



Submission cover sheet

Inquiry into men's suicide rates

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Submitter: The ACT Council of Social Service (ACTCOSS)

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Standing Committee on Social Policy
ACT Legislative Assembly
GPO Box 1020
Canberra ACT 2602
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8 August 2025

Dear Committee,

RE: Inquiry into men's suicide rates

The ACT Council of Social Service (ACTCOSS) appreciates the opportunity to contribute to the *Inquiry into men's suicide rates*. ACTCOSS is the peak body for the community sector in the ACT. We advocate for social justice and represent not-for-profit community organisations. Our member base includes organisations that provide services and/or advocate for those experiencing mental health challenges, self-harm and suicidality. Many of these members are not explicitly or exclusively a mental health service but rather provide services and supports for people facing multiple and intersecting forms of disadvantage. Our vision is for an inclusive Canberra in which no one lives in poverty.

In preparing for this submission, we have consulted with member organisations where available, many of whom have made submissions to this inquiry and we urge the committee to recognise their unique contribution, knowledge and experience of this issue in the ACT.

Consistent with the terms of reference and the key issues broadly identified by our members, this submission begins with a summary of the recommendations followed by three sections covering the following:

- Factors contributing to suicide rates, including the role of negative life events, underlying trauma and traditional notions of masculinity;
- Available services and supports, including types of services provided in the ACT and constraints on the community sector; and
- The experience of Aboriginal and Torres Strait Islander men in the ACT.

While our submission draws on statistics to illustrate the context of this inquiry, we recognise that behind every statistic are lives lost, families grieving, and communities forever changed. Suicide is a deeply complex and painful issue, shaped by intersecting social, cultural, and personal factors.

Our primary recommendation to the committee is to improve supports for men at risk of completing or attempting suicide through adequately resourcing the community sector to continue to provide the supports they already successfully deliver.

Key Points and Recommendations

- To improve supports for men at risk of completing or attempting suicide through adequately resourcing the community sector to continue to provide the supports they already successfully deliver.
 - Ensure funding is long-term (i.e. more than 12 months) to enable service providers to build trust and rapport necessary for lasting change.
 - Ensure funding reflects the complexity and risk profile of the work undertaken by community services, particularly where they are the primary point of contact for men who do not access clinical services due to stigma or previous service failure.
 - Invest in a diverse service system to meet the varied needs of men across age, cultural background, and lived experience. Not all services work for all men.
- Provide recurrent and long-term funding for Aboriginal Community Controlled Organisations (ACCOs) to deliver holistic, culturally responsive care to Aboriginal and Torres Strait Islander men at risk of attempting or completing suicide.
 - Address service gaps by supporting ACCOs to develop flexible, confidential pathways for engagement, particularly in a small jurisdiction like the ACT where concerns of stigma or being recognised can prevent men from accessing care.
 - Ensure consistent, timely access to Aboriginal and Torres Strait Islander detainees in the Alexander Maconochie Centre (AMC).

1 – Factors contributing to suicide rates

Suicide is not a single-issue phenomenon — it is systemic, intersectional and deeply affected by social determinants, trauma, and access to compassionate support. Suicide remains the leading cause of death among Australians aged 15 to 44, with men accounting for around 75% of all suicide deaths each year. In 2023, 3,214 Australians died by suicide — 2,419 of them were men.¹ The ACT is not markedly different from the rest of Australia in terms of suicide rates nor in the proportion of male suicides.² While this inquiry focuses specifically on men's suicide rates, it is critical to acknowledge other cohorts that experience suicide risk at alarming rates. While men have higher completion rates, women are more likely to attempt suicide. Suicide rates among LGBTIQ+ communities are alarmingly high — particularly trans, gender diverse, and intersex people — yet are often invisible in conversations about men's suicide, despite almost 50% of LGBTIQ+ young people in the ACT having considered suicide in the past 12 months.³ Young people aged 15–24 are also at increased risk, with suicide being the leading cause of death for this cohort.⁵ Among Aboriginal and Torres Strait Islander adults, suicide rates are more than double that of non-Indigenous Australians, with children and youth (ages 0-24) rates around 3 times higher than non-Indigenous Australians of the same age.⁶

A key factor in understanding male suicide is the role that traditional masculinity plays in driving both ideation and the manner of help-seeking behaviours. The typical masculine identity in Australia encompasses ideas of stoicism, self-reliance and strength.⁷ There is substantial literature that highlights the association between these traits and increased risk of suicidality.⁸ For example, men are much less likely to seek out mental health services and are less likely to disclose suicidal ideation.⁹ Instead, focus-group data shows that suicidal men engage in an internal battle over how or whether to seek help without compromising their sense of masculine agency and self-reliance.¹⁰ In other words, male stoicism and an emphasis on self-reliance as a core identity are more likely to lead men toward social isolation and avoidance of seeking help.¹¹ As we will come to later in this submission, this reluctance

¹ Australian Institute of Health and Welfare (AIHW), *Suicide and intentional self-harm*, Australian Government, 2024.

