Home, St Vincent de Paul Society Canberra-Goulburn, *Committee Hansard,* 16 October 2025, p 52.
[226] Mr Bruno Aloisi, General Manager, Mental Health, Justice Health and Alcohol and Drug Services, Canberra Health Services, *Committee Hansard,* 28 November 2026, p 184.
[227] Mr Christopher Stone, Executive Director, Suicide Prevention Australia, *Committee Hansard,* 28 November 2025, p 143.
[228] Mr Christopher Stone, Executive Director, Suicide Prevention Australia, *Committee Hansard,* 28 November 2025, p 144.
[229] Mr Christopher Stone, Executive Director, Suicide Prevention Australia, *Committee Hansard,* 28 November 2025, p 144–145.
[230] Australian Men's Health Forum, *New website for blokes doing it tough,* www.amhf.org.au/new_website_for_blokes_doing_it_tough, 9 June 2022 (accessed 1 April 2026).

program guides 'men through from the first steps of seeking support' and that 'the program allows men to access community-led programs in their area.[231]

5.21. The Committee also heard that the program was designed with a gender lens by men with lived experience of suicidality, and that it allows web visitors to find demographic-specific services, such as services for Aboriginal and Torres Strait Islander men.[232] Suicide Prevention Australia spoke to the program's benefits of engaging men and assisting them to access support services:

> One of the things about the program is that it is not providing a service, so it is drawing together existing services... it is engaging with men with lived experience to make sure that men see themselves in it and that it is engaging with them. It can be things like running a campaign over Christmas time, which is a particular danger period for suicides, that attempts to look at the sorts of negative thoughts that men may be having in that period, and reflecting those in a way that generates hope and encourages them to seek out a service, so that they say, "Yes, actually, I am feeling that way; I should possibly look at this website."[233]

5.22. Suicide Prevention Australia advised that, should the Doing it Tough program be implemented in the ACT, the funding required would be around $140,000 per year.[234]

Committee comment

5.23. The Committee considers that the provision of such a tailored program, particularly the outreach and publicity encouraging men to reach out for support, may promote access to appropriate services for men in the ACT. The model of development and delivery already established by Suicide Prevention Australia, where it acts as value-add to existing services, could be leveraged to provide the program here in the ACT.

Recommendation 17

The Committee recommends that the ACT Government fund the establishment of an ACT equivalent to Suicide Prevention Australia's Doing It Tough program in New South Wales.

[231] Suicide Prevention Australia, *Submission 44*, p 12.
[232] Mr Christopher Stone, Executive Director, Suicide Prevention Australia, *Committee Hansard,* 28 November 2025, p 143 and p 145.
[233] Mr Christopher Stone, Executive Director, Suicide Prevention Australia, *Committee Hansard,* 28 November 2026, p 184.
[234] Mr Jason Delgado, Suicide Prevention Australia, *Correspondence dated 16 January 2026, Correspondence-SPA-Doing-It-Tough-Program-funding-estimate.pdf, (*accessed 2 June 2026).

6. Targeted support services

6.1. The Committee heard that some population groups who may be at higher risk of suicide or suicidality could benefit from additional targeted services, including:

a) early parenting fathers;[235]

b) Aboriginal and Torres Strait Islander people;[236]

c) men from culturally diverse backgrounds;[237]

d) LGBTIQA+ young people and men;[238] and

e) mental health carers.[239]

Early parenting fathers

6.2. The perinatal and early years after the birth of a child are known as a vulnerable period for a mother's mental health, however recent research has highlighted that early parenting fathers also experience depression and mental health issues in this period.[240]

6.3. Several data indicators show that one in 10 fathers of young children under four years of age experience poor mental health, such as depression and anxiety.[241] Fathers of children with disabilities, chronic conditions or sleep issues were also likely to have poorer mental health.[242]

6.4. Other risk factors for early parenting fathers, which contribute to poor mental health in these years, include a history of mental health issues or family violence, physical health and lifestyle, individual willingness to seek help, and flexibility of work arrangements to support their families and to attend to their own health needs.[243]

6.5. Researchers from Deakin University, who have conducted the first Australian research into death by suicide of early parenting fathers, advised that 'approximately 5% of fathers reported suicidal thoughts, 3% had suicidal plans and less than 1% had attempted suicide in the postnatal period.'[244]

6.6. The Committee heard that while there are perinatal and antenatal services available for new parents, these tended to be targeted to new mothers, with fathers viewed primarily in a support role.[245] Existing supports for men did not recognise the situational shift for early

[235] Playgroups NSW, *Submission 18,* p 5; Parenting Research Centre, *Submission 42*, p 6.
[236] ACTCOSS, *Submission 48,* pp 6–7.
[237] See, for example, The ANU South Asian Research and Advocacy Hub (SARAH), *Submission 9*, p 2; The Federation of Indian Associations of ACT, *Submission 58,* pp 4–5; ACTCOSS, *Submission 48*, p 7.
[238] See, for example, A Gender Agenda, *Submission 38,* pp 3–4; Meridian, *Submission 55*, pp 5–6.
[239] Carers ACT, *Submission 37,* pp 4–6.
[240] Playgroups NSW, *Submission 18,* p 5; Parenting Research Centre, *Submission 42*, p 6.
[241] SEED Centre for Lifespan Research, Deakin University, *Submission 29*, p 2.
[242] SEED Centre for Lifespan Research Deakin University, *Submission 29*, p 2.
[243] SEED Centre for Lifespan Research, *Submission 29*, pp 4–5.
[244] SEED Centre for Lifespan Research, *Submission 29*, p 3.
[245] Professor Rebecca Giallo, Co-Deputy Director, SEED Centre for Lifespan Research, Deakin University, *Committee Hansard,* 16 October 2025, p 33.

