



Submission cover sheet

Inquiry into men's suicide rates

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Submitter: ACT Children and Young People Commissioner

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Inquiry into men's suicide rates.

August 2025

This submission references child sexual abuse and child maltreatment, racism, and suicide. Please take care while reading.

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Role of the ACT Children and Young People Commissioner

The ACT Children and Young People Commissioner (CYPC) is one of eight independent statutory roles that together make up the ACT Human Rights Commission. These roles promote the human rights and welfare of all people living in the ACT and have legislative responsibility for protecting some of Canberra's most vulnerable citizens.

The role of the CYPC is to:

- Promote the rights, safety, and wellbeing of children and young people,
- Consult and talk with children and young people and promote their participation in decision-making,
- Ensure stakeholders listen to and seriously consider the views of children and young people,
- Promote implementation of the ACT Child Safe Standards, and
- Provide advice to government and community agencies about how to improve services for children and young people.

The CYPC is also the ACT Public Advocate.

Opening statement

When making a submission to committee inquiries, my office endeavours to amplify the views of children and young people. Although we have not consulted directly about suicide, we consistently hear that mental health is a key concern for children and young people throughout the ACT.

Human rights

The international and domestic laws that protect children and young people's human rights, mean that ACT mental health services should be delivered in accordance with a human rights framework. This means mental health services and systems must ensure children and young people interacting with these services:

- are free from discrimination (article 2),
- have their best interests as the primary consideration (article 3),
- have their views sought and listened to (article 12),
- receive special care and support for disabilities, including mental health concerns (article 23), and
- have the right to periodic review of their treatment if they are receiving care outside the home (article 25).¹

Notably, the *Human Rights Act 2004* (HR Act) embeds international human rights frameworks and provides important statutory protections for children and young people in the ACT, which are not limited to the list above. The HR Act also imposes public authority obligations that must be upheld in decision-making.

¹ For more information about the relationship between international human rights frameworks, the Human Rights Act 2004 and children and young people's rights within the mental health system: [Ensuring-Childrens-Rights-Through-Mental-Health-Oversight-2024.pdf](#) 2024:4-6

CYPC engagement with children and young people

This submission draws on a range of engagement activities we have conducted with children and young people over the past few years. Some comments come from specific consultations, others come from direct contact with individual children and young people.

Through consultations in the 2024-25 financial year alone, we heard from over 1000 children and young people. This submission includes perspectives gathered over the past five years, reflecting the views of thousands of children and young people. Our work is guided by what we hear, but is also supported by research from both academic and sector specialists.

While acknowledging suicide among men requires tailored responses, I note my comments draw from engagement with children and young people of all genders.

Recommendations

1. Fund a dedicated position in the CYPC's office to support greater engagement of children and young people in Assembly Committee Inquiries and other policy and service design processes.
2. Ensure research, policy responses, and service design are inclusive and acknowledge the role that intersectionality and discrimination play in mental health, and in how individuals access services and support.
3. Properly fund Aboriginal and Torres Strait Islander led mental health support services as well as community-led services across different cultural groups.
4. Acknowledge the links between mental health and discrimination in all its forms and provide resources to increase lived-experience-led support services.
5. Continue the focus on reducing out of pocket expenses to see a General Practitioner in the ACT.
6. Continue funding in-school mental health programs and increase availability of integrated mental health services in schools.
7. Increase support for mental health in early childhood using AEDC data to identify needs, vulnerabilities and strategies to increase resilience.
8. Consider childhood maltreatment in the design and implementation of suicide prevention strategies, including programs to support parents and caregivers and improve parenting practices.
9. Enact explicit legislation within the *Children and Young People Act 2008* prohibiting corporal punishment in any context.
10. Invest in evidence-based education programs that equip adults to identify, prevent, and respond to child sexual abuse.
11. Recognise the preventative benefits of addressing loneliness and social isolation.
12. Continue to support schools to capture successful strategies and increase understanding of the drivers behind school attendance problems.

Children and young people’s perspectives

I acknowledge the intention of the Committee to include children and young people’s perspectives in this Inquiry. I valued being able to speak to you about the sensitivities around doing this safely. Although there is increasing recognition that children and young people cannot be safe unless they are listened to, we must also recognise that their right to participation sits alongside their right to be protected from harm.