² Hands Across Canberra & The Snow Foundation, *Canberra Vital Signs 2021: Taking the pulse of our community*, 2021, p 7.

³ Hill, A. O., Lyons, A., Jones, J., McGowan, I., Carman, M., Parsons, M., Power, J., & Bourne, A., *Writing themselves in 4: The health and wellbeing of LGBTQIA+ young people in Australia*, La Trobe University, 2021.

⁴ *We understand that A Gender Agenda will be making a submission to this inquiry and refer the Committee to their submission for relevant data and further insight into the unique factors contributing to suicide risk among the LGBTIQ+ community.*

⁵ AIHW, *Suicide and intentional self-harm hospitalisations among young people*, Australian Government, 2024.

⁶ Australian Bureau of Statistics (ABS), *Intentional self-harm deaths (suicide) of Aboriginal and Torres Strait Islander people*, Australian Government, 2023;

AIHW, *Suicide and intentional self-harm hospitalisations among First Nations people*, Australian Government, 2024.

⁷ Seidler, Z., Wilson, M., Olliffe, J., Kealy, D., Toogood, N., Ogrodniczuk, J. & Rice, S., *“Eventually, I Admitted, ‘I Cannot Do This Alone’”: Exploring Experiences of Suicidality and Help-Seeking Drivers Among Australian Men*, *Frontiers in Sociology*, 2021; Pirkis, J., Spittal, M. J., Keogh, L., Mousaferiadis, T., and Currier, D., *‘Erratum to: Masculinity and Suicidal Thinking’*, *Social Psychiatry Psychiatric Epidemiology*, vol 52, 2017, pp 1447–1449.

⁸ Ibid; Eggenberger, L., Spangenberg, L., Genuchi, M. & Walther, A., *Men’s Suicidal thoughts and behaviours and conformity to masculine norms: A person-centred, latent profile approach*, *Heliyon*, 10(20), 2024.

⁹ 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.

¹⁰ Keohane, A., and Richardson, N., *Negotiating Gender Norms to Support Men in Psychological Distress*, *Am. J. Mens Health*, 2018, pp 160–171.

¹¹ Olliffe, J., Crighton, G., Ferlatte, O., Broom, A., Jenkins, E., Ogrodniczuk, J. & Robertson, S., *‘Injury, interiority, and Isolation in Men’s Suicidality’*, *American Journal of Men’s Health*, 2016, pp 888-899.

to seek help means that when men do compromise their sense of masculinity to ask for help, it is crucial that those they engage with are trained and supported to help appropriately.

Traditional masculine identities are also important to understand which triggers increase the risk of suicide attempts. The most significant risk factor for suicidal ideation is the experience of a triggering negative life event. A 2016 study from Currier et al. found six major life events that had an outsized impact on male suicidal ideation: 'serious family conflict, break-up of a relationship, difficulty finding a job, legal troubles, major loss of property and serious personal injury'.¹² Among these factors, difficulty finding work and those factors relating to family breakdown and conflict had the strongest effects. Negative life events increase risk of suicidal ideation independent of existing mental health conditions or substance use. The risk of triggering events is amplified significantly where an individual has existing mental health conditions such as depression or anxiety. By far the most robust predictor of whether a negative life event translates to a likelihood of suicidality was the presence of depression in the past 12 months.¹³

1.1- Compounding factors: Social isolation and alcohol and other drug dependence

There are a number of risk factors that have a compounding effect on suicidality. Chief among those is social isolation. Suicidal ideation is more likely to occur where an individual has a low degree of social connectedness and a perceived absence of resources to help.¹⁴ As noted in the [Inquiry into Loneliness and Social Isolation in the ACT](#), loneliness and social isolation are often strong indicators of mental ill-health that can be precursors to suicide. This is both because individuals may lack necessary personal supports but also because some individuals will withdraw from their social networks as a way of managing symptoms.¹⁵ International evidence shows that relationship breakdown and/or being single has a greater impact on suicidal ideation in men than women. The main hypothesis is sociological — men are less likely to reach out for help, and the absence of a significant other removes a primary emotional support.¹⁶ Alcohol and other drug (AOD) dependence is also a risk factor in male suicidality. However, while the link between AOD dependence and suicide is well-documented, they are generally considered a coping mechanism rather than the root cause.¹⁷

While suicidal ideation is not isolated to people with existing mental health conditions, it is much more likely to occur where someone has multiple intersecting risk factors. For example, someone who has experienced childhood trauma or has maladapted coping mechanisms for stress (i.e. AOD dependence) is at much higher risk of suicide or self-harm. Services for people at these intersections needs to be comprehensive and sufficiently long term to work through this complexity.

¹² Currier, D., Spittal, M., Patton, G. & Pirkis, J., *Life stress and suicidal ideation in Australian men – cross-sectional analysis of the Australian longitudinal study on male health baseline data*. BMC Public Health, 2016.

¹³ Ibid.

¹⁴ Nguyen, M. H., Le, T. T., Nguyen, H. T., Ho, M. T., Nguyen, H. T. T., & Vuong