parenting fathers, such as becoming the sole income earning parent during maternity leave or restricted workplace flexibility and time to care for children.[246]

6.7. The Australian Institute of Family Studies pointed to more inclusive, whole of family approaches that include men in broader parenting support services which could assist in providing support for early parenting fathers:

> From my perspective, as leader of the Institute of Family Studies, that to me really highlights that we need to have a much more family-orientated approach to antenatal services…I think we need to be careful that we are bringing fathers into the equation very early and that we have a gender responsive approach at that point…'[247]

6.8. Researchers identified several successful programs run interstate, including Family Foundations in regional Victoria.[248] The eight-week online program run by Deakin University targets mothers, fathers and other caregivers to identify stress factors and support services the family can access.[249] It has operated in Victoria for approximately eight years with over 1,000 families. This program engaged with 800 fathers and witnessed 'a reduction in fathers' psychological distress, depression, anxiety and stress.' [250]

6.9. The ACT Government outlined the current services available to support early parenting fathers in Canberra, including:

- The Perinatal Wellbeing Centre in Weston, which provides telephone, email and face-to-face support for parents, including targeted support for early parenting fathers with children under the age of two.
- Ante-natal wellbeing workshops which are co-delivered with a male counsellor for fathers and partners.[251]

6.10. Canberra Health Services also follows the *2023 Australian Clinical Practice Guideline: Mental Health Care in the Perinatal period* which addresses the mental health needs of fathers and non-birthing parents.[252]

6.11. National services available to early parenting fathers in the ACT include PANDA, MensLine Australia, SMS4dads and DadSpace.[253] PANDA provides a telephone-based service in the

[246] Professor Rebecca Giallo, Co-Deputy Director, SEED Centre for Lifespan Research, Deakin University, *Committee Hansard,* 16 October 2025, pp 33–34.
[247] Ms Elizabeth Neville, Director, Australian Institute of Family Studies, *Committee Hansard*, 16 October 2025, p 16.
[248] Professor Rebecca Giallo, Co-Deputy Director, SEED Centre for Lifespan Research, Deakin University, *Committee Hansard,* 16 October 2025, pp 34–35.
[249] Deakin Lifespan Institute, Deakin University, *Support and Strengthen Families Living in Regional and Rural Communities*, https://lifespan.deakin.edu.au/our-research/project/family-foundations-trial/ (accessed 13 April 2026).
[250] Professor Rebecca Giallo, Co-Deputy Director, SEED Centre for Lifespan Research, Deakin University, *Committee Hansard,* 16 October 2025, p 34.
[251] Ms Rachel Stephen-Smith MLA, Minister for Mental Health, *answer to QTON 11,* 28 November 2025 (received 11 December 2025), p 2.
[252] ACT Government, *Submission 52,* p 22.
[253] Ms Rachel Stephen-Smith MLA, Minister for Mental Health, *answer to QTON 11,* 28 November 2025 (received 11 December 2025), p 2.

perinatal period. The Committee heard that while PANDA is usually accessed by mothers, the organisation is encouraging fathers to access the service as well.[254]

Committee comment

6.12. The Committee considers there are opportunities to grow the support available for early parenting fathers to recognise and seek support for their own mental health in these years. Further promotion of existing support services and programs would also assist early parenting fathers in recognising risk factors and where to seek support.

> **Recommendation 18**
>
> The Committee recommends that the ACT Government invest in providing and promoting additional mental health support for early parenting fathers.

Aboriginal and Torres Strait Islander people

6.13. The Committee received information about the intersectionality risk factors for Aboriginal and Torres Strait Islander men, including the 'distinct and compounding impacts of colonisation, dispossession, forcible removal of children, intergenerational trauma and systemic racism.'[255]

6.14. The ACT Council of Social Service (ACTCOSS) advised that suicidality in Aboriginal and Torres Strait Islander men can be missed by mainstream services:

> ACT-based services report that warning signs of distress can present differently for Aboriginal and Torres Strait Islander men. Rather than articulating suicidal ideation directly, a man may speak of feeling extreme stress or overwhelm. These culturally specific cues are often missed in mainstream services that are not attuned to local cultural context. Workers with strong cultural understanding who can build rapport are best placed to recognise and address these signs.[256]

6.15. Community-led, culturally safe services provided by Aboriginal Community Controlled Organisations (ACCOs) play an essential role in supporting Aboriginal and Torres Strait Islander men and families.[257] The Australian Medical Association ACT identified an example in practice in the ACT:

> If you look at some of the work that is done by Aboriginal health workers at Winnunga, they will often go out and see people in their homes, so that they do not feel like they are stigmatised, and there is less shame associated with it. We

[254] Professor Rebecca Giallo, Co-Deputy Director, SEED Centre for Lifespan Research, Deakin University, *Committee Hansard,* 16 October 2025, p 35.
[255] ACTCOSS, *Submission 48,* p 6.
[256] ACTCOSS, *Submission 48*, p 7.
[257] Ms Emma Agostino, Senior Policy Officer, ACTCOSS, *Committee Hansard,* 25 November 2026, p 95.