“...consideration of the child’s right to be protected from harm is equally crucial for implementing the child’s right to participate in decision-making...”²

The above quote comes from an analysis of child protection systems. The article points out that professionals in this context are unable to establish environments that lead to trusting and effective engagement when:

“The system is not considered child-friendly and as such limits the capacity of children, in particular, to participate effectively [...] participation is often considered an event rather than an integral part of the overall [...] process and, as such, it is not given adequate value (time, resources and space) within the process – it is not embedded in culture and practice despite the desire by many to involve children.”³

For a topic as sensitive as suicide, the expectation of safe participation must be accorded the highest possible priority. Unfortunately, the timing and format of Committee Inquiries do not normally provide for the time, resources, and space required to meet this criterion. Children and young people’s perspectives on suicide would undoubtedly strengthen the findings of this Inquiry, but without the necessary framework to ensure psychological safety, the potential for causing harm is significant.

“The question then becomes how to create a space where children are both heard and are safe – participation and protection.”⁴

In 2024, the Standing Committee on Health and Community Wellbeing, recommended the ACT Government consider funding a dedicated position in the Children and Young People Commissioner’s office to support greater engagement of children and young people in Assembly Committee Inquiries. Had this recommendation been enacted, my office would have had the capacity to facilitate meaningful participation of children and young people, while managing their safety when sharing their perspectives on potentially triggering topics. I therefore again advocate for resources to be allocated to my office for the purpose of engaging children and young people in legislative processes and inquiries.

Recommendation:

1. Fund a dedicated position in the CYPC’s office to support greater engagement of children and young people in Assembly Committee Inquiries and other policy and service design processes.

² Mitchell et al, ‘Children’s Human Rights to ‘Participation’ and ‘Protection’: Rethinking the relationship using Barnahus as a case example.’ *Child Abuse Review* Volume 32, Issue 6, 2023:2

³ Ibid:2

⁴ Ibid:7

Factors contributing to suicide rates

Discrimination and intersectionality must be examined when considering factors contributing to suicide rates. Understanding the ways discrimination and stigma impact people's mental health and how they access support is crucial.

Stigma

Research shows stigma can be higher for men.⁵ Social norms that emphasise self-reliance discourage men and boys from reaching out for help. As a result, many men avoid accessing services. This is a particular issue for Aboriginal and Torres Strait Islander men and boys and those from culturally and linguistically diverse communities.⁶

A concern communicated to us by a young person is the role social media is playing in how masculinity is viewed. We are hearing from young people that the increase in messages targeting boys and young men that promote misogyny and encourage suppression of emotions complicates their peer relationships and can create barriers to accessing support.

Tackling stigma requires public awareness campaigns and mental health interventions targeted to men and boys. Normalisation of emotional expression and vulnerability needs to be promoted as a part of healthy masculinity.

Men and boys

The use of the word 'men' potentially frames this issue as primarily affecting adults. Children and young people often come up against systems that are designed by adults without considering perspectives from children and young people, resulting in adult bias in how these systems respond to their needs.

The ACT Children and Young People Death Review Committee (CYPDRC), of which I am a member, reports that suicide is the leading cause of death for 13–17-year-olds in the ACT. The total number is small when viewed as a statistic, but each one represents an individual young person who was let down by systemic gaps, which the CYPDRC identified as:

- gaps in service provision for young people in the ACT with moderate mental illness,
- limited and/or sporadic engagement with support services,
- inadequate follow up after a suicide attempt, and
- greater need for risk assessment and safety planning with young people following a suicide attempt.

In 2019, I conducted a survey with children and young people about improving their lives. Many of the responses related to mental health. In 2020, my office made a submission to the Standing Committee on Education, Employment and Youth Affairs' Inquiry into Youth Mental Health in the ACT. In that submission, I noted that children and young people are the most over-represented cohort experiencing mental health challenges but continue to come up against adult-centric service provision. As a result, there continues to be a knowledge gap in relation to what works for children and young people in managing their mental health.

⁵ Sharwood, Lisa, et al. [Exploring Sociodemographic Correlates of Suicide Stigma in Australia: Baseline Cross-Sectional Survey Findings from the Life-Span Suicide Prevention Trial Studies - PMC](#). International Journal of Environmental Research and Public Health. Jan 31 2023.

⁶ AIHW Mental Health Services in Australia. Australian Institute for Health and Welfare. 2023.

In 2024, I conducted a Listening Tour, which asked how we can make the ACT better for children and young people, and again one of the key themes was better support for mental health.

Although these consultations were distinct, and not directly comparable, the fact that mental health continues to be raised, strongly suggests systems are not responding to the mental health and wellbeing needs of our children and young people.

LGBTIQA+

The focus on men may also risk further alienating non-binary and trans communities. Poorer mental health among LGBTIQA+ young people has been documented and is linked to

“...stigma, prejudice and discrimination, which creates a hostile and stressful environment...”⁷

LGBTIQA+ young people have higher rates of major depression, generalised anxiety disorder, suicidal ideation, and suicide attempts compared to the general population. Notable, while there are variations within the LGBTIQA+ community, there are higher risks for trans and non-binary young people.⁸

The [Writing Themselves in 4](#) report found that over a quarter (28.7 per cent) of the young people who answered the survey said they had attempted suicide in their lifetime and over half of the participants had seriously considered attempting suicide in the previous 12 months.⁹

Children and young people we have spoken with have commented on difficulty in getting school staff to use their preferred pronouns without parental consent and consistent misuse of preferred names and pronouns by adults in school. When asked what would make Canberra a better place, one young person said,

“Not require parents to sign off on pronouns + names for schools to respect them.”

Student, during CYPC Listening Tour consultation, 2024

And another remarked,

“Accept all genders and be equal with others.”

Student, during CYPC Listening Tour consultation, 2024

Children in early primary school consistently raise inclusion during our consultations, albeit in different ways, signalling they are aware that they experience the community differently than their peers based on their identity. However, we also hear from young people that conversations with adults about discrimination often do not start until high school, leaving them without support or guidance during their formative years.

⁷ Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A. *Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia, Australian Capital Territory summary report*, monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University. 2021:42

⁸ Ibid

⁹ Ibid:45

Using more inclusive language when investigating drivers of suicide and considering solutions to suicide rates can assist in reducing stigma associated with seeking help for particularly vulnerable groups and encourage more open dialogue between adults and children about issues of gender identity and discrimination.

Racism

Aboriginal and Torres Strait Islander peoples

The Australian Institute for Health and Welfare identified suicide as the second leading cause of death among Aboriginal and Torres Strait Islander males (and the seventh for females) in Australia between 2021-2023.¹⁰

The disproportionate rate of suicide among Aboriginal and Torres Strait Islander communities has been well established. It is also clear that rates are highest among younger people, with 22 per cent of all deaths for 0-24-year-olds being suicide between 2018-2022.¹¹

The challenges faced by Aboriginal and Torres Strait Islander communities are linked to overwhelming institutional racism. In 2022, my office published the report [*It really stabs me: From resignation to resilience - Children and young people's experiences of racism in the ACT*](#). This report was the result of a year-long consultation with children and young people. We did not specifically ask children and young people about suicide, but several key sector and community stakeholders raised the high rates of suicidal ideation and self-harm occurring among Aboriginal and Torres Strait Islander children and young people.

*When you experience racism, or see someone else experience it, what do you do?
"fall asleep and die."*

11-year-old, during *It really stabs me* consultation, 2022.

Several studies highlight links between racism and suicide with "cultural devastation widely acknowledged to be a factor in the high suicide rates for Aboriginal and Torres Strait Islander people..."¹² Studies show that children and young people who experience racism are more likely to experience poor mental health, including anxiety, depression, and suicide risk.¹³

Culturally and linguistically diverse people

Racism also plays a part in mental health concerns for culturally and linguistically diverse (CALD) communities. Suicide Prevention Australia notes that people from CALD communities have risk and protective factors that are unique to their different communities.¹⁴ Participants from CALD backgrounds highlighted feelings of isolation that resulted from racism in our *It really stabs me* consultation.¹⁵ Social connection is a well-known protective factor, so it is of concern that children and young people avoid environments due to expectations of racism.