> can learn a lot from Aboriginal health about the impact of shame on care-seeking, because they actually do it better than any other area of the health system.[258]

6.16. In 2023, the ACT Government engaged an Aboriginal and Torres Strait Islander consultant to review the ACT Government mental health services available to First Nations people. In response to the report which highlighted significant gaps in service provision, the ACT Government committed $897,000 over two years in the 2024–25 ACT Budget to support culturally responsive mental health services. This included $400,000 to support the co-design of a new Aboriginal and Torres Strait Islander youth mental health service.[259]

6.17. Funding is also provided to Thirrili, an Aboriginal and Torres Strait Islander led organisation which provides suicide intervention, prevention, postvention and after care services. Thirrili was codesigned with the ACT Aboriginal and Torres Strait Islander community and is funded until 30 June 2027.[260] Funding is also provided to Wesley LifeForce to provide an Aboriginal Torres Strait Islander Suicide Prevention Train the Trainer Program.[261]

Committee comment

6.18. The Committee appreciates that services need to be sensitive and culturally safe for Aboriginal and Torres Strait Islander men and families and notes the ongoing work between the ACT Government and ACCOs.

6.19. Given the positive outcomes provided by ACCOs in reducing stigma and shame, the Committee encourages the ACT Government to ensure sustainable long-term funding for ACCOs as a vital partner in the community sector.

Recommendation 19

The Committee recommends that the ACT Government provide sustainable long-term funding to Aboriginal Community Controlled Organisations to provide specialised culturally responsive services to First Nations men.

Cultural safety

6.20. Several organisations identified that cultural safety is also an area of concern for boys and men from culturally and linguistically diverse backgrounds, including migrants and refugees.[262]

6.21. Members of South Asian communities raised the challenges that face men, especially young men, from culturally diverse backgrounds. Issues include 'parental pressure, bullying and isolation' as they seek to settle into a new culture.[263] Cultural norms, such as stigma

[258] Dr Kerrie Aust, President Australian Medical Association (ACT), *Committee Hansard,* 25 November 2025, p 111.
[259] ACT Government, *Submission 42,* p 14.
[260] ACT Government, *Submission 42,* p 14.
[261] ACT Government, *Submission 42,* p 14.
[262] See, for example, The ANU South Asian Research and Advocacy Hub (SARAH), *Submission 9*, p 2; The Federation of Indian Associations of ACT, *Submission 58,* pp 4–5; ACTCOSS, *Submission 48*, p 7; Council of the Ageing ACT, *Submission 10,* p 1.
[263] The ANU South Asian Research and Advocacy Hub (SARAH), *Submission 9*, p 2.

around seeking mental health support, and respecting the wishes and expectations of elders also increase feelings of isolation.[264]

6.22. The Federation of Indian Associations of ACT (FINACT) highlighted the challenges for men in seeking help:

> 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.[265]

6.23. FINACT identified several ways in which service provision could be more responsive to the needs of men from culturally diverse backgrounds. These included a focus on mental health and wellbeing in orientation programs for new migrants, use of community languages in public health campaigns, and the provision of mental health information and services in accessible, informal locations such as libraries, schools, faith-based institutions and sports clubs.[266]

6.24. The ANU South Asian Research and Advocacy Hub called for increased funding in schools to support young people from culturally and linguistically diverse backgrounds to address family pressures for high academic results.[267] They advised that mental health providers, such as counsellors and psychologists, may be unaware of the impact of culture on a person's mental health when they present for support, particularly in the education setting:

> It is really important to have culturally-competent psychologists, especially in schools and also for young men in Canberra...In some research that I uncovered, I found instances where counsellors blamed the family around the individual for putting on pressure, without recognising the role culture plays in shaping South Asian parents and children. This perhaps stems from their expertise as well as a fundamental lack of understanding of why families…fail to understand the impact of poor or untreated mental health problems.[268]

Committee comment

6.25. Given these concerns raised by community organisations, the Committee considers there are opportunities for the ACT Government to work with the Territory's multiple support providers to ensure a culturally responsive workforce across health and education settings. This may be through a review of policies, processes and professional development to ensure providers continually improve their delivery of culturally safe services.

---

[264] The ANU South Asian Research and Advocacy Hub (SARAH), *Submission 9*, p 2.
[265] The Federation of Indian Associations of ACT, *Submission 58,* pp 4–5.
[266] The Federation of Indian Associations of ACT, *Submission 58,* p 5.
[267] The ANU South Asian Research and Advocacy Hub (SARAH), *Submission 9,* p 2.
[268] Ms Sahana Sriharan, Undergraduate Researcher, South Asian Research and Advocacy Hub, Australian National University, *Committee Hansard,* 16 October 2025, p 21.

Recommendation 20

The Committee recommends that the ACT Government embed cultural safety in all men's support services acknowledging the unique experiences of boys and men.

Recommendation 21

The Committee recommends that the ACT Government provides mandatory cultural capability training for allied health workers in ACT public schools.