¹⁰ [Deaths in Australia, Aboriginal and Torres Strait Islander \(First Nations\) people - Australian Institute of Health and Welfare](#)

¹¹ [First Nations people - Suicide & self-harm monitoring - AIHW](#)

¹² Gibson, Mandy; Stuart, Jamie; Leske, Stuart; Ward, Raelene; Tanton, Robert. [Suicide rates for young Aboriginal and Torres Strait Islander people: the influence of community level cultural connectedness](#), The Medical Journal of Australia, vol 214, Issue 11, 2021. Last accessed 02/03/2023

¹³ Shepherd, Carrington, CJ; Li, Jianghong; Cooper, Mathew; Hopkins, Katrina; Farrant, Brad. 'The impact of racial discrimination on the health of Australian Indigenous children aged 5-10 years: analysis of national longitudinal data.' International Journal for Equity in Health, 2017.

¹⁴ Suicide Prevention Australia, [Fact sheet: Suicidality among culturally and linguistically diverse communities 2021](#). 2021:1

¹⁵ CYPCC, [It really stabs me: From resignation to resilience - Children and young people's experiences of racism in the ACT](#), Children and Young People Commissioner, ACT Human Rights Commission, 2023:40

Although the ACT has made efforts to address racism, the experience of children and young people demonstrate it is an issue that requires ongoing attention. All systems and services must acknowledge the role racism plays in driving poor mental health and in creating barriers to support, and prioritise the establishment of culturally safe environments, systems, and services. We also need more resources allocated to community-led mental health programs to ensure culture is central to the support services available.

Neurodiverse Canberrans and those with disability

There are high rates of suicide and self-harm among those with disability.¹⁶ Suicide was the highest cause of death for those with psychosocial disabilities in the study period (20.7 per cent) and second highest for Autistic individuals. University of Queensland research in late 2024 found Autistic people are almost three times more likely to die by suicide than non-autistic people. People with Autism but no intellectual disability were five times more likely to die by suicide.¹⁷ Dr Damian Santomauro led the research and noted bullying, social rejection, stigma, and discrimination are likely to be drivers of the higher risk for Autistic individuals.

In 2024, we spoke to Autistic children and young people about the National Autism Strategy. In the course of that consultation, the lack of inclusion experienced by participants was highlighted.

“Sometimes I feel like I am being left out... all the time really...”

“People I know and like to know make me feel included... Some people say annoying things that I am not going to say. Bad things.”

“They don’t understand me.”

“Bullying is a huge problem at schools that stems from many problems such as the stigmatisation of autism and the under-education of teachers.”

All quotes above from students during the CYPC National Autism Strategy consultation, 2024¹⁸.

The ACT’s work on a neurodiversity strategy is essential in this context. Increasing understanding and inclusion at all levels of the ACT community will be a key component of addressing feelings of isolation, reducing discrimination and supporting mental health.

Recommendations:

2. Ensure research, policy responses, and service design are inclusive and acknowledge the role that intersectionality and discrimination play in mental health, and in how individuals access services and support.
3. Properly fund Aboriginal and Torres Strait Islander-led mental health support services as well as community-led services across different cultural groups.
4. Acknowledge the links between mental health and discrimination in all its forms and provide resources to increase lived-experience-led support services.

¹⁶ Australian Institute of Health and Welfare. [Disability service users - Suicide & self-harm monitoring - AIHW](#)

¹⁷ University of Queensland. [Suicide rate higher for people with autism - UQ News - The University of Queensland, Australia, 2024.](#)

¹⁸ CYPC, [“They just don’t get it.” Autistic children and young people’s perspectives on inclusion.](#) 2024

Engagement with medical and health services

During my Listening Tour in 2024, a strong theme that arose was access to medical and health services. Children and young people described barriers preventing them from getting support, which included cost, wait lists, and lack of early intervention.

Cost of medical services

Access to a general practitioner (GP) is crucial to general healthcare, as well as being a pathway to specialised care and diagnosis. Establishing a mental health plan is often the first step in accessing specialised support and having a mental health plan leads to a reduction in costs for specialist fees.