LGBTIQA+ communities

6.26. Data from the two largest surveys on the experience of LGBTIQA+ communities in Australia, the *Private Lives 3* and *Writing Themselves In 4* surveys undertaken by LaTrobe University, showed that LGBTIQA+ people experience suicidal ideation and report a suicide attempt at significantly higher rates than the general population in Australia.[269] The high rates of suicidal ideation and reported suicide attempts were also reflected in the *Writing Themselves In 4* ACT summary.[270]

6.27. In its submission, Meridian highlighted data from the *Private Lives 3* survey which showed:

- Among participants, prevalence of lifetime suicidal thoughts for cisgender men was 64% and transmen 91%.
- 53% of transmen reported lifetime suicide attempts and 22% of cisgender men reported lifetime suicide attempts.
- Among all survey participants, ACT had the highest percentage nationally of lifetime suicidal thoughts at 80.6%, with 30.7% having reported a lifetime suicide attempt.[271]

6.28. Meridian and A Gender Agenda spoke to the experiences of gay, bisexual and queer men and people of diverse sexualities and genders who were assigned male at birth (GBTQ+).[272] Representatives highlighted that the wider conversation around LGBTIQA+ identities and the associated 'violence, stigma and isolation' can correlate with suicidality by creating a culture of shame.[273] Meridian noted recent 'homophobic and transphobic violence' impacts a sense of belonging, further exacerbating loneliness and isolation.[274]

---

[269] Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia,* Melbourne, Australia, Australian Research Centre in Sex, Health and Society, La Trobe University, pp 50–51, Figures 16 and 17; Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A (2021) *Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia. Australian Capital Territory summary report*, Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne, pp 43–44.

[270] Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A (2021) *Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia. Australian Capital Territory summary report*, Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne, pp 43–44.

[271] Meridian, *Submission 55,* p 4.

[272] Terminology supplied by Meridian, *Submission 55,* p 2.

[273] A Gender Agenda, *Submission 38,* p 3.

[274] Meridian, *Submission 55,* p 5.

Bullying and harassment

6.29. The Committee heard that a lack of access to known protective factors, including safe and supportive environments, as well as bullying and harassment can contribute to suicidal distress among GBTQ+ people in the ACT.[275] Meridian outlined the impact of bullying and harassment in schools:

> Bullying and harassment in education settings negatively impact the educational participation and attainment of many GBTQ+ students, particularly those who are perceived to be gender or sexuality diverse. These experiences can contribute to long term disengagement from institutions, including education, health and employment systems. This bullying and harassment can extend beyond educational settings to online spaces.[276]

6.30. A Gender Agenda reported it had seen 'a sharp increase' in the number of young people accessing its services through its outreach service in schools.[277]

6.31. In 2018, the ACT Government launched the Safe and Inclusive Schools initiative as part of its work to deliver the Education Directorate's commitments under the *Capital of Equality Strategy 2019–2023*.[278] The initiative, delivered by Sexual Health and Family Planning ACT (SHFPACT), 'supports schools to create and maintain safe and inclusive environments for all students including young people that are same sex attracted, intersex or gender diverse.'[279]

6.32. The *Capital of Equality Strategy 2024–2029* replaced the previous plan.[280] The 2025 progress report on the implementation of the First Action Plan 2024–2026 notes that SHFPACT was engaged in 2025 to deliver professional learning to support school staff to provide inclusive and affirming learning environments for LGBTIQA+ students.[281]

Committee comment

6.33. The Committee notes the ongoing work under the *Capital of Equality Strategy 2024–2029* to foster inclusion within schools, including the delivery of professional learning for school staff. However, the Committee is concerned by reports that LGBTIQA+ students continue to experience bullying and harassment in ACT schools.

6.34. The Committee considers it may be timely to revisit and strengthen the ACT Safe and Inclusive Schools initiative to ensure it effectively addresses the bullying and harassment identified

[275] A Gender Agenda, *Submission 38,* p 3, and Meridian, *Submission 55,* pp 6–7.
[276] Meridian, *Submission 55,* p 6.
[277] Dr Vik Fraser, Executive Director, A Gender Agenda, *Committee Hansard,* 16 October 2025, p 39.
[278] ACT Education Directorate, *Annual Report 2019–2020,* pp 33–34.
[279] ACT Education Directorate, *Annual Report 2019–2020,* p 33.
[280] ACT Government, *Capital of Equality Strategy 2024–2029*, www.act.gov.au/open/capital-of-equality-strategy-2024-2029, 30 September 2025 (accessed 9 April 2026).
[281] ACT Government, *Progress Report Implementation of the First Action Plan 2024–2026 The Capital of Equality Strategy 2024-2029,* p 17.

Recommendation 22

The Committee recommends that the ACT Government strengthen the ACT Safe and Inclusive Schools Initiative.

Support services

6.35. The Committee heard that in times of crisis, people may often turn to others in the LGBTIQA+ community, including trusted organisations, rather than seeking help from medical, mental health and support services.[282] This approach can often be the result of previous negative interactions which create distrust of health and support services.[283]

6.36. Meridian identified barriers to accessing medical services including 'fear or experiences of stigma and discrimination related to their identity.'[284] A Gender Agenda reported that available data for the ACT identifies that 'the most experienced barrier to health care was misgendering, followed by being asked inappropriate questions.[285]

6.37. The *Capital of Equality Strategy 2024–2029* sets out a commitment to enhance health and wellbeing outcomes for LGBTIQA+ communities.[286] ACT Government commitments under the strategy include:

- access to gender-affirming care through Canberra Health Services, the Canberra Sexual Health Centre and private providers;
- funding for LGBTIQA+ community organisations Meridian and A Gender Agenda;
- continued training of mental health services and organisations, delivered by A Gender Agenda, to assist medical and other health professionals and mental health workers to provide gender affirming mental health care; and
- continued promotion of the *Guidance to support gender affirming care for mental health*, developed by the Office for Mental Health and Wellbeing, the Office for LGBTIQA+ Affairs, the ACT Health Directorate, A Gender Agenda and Meridian.[287]

6.38. Meridian advised that while positive progress had been made against the actions under the strategy, there were still challenges:

> Some services are incredible and can see the whole person. With some services, if someone identifies as having diverse sexuality or diverse gender, all of a sudden, it is a matter of saying, "Can't deal, need to refer." I think there is broadly a strong commitment and progress being made, but there is still a need for specialist services as well.[288]

[282] Dr Vik Fraser, Executive Director, A Gender Agenda, *Committee Hansard,* 16 October 2025, p 39.
[283] A Gender Agenda, *Submission 38,* p 3.
[284] Meridian, *Submission 55,* p 4.
[285] A Gender Agenda, *Submission 38,* p 2.
[286] ACT Government, *First Action Plan (2024–2026) of the Capital of Equality Strategy 2024–2029,* p 11.
[287] ACT Government, *First Action Plan (2024–2026) of the Capital of Equality Strategy 2024–2029,* p 18.
[288] Mr Joshua Anlezark, Chief Executive Officer, Meridian, *Committee Hansard,* 16 October 2025, p 41.

6.39. As a result, Meridan and A Gender Agenda both reported engagement with people who were in crisis and/or required after care support:

> We are not funded to do any crisis support…We do have funding to provide outreach support, and we do have funding to provide mental health activities in that sort of social support and social connection. I see that as prevention work. In the same way that we have postvention work being fulfilled by other community organisations, we are doing prevention work. Crisis support is simply not something that we are funded for.[289]

6.40. Both organisations identified that there are opportunities to provide targeted support services, such as specific LGBTIQA+ crisis and aftercare services, with the national QLife service identified as a possible model for the Territory.[290]

Committee comment

6.41. The Committee considers that there is an opportunity to review and improve the targeted support services for LGBTIQA+ communities to strengthen prevention, crisis and aftercare support for this vulnerable demographic.

Recommendation 23

The Committee recommends that the ACT Government establish or fund a dedicated crisis service for LGBTIQA+ people in the ACT.

Recommendation 24

The Committee recommends that the ACT Government establish or fund a dedicated aftercare service for LGBTIQA+ people in the ACT.

Recommendation 25

The Committee recommends that the ACT Government increase investment in LGBTIQA+ community groups in order to provide peer support without diverting from operational capacity.

Mental health carers

6.42. Many carers report experiencing high levels of distress and loneliness, often attributable to their complex, time-consuming, and emotionally demanding caring responsibilities.[291] Carers also experience multiple risk factors of suicide, including psychological distress, poorer physical health, financial strain and social isolation.[292]

[289] Dr Vik Fraser, Executive Director, A Gender Agenda, *Committee Hansard,* 16 October 2025, p 39.
[290] Dr Vik Fraser, Executive Director, A Gender Agenda, *Committee Hansard,* 16 October 2025, p 34.
[291] Carers ACT, *Submission 37,* p 4.
[292] Mr Cain Beckett, Chief Executive Officer, Carers ACT, *Committee Hansard,* 28 November 2025, p 154.

6.43. Carers ACT provided data on the extent to which carers in the ACT are reporting experiences of suicidal distress:

> 71 per cent of carers experience suicidal distress. In Canberra that is more than 40,000 people. To put that in perspective, that is eight whole suburbs of Canberra's carers who have considered suicide.[293]

6.44. The Committee heard that caring for a person with significant mental health issues added additional complexity for carers, who provide consistent emotional support and ever-present availability in 'vigilant psychosocial care'.[294] Carers ACT advised that mental illness in care recipients can present as unpredictability, resulting in persistent day-to-day uncertainty for their carers.[295] They also reported there tend to be 'fewer opportunities to access respite' for mental health carers.[296]

6.45. Carers ACT also noted that mental health carers are often excluded from the health assessment and treatment of the person they provide care for, which creates challenges for continuity of care and fails to recognise the carer's role with health professionals.[297]

6.46. Carers ACT has advocated for a Carer Recognition Card, as a tangible tool to recognise and validate a carer's role within a range of settings including in health care.[298] The ACT Government is developing a discussion paper examining options for the proposed card, including analysis of similar cards in other jurisdictions.[299]

Committee comment

6.47. The Committee agrees that inclusion of mental health carers in a Carer's Recognition Card may promote their recognition within the health and support systems they navigate with the person they care for. The Committee considers that such a card should also include mental health carers to support continuity of care.

Recommendation 26

The Committee recommends that the ACT Government ensure that the carers recognition card includes mental health carers.

[293] Mr Cain Beckett, Chief Executive Officer, Carers ACT, *Committee Hansard,* 28 November 2025, p 154.
[294] Carers ACT, *Submission 37,* p 6.
[295] Carers ACT, *Submission 37,* p 6.
[296] Carers ACT, *Submission 37,* p 6.
[297] Carers ACT, *Submission 37,* p 4.
[298] Carers ACT, *Stand with Carers: our ACT Election 2024 Campaign Carer Recognition Card, www.carersact.org.au/wp-content/uploads/2024/09/CACT_Factsheet_Election_ask_Carer_Recognition_Card.pdf, (accessed 10 April 2026).*
[299] Ms Suzanne Orr MLA, Minister for Disability, Carers and Community Services, Inquiry into Annual and Financial Reports 2024–25, *answer to QON 99,* 13 November 2025 (received 30 November 2025), p 1.