The ACT has the *second lowest access to bulk billing* in Australia and the *second highest out-of-pocket costs* associated with seeing a GP. The [Cleanbill-Blue-Report-January-2024](#) shows that over 1.2 million Australians did not go to a GP in 2022-23 due to concerns over cost. Given where the ACT sits in relation to affordability of GP consultation and access to bulk billing, many Canberrans will be part of this statistic.

While the ACT government has taken welcome steps to increase the rate of bulk billing available, the focus on this must not be lost. Efforts to reduce the cost of specialist services would also be welcome.

Wait times

The [Our Say Youth Lived Experience FAQ sheet](#) from the Youth Reference Group (YRG) highlighted the inaccessibility of specialist services:

“Free services have long wait times that actively make these services difficult to access and often leave young people struggling for too long. Private or paid services on the other hand are often too costly, and many fail to provide payment schemes, bulk billing, or other methods of supporting young people – especially those not in the position to afford these services.” (pg 14-15).

An ACT consumer-led study found availability of services is a key barrier to accessing mental health services. Two issues were identified, which are the lack of specific services in the ACT, and the insufficient capacity of services that are present in the ACT.¹⁹

This study’s findings support what I hear from children and young people. My office has begun a consultation with children and young people about school attendance challenges (previously referred to as school refusal and School Can’t). Although we are in the initial stages of this work, children and young people we have already spoken to highlight issues with accessing mental health support. In reflecting on waitlists for school-based counselling support, one young person said:

“The comparison to other people, leads you to think your issues are not big enough to seek help. You feel you should leave the services to people who need it more, so then you can’t get support.”

Student, Interview with CYPC, 2025

¹⁹ Andrews, D. [ACCESS DENIED: A consumer-led study into barriers to accessing mental health services in the ACT](#). ACT Mental Health Consumer Network Inc. Canberra. 2025:31

Students have repeatedly expressed the need for mental health services to be integrated into schools to enable consistent access to support. School counsellors and psychologists are being prioritised by the Education Directorate, and I was pleased to note in the ACT Budget that the School Youth Health Nurse program will be expanded to all high schools.

Early intervention

Children and young people we speak to often note the lack of support for primary mental health concerns and call on us to advocate for increases in mainstream mental health services, and preventative support.

“Don’t just prioritise high risk students.”

“Services wait until things are at crisis.”

“My high school only introduced me to support when it got to crisis, never at early prevention point.”

All quotes above from students during CYPC Listening Tour 2024

The [Working Together to deliver the NDIS – NDIS Review: Final Report](#) highlights a gap between mainstream services (such as Education) and specialist services. Children and young people who may need more than mainstream support, but do not qualify for specialist services, find it very difficult to access assistance. Foundational support would fill this gap and decrease pressure on existing specialist services.

We acknowledge increased numbers of mental health practitioners in schools is a priority for the ACT government as outlined in the Ministerial Statement – Chief Minister’s Priorities²⁰ and we would like to highlight that children and young people report this remains a significant gap requiring urgent action. Despite the presence of mental health workers in schools, students report these services are over-subscribed. This leaves many students with significant mental health concerns who are not accessing any support.

Recommendation:

5. Continue the focus on reducing out of pocket expenses to see a General Practitioner in the ACT.
6. Continue funding in-school mental health programs and increase availability of integrated mental health services in schools.

Social and emotional development

We are seeing rates of anxiety, depression, suicidal ideation, and self-harm increasing among younger children since the COVID-19 pandemic.²¹ Given the evidence of protective factors for mental health beginning in early childhood, it is particularly concerning to note the ACT has higher rates of developmental vulnerability than the national average.

²⁰ Cabinet number 25/603, 29/1/2025

²¹ Australian Psychological Society. [Mental health disorders increase among preschoolers and teens](#). 2022.

Developmental vulnerability

The [Australian Early Development Census](#) notes the ACT has had statistically significant developmental deterioration across seven of the eight developmental domains measured by the census, and in 2024 has had the largest percentage of children starting school with developmental vulnerabilities since the first data collection in 2009.

Research in New South Wales has made links between developmental vulnerability in early childhood and adverse mental health in later childhood, adolescence and adulthood.

“...these studies provide strong evidence that poorer development during the early years is associated with poorer outcomes for mental health and social-emotional wellbeing across future life stages.”²²

This requires mental health policy to consider how children’s emotional development is supported in early childhood.²³ The ACT government must address the increasing developmental vulnerability of our children by examining the AEDC data to establish what is driving the decline and to identify the needs of children in the Territory.

Adverse childhood events

Children and young people I spoke to during my Listening Tour in 2024 raised the issue of maltreatment of children and young people by adults.

“There should be less hitting of kids from parents/family.”

“Make it illegal to put your hand on child violently.”

“Make it illegal to inappropriately touch a child.” (make it illegal to inappropriately touch a child.)

Students during CYPCC Listening Tour consultation, 2024

Research has established a link between adverse childhood events (ACEs) and self-harm and suicidal distress. ACEs include exposure to child abuse (sexual, physical, and emotional), neglect and household challenges (such as mental health issues, substance abuse, and intimate partner violence).

The Australian Child Maltreatment Study²⁴ found that 62 per cent of participants over 16 years old had experienced maltreatment during childhood. Childhood experiences of maltreatment are believed to have contributed to 41 per cent of suicide attempts.²⁵ The links between ACEs and considerable mental health concerns is believed to be significant:

“...childhood experiences of maltreatment significantly increased the odds of developing a mental disorder over a lifetime, with 48% of those who experience maltreatment developing a mental disorder later in life compared with 21% of those who have not experienced childhood maltreatment. The research also demonstrated that people who experience child maltreatment are 4.6 times more likely to have attempted suicide in the past 12 months.”²⁶

²² AEDC, *Early childhood development and later social-emotional wellbeing and mental health outcomes*. 2023:4

²³ Ibid:3

²⁴ Haslam D, et al (2023). [The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report](#). Australian Child Maltreatment Study, Queensland University of Technology

²⁵ Life in Mind. *Factors that contribute to suicidal distress: Adverse childhood experiences and suicidal distress*.

²⁶ Ibid.

This is especially concerning given current failures of Australian and ACT legislation to protect children from violence. There is evidence that ‘reasonable chastisement’ is used by parents to avoid prosecution for abuse because it is not explicitly banned within legislation. Allowing a defence for corporal punishment is an impingement on children’s rights.

It is also sobering to note that data from the National Centre for Action on Child Sexual Abuse²⁷ shows that adults lack knowledge and skills to respond to and support child victims and survivors of child sexual abuse.

Further, community attitudes about child sexual abuse indicate that 52 per cent of adults don’t know how to keep a child safe from sexual abuse.²⁸ This is compounded by community attitudes that hold older children responsible for resisting sexual advances of adults (40 per cent of survey respondents).²⁹

“...urgent action is needed at all levels of society to enhance the capability and confidence of adults to prevent child sexual abuse and to identify and intervene where there is risk.”³⁰

Suicide prevention strategies must take child maltreatment into account by supporting families, strengthening legislation to prevent violence against children, and building adult capacity to identify and respond to abuse.

“More than 6 in 10 Australians have experienced ACEs so addressing this number is critical in reducing suicidal distress in Australia.”³¹

Loneliness

In 2020, *Ten to Men: the Australian Longitudinal Study of Male Health* reported a significant association between loneliness and experiences of depression and suicidality.³² The report found men who lacked social connections were twice as likely to have thought about suicide in the past 12 months.³³

In 2024, the Standing Committee on Education and Community Inclusion held an Inquiry into Loneliness and Social Isolation in the ACT. The Inquiry report had 28 recommendations, including that the ACT government recognise the “significant preventative health benefits associated with addressing loneliness and social isolation.”³⁴ Many of the recommendations also recognised young people as a priority cohort for support. The report highlighted young people aged between 18 and 29 years old had the highest reported rate of loneliness of any age group.³⁵

²⁷ National Centre for Action on Child Sexual Abuse. [The Australian child sexual abuse attitudes, knowledge and response study](#). 2023

²⁸ Ibid

²⁹ National Centre for Action on Child Sexual Abuse. [The Australian child sexual abuse attitudes, knowledge and response study: Children’s Disclosures](#). 2023

³⁰ Ibid.

³¹ Ibid.