7. Conclusion

7.1. The Committee would like to thank the ACT Government, and the many organisations and individuals who participated in this inquiry.

7.2. The Committee makes 26 recommendations and 1 finding.

Mr Thomas Emerson MLA
Chair
2 June 2026

Appendix A: Submissions

No.	Submission by	Received	Published
1	Name withheld	12/05/2025	28/05/2025
2	Name withheld	12/05/2025	28/05/2025
3	James Walker	15/05/2025	28/05/2025
4	Australian Multicultural Action Network	21/05/2025	19/06/2025
5	David Maywald	22/05/2025	19/06/2025
6	Name withheld	23/05/2025	19/06/2025
7	Orygen	27/05/2025	19/06/2025
8	Menslink	30/05/2025	19/06/2025
9	South Asian Research and Advocacy Hub (SARAH)	01/06/2025	19/06/2025
10	COTA ACT	03/06/2025	01/09/2025
11	Jordan Rocke	04/06/2025	01/09/2025
12	Running for Resilience	04/06/2025	01/09/2025
13	Lifeline	05/06/2025	01/09/2025
14	Dr Hilary Caldwell	08/06/2025	01/09/2025
15	ACT Children and Young People Child Death Review Committee	27/06/2025	01/09/2025
16	Confidential	07/07/2025	01/09/2025
17	The Royal Australian and New Zealand College of Psychiatrists	16/07/2025	01/09/2025
18	Playgroup NSW	25/07/2025	01/09/2025
19	Confidential	08/07/2025	01/09/2025
20	Australian Federal Police Association	28/07/2025	19/09/2025
21	ACT Children and Young People Commissioner	29/07/2025	19/09/2025
22	Survivors & Mates Support Network (SAMSN)	04/08/2025	29/09/2025
23	Stroke Foundation	05/08/2025	19/09/2025
24	Mentoring Men	08/08/2025	29/09/2025
25	yourtown and headspace	08/08/2025	19/09/2025
26	Royal Australian College of General Practitioners (RACGP) NSW&ACT	07/08/2025	19/09/2025
27	Health Research Institute, University of Canberra	07/08/2025	19/09/2025
28	Alcohol Tobacco and Other Drugs Association ACT (ATODA)	07/08/2025	19/09/2025
29	SEED Centre for Lifespan Research	07/08/2025	19/09/2025
30	Strong Space Counselling	08/08/2025	19/09/2025

31	Roses in the Ocean and Australian Men's Health Forum	07/08/2025	19/09/2025
32	Emma Davidson	07/08/2025	19/09/2025
33	Capital Health Network	08/08/2025	19/09/2025
34	Australian Psychological Society	08/08/2025	19/09/2025
35	The Right Direction Australia Limited and Kinnections Australia	08/08/2025	19/09/2025
36	Mr Perfect	08/08/2025	19/09/2025
37	Carer's ACT	08/08/2025	19/09/2025
38	A Gender Agenda	08/08/2025	30/09/2025
39	Stephen Rothwell	05/08/2025	19/09/2025
40	Confidential	05/08/2025	19/09/2025
41	St Vincent de Paul Society Canberra/Goulburn	07/08/2025	30/09/2025
42	Parenting Research Centre	08/08/2025	19/09/2025
43	EveryMan Australia Ltd	08/08/2025	30/09/2025
44	Suicide Prevention Australia	08/08/2025	19/09/2025
45	Australian Men's Mental Health Forum	08/08/2025	19/09/2025
46	Mental Health Community Coalition	08/08/2025	19/09/2025
47	Australian Men's Shed Association	08/08/2025	19/09/2025
48	ACT Council of Social Services (ACTCOSS)	08/08/2025	19/09/2025
49	Parents Beyond Breakup	08/08/2025	19/09/2025
50	Name withheld	08/08/2025	07/10/2025
51	Canberra After Suicide Support	08/08/2025	19/09/2025
52	ACT Government	08/08/2025	19/09/2025
53	Australian Christian Lobby	08/08/2025	19/09/2025
54	Australian Institute of Family Studies	08/08/2025	19/09/2025
55	Meridian	08/08/2025	19/09/2025
56	Alcohol and Drug Foundation	11/08/2025	19/09/2025
57	Justin Geange	08/08/2025	29/09/2025
58	Federation of Indian Associations of the ACT (FINACT)	08/08/2025	19/09/2025
59	Jayden Campbell	13/08/2025	19/09/2025
60	The Men's Table	18/08/2025	29/09/2025
61	AMA ACT	19/08/2025	29/09/2025
62	Confidential	08/10/2025	15/10/2025

Appendix B: Witnesses

Thursday, 16 October 2025

Capital Health Network

- **Ms Stacy Leavens**, Chief Executive Officer

Australian Institute of Family Studies

- **Ms Elizabeth Neville**, Director
- **Dr Sean Martin**, Program Lead - Ten to Men: The Australian Longitudinal Study on Male Health

South Asian Research and Advocacy Hub (SARAH)

- **Miss Nirmidha Sankar Kumara Suriyar**, Submissions Manager/Undergraduate Researcher
- **Miss Sahana Sriharan**, Undergraduate Researcher
- **Mr Shaneeq Scherobin Syed,** Undergraduate Researcher

Alcohol and Drug Foundation

- **Mrs Allison Reid**, State Manager NSW/ACT
- **Ms Amy Herbert**, Manager, Policy and Engagement

SEED Centre for Lifespan Research

- **Professor Rebecca Louise Giallo**, Co-Deputy Director

Meridian

- **Mr Joshua Anlezark**, Chief Executive Officer

A Gender Agenda

- **Dr Vik Fraser**, Executive Director

St Vincent de Paul Society Canberra/Goulburn

- **Mr Benjamin Fitzgerald**, Team Leader, Street to Home program

Running for Resilience

- **Mr Glen Michael Collins**, Co-Founder and Board Member

The Right Direction Australia/Kinnections

- **Mr Joshua Vaughan**, Chief Executive Officer

EveryMan Australia

- **Mr Gregory Aldridge OAM**, Chief Executive Officer
- **Mr Josh Hewitt,** Manager

Menslink

- **Mr Ben Gathercole**, Chief Executive Officer

Tuesday, 25 November 2025

Canberra After Suicide Support

- **Mr Murray O'Hanlon**, Peer member
- **Ms Sally Louise Emerson**, Founding Coordinator
- **Mrs Verlene Marshall**, Facilitator

Men's Shed

- **Mr Gordon Leslie Cooper**, President

ACT Council of Social Service (ACTCOSS)

- **Dr Devin Bowles**, Chief Executive Officer
- **Ms Emma Agostino**, Senior Policy Officer

Australian Medical Association ACT

- **Dr Kerrie Lesley Aust**, President
- **Miss Emily Ryan**, Junior Doctor Advisor

Australian Men's Health Forum

- **Mr Glen Poole**, Chief Executive Officer

Orygen

- **Mr Michael Wilson**, Research Fellow in Men's Mental Health

headspace

- **Dr Steve Leicester**, National Clinical Manager, Schools & Communities

Friday, 28 November 2025

Lifeline

- **Dr Anna Brooks**, Dr Anna Brooks
- **Ms Emma Carr**, Head of Government Relations

Suicide Prevention Australia

- **Mr Jason Patrick Delgado**, Data Analyst
- **Mr Christopher Stone**, Executive Director

Carers ACT

- **Mr Cain Daniel Beckett**, Chief Executive Officer
- **Mr Paul Gibbs**, Mental Health Carer Policy Officer

Australian Psychological Society

- **Dr Alexandra Murray**, Head of Policy and Research
- **Dr Belinda Barnett**, Senior Policy Advisor

Mental Health Community Coalition ACT

- **Ms Lisa Kelly**, Chief Executive Officer
- **Ms Smera Naik**, Policy and Training Officer

ACT Government

- **Ms Rachel Stephen-Smith,** Minister for Health, Minister for Mental Health, Minister for Finance and Minister for the Public Service
- **Ms Robyn Hudson**, Deputy Director-General, Health and Community Services Directorate
- **Ms Dannielle Nagle**, Acting Executive Branch Manager, Mental Health Policy and Strategy, Health and Community Services Directorate
- **Mr Bruno Aloisi**, General Manager, Mental Health, Justice Health and Alcohol & Drug Services, Canberra Health Services
- **Dr Ahmed Mashhood**, Acting Director of Clinical Services, Mental Health, Justice Health and Alcohol & Drug Services, Canberra Health Services

Appendix C: Questions Taken on Notice

No.	Date	Asked of	Subject	Response received
1	16/10/2025	Capital Health Network	ACT Mental Health and Suicide Prevention Plan (Capital Health Network)	29/10/2025
2	16/10/2025	Capital Health Network	Federal Funding figures (Capital Health Network)	29/10/2025
3	16/10/2025	Capital Health Network	Gaps in services (Capital Health Network)	29/10/2025
4	16/10/2025	Capital Health Network	Needs Assessment reporting data (Capital Health Network)	29/10/2025
5	16/10/2025	South Asian Research and Advocacy Hub	Culturally competent psychologists (South Asian Research and Advocacy Hub)	Not received
6	16/10/2025	Alcohol and Drug Foundation	Screening and brief intervention (Alcohol and Drug Foundation)	29/10/2025
7	16/10/2025	St Vincent de Paul Society Canberra/Goulburn	NSW mandatory reporting guide (St Vincent de Paul Society Canberra/Goulburn)	28/10/2025
8	28/11/2025	Chief Research Officer Lifeline Australia	Rates of clinical support received in last 12 months	10/12/2025
9	28/11/2025	Minister for Mental Health	Aftercare services to support individuals following a suicide attempt and or crisis	11/12/2025
10	28/11/2025	Minister for Mental Health	ACT Mental Health and Suicide Prevention Plan 2019 to 2024 annual progress reports	11/12/2025
11	28/11/2025	Minister for Mental Health	Perinatal support for fathers	11/12/2025
12	28/11/2025	Minister for Health	Local drug action teams - policing	23/01/2026
13	03/12/2025	Headspace - men's suicide rates	Data enquiry about the number of young people in the ACT experiencing suicidal ideation	26/02/2026

Appendix D: Gender distribution of witnesses

Beginning in April 2023, in response to an audit by the Commonwealth Parliamentary Association, Committees are collecting information on the gender of witnesses. The aim is to determine whether committee inquiries are meeting the needs, and allowing the participation of, a range of genders in the community. Participation is voluntary and there are no set responses.