³² Australian Institute of Family Studies, [Ten to Men: the Australian Longitudinal Study of Male Health](#), 2020

³³ Australian Institute of Family Studies, [Media release: Depression, suicidality and loneliness: mental health and Australian](#), 2020

³⁴ Legislative Assembly for the Australian Capital Territory, Standing Committee on Education and Community Inclusion. [Report 13, 10th Assembly](#), August 2024.

³⁵ Ibid:9

[The CYPC's submission](#) to that Inquiry captured a number of ideas to combat loneliness and social isolation that we have heard from children and young people. For example, increasing the range of indoor and outdoor third spaces to increase social connection, removing barriers to playing sport, and increasing accessible and child and youth friendly public events.

Recommendation:

7. Increase support for mental health in early childhood using AEDC data to identify needs, vulnerabilities and strategies to increase resilience.
8. Consider childhood maltreatment in the design and implementation of suicide prevention strategies, including programs to support parents and caregivers and improve parenting practices.
9. Enact explicit legislation within the *Children and Young People Act 2008* prohibiting corporal punishment in any context.
10. Invest in evidence-based education programs that equip adults to identify, prevent and respond to child sexual abuse.
11. Recognise the preventative benefits of addressing loneliness and social isolation.

Relevant trends in educational outcomes and participation rates

The [Australian Institute of Health and Welfare](#) indicates lower education levels increase the risk of suicide among men. This statistic is of particular concern given growing levels of education disengagement among children and young people Australia-wide.

In 2023, a National Inquiry into School Refusal was carried out to better understand the increase in rates of disengagement among children and young people. School attendance problems (SAPs) not only impact students' educational attainment but also cut them off from school-based services.

Although it is difficult to track rates of students experiencing SAPs, an increasing trend for primary and secondary school aged students was identified at the national level.³⁶ School Can't Australia states that 38 per cent of students in year 1 to 10 were 'chronically absent' in 2023.

Our own quick poll of ACT students at the 2024 CareersXpo provides a rough indication that it is an issue in the ACT. Students were asked if school refusal was an issue at their school, with 72 per cent saying yes, and only 28 per cent saying no.

³⁶ Education and Employment References Committee, *The national trend of school refusal and related matters*. 2023: 6

SAPs play a significant role in mental health vulnerability, both as a symptom of existing distress and as a risk factor for worsening mental health outcomes. Students experiencing SAPs may struggle with anxiety or diverse learning needs³⁷ and feel unsupported or stressed by the school environment. Avoiding going to school risks further isolation, academic difficulties, and disconnection from peers and teachers. This in turn can lead to lower self-esteem, poor educational attainment, and compounding educational disengagement.

Intervening early with school-based mental health support and supporting the capacity of school staff to be trauma informed in their approach is critical to supporting students struggling with attendance or who are showing signs of disengaging.

There is work being done in the ACT and nationally to better understand this issue, including sharing successful strategies. However, we need to better understand the interplay between the factors in the school environment that create barriers to attendance, as well as individual mental health.

Recommendation:

- 12.** Continue to support schools to capture successful strategies and increase understanding of the drivers behind school attendance problems.

Concluding comments

Men's suicide requires nuanced responses. While it is often framed as an individual mental health struggle, I urge you to also consider it within a broader lens that includes structural discrimination and systemic vulnerabilities that influence how male identifying adults and children experience distress and access support. As stated, Aboriginal and Torres Strait Islander people, CALD and LGBTIQ+ communities and those with disability or neurodiversity are disproportionately affected, which underscores the links between discrimination-based vulnerability and mental health.

The mental health system must operate within a human rights framework to meet children and young people's best interests, including by ensuring they do not face discrimination and providing avenues for their views to be sought safely.

This will in turn support the ACT to strengthen mental health support for children and young people through early intervention, trauma-informed care, and accessible co-located services. All of these are vital to addressing the mental health vulnerability of our children and young people in the long-term.

Men's suicide requires an integrated strategy that tackles discrimination and stigma and properly invests in culturally safe services. Only by acknowledging these interwoven social dynamics, and committing to human rights frameworks, can we move towards more effective mental health support and suicide prevention strategies.

³⁷ Leduc K, et al. *School refusal in Youth: A systematic review of ecological factors*. Child Psychiatry Hum Dev. 2024