Gender indication	Total
Female	19
Male	20
Non-binary	0
Gender neutral	0
No data	4

Appendix E: Glossary

The Committee drew on terminology used in the *National Suicide Prevention Strategy 2025-2035*, information available from Lifeline or other sources in the field. [300] Definitions used in the report:

a) Suicide is an action that a person takes to deliberately end their own life which then results in death.

b) A suicide attempt is an act of harm where a person intends to end their life and survives.

c) Suicidal crisis is unbearable emotional and psychological pain with thoughts or plans of suicide to escape this pain.

d) Suicidality is a term that is used to refer to thoughts, feelings and behaviours related to suicide which can include occasional thoughts to actionable plans.

e) A difficult situation may cause stress defined as a state of worry or mental tension. Everyone experiences stress at times and to different degrees.

f) Distress is emotional suffering characterised by symptoms of depression and anxiety, in response to specific stress factors or situations. An individual may adapt to the stress or the stress is removed.

g) Situational distress, or situational stress, is a state of emotional suffering or turmoil because of a trigger event, such as a job loss, family separation or illness. It is a temporary or short-term response to a stress factor or situation.[301]

h) Social determinants are the non-medical, broader factors that can influence a person's health and wellbeing, such as housing, financial security and community connection for example.[302]

[300] Lifeline, *What is suicide?,* 2025, www.lifeline.org.au/get-help/support-toolkit/topics/suicide#what-is-suicide, (accessed 25 February 2026), and National Suicide Prevention Office, *The National Suicide Prevention Strategy 2025-2035*, 2025, p 92, www.mentalhealthcommission.gov.au/sites/default/files/2025-02/the-national-suicide-prevention-strategy.pdf, (accessed 25 February 2026).

[301] Ms Smera Naik, Policy and Training Officer, Mental Health Community Coalition ACT, *Committee Hansard,* 28 November 2025, pp 192-193, Running for Resilience, *Submission* 12, p 4 and The Regional Men's Health Initiative, *Situational Distress – What is it?, www.regionalmenshealth.com.au/situational-distress-what-is-it-warrior-well-being-article, (accessed 25 February 2025).*

[302] Australian Institute of Health and Wellbeing, *Social determinants of health, www.aihw.gov.au/reports/australias-health/social-determinants-of-health, (accessed 25 February 2025).*

Appendix F: Dissenting report by Miss Laura Nuttall MLA

Reporting requirements

1.1 Under Finding 1, this Committee report finds "that the ACT Government failed to prioritise, make meaningful progress on delivering, and uphold its reporting obligations under the ACT Mental Health and Suicide Prevention Regional Plan 2019–2024."

1.2 While there is convincing evidence that the Steering Committee for the ACT Mental Health and Suicide Prevention Regional Plan 2019–2024 (the Regional Plan) intended to deliver three progress reports and instead opted for a short progress summary, the implication that the ACT Government failed to make meaningful progress on delivering this plan should be contested.

1.3 Between 2019 and 2024, ACT Government Ministers for Mental Health advocated for and secured new funding and expansions for the following non-exhaustive list of initiatives and organisations:

a) Safe Haven: a non-clinical safe space for people aged 16 and up to access when they are experiencing emotional distress and access support from peer workers; [303]

b) Thirrili Limited: an organisation that provides integrated Aboriginal and Torres Strait Islander Suicide Intervention, Prevention, Postvention and Aftercare Service in the ACT; [304]

c) PACER (Police Ambulance and Clinician Early Response): a model of care which provides a rapid, therapeutic response to people in acute mental health crisis; [305]

d) Way Back Support Service: a service supporting people in the first few months following a suicide attempt; [306]

e) Step Up Step Down: a transitional residential and psychosocial mental health service to assist people with mental health conditions who are becoming unwell, or transitioning back into the community after being discharged from an acute mental health inpatient unit; [307]

1.4 While the above programs were never reported on as part of the ACT Mental Health and Suicide Prevention Regional Plan 2019–2024 through official progress reports, they played a significant role in the ACT Government's response to suicide prevention and risk mitigation in practice.

[303] ACT Government, Submission 52, p 9.
[304] ACT Government, Submission 52, p 14.
[305] ACT Government, Submission 52, p 20.
[306] ACT Government, Submission 52, p 21.
[307] Emma Davidson MLA, Former ACT Minister for Mental Health , 'Service provider announced for new Southside Step Up Step Down' media release, 4 February 2021.

1.5 Under Focus Area 1 of the Regional Plan 2019–2024, the first priority action is "Deliver services and programs that reduce barriers to access." [308] The delivery of the above programs, and many others, demonstrates strong commitment and meaningful progress on the goal of this plan.

Additional comment

1.6 While the ACT Government did not uphold its reporting obligations under the ACT Mental Health and Suicide Prevention Regional Plan 2019–2024, I submit that they did in fact prioritise and make meaningful progress on delivering its goals.

Miss Laura Nuttall MLA

03/06/2026

[308] Capital Health Network, Australian Capital Territory Mental Health and Suicide Prevention Plan 2019-2024 – Part B: Implementation Plan, 2020, p 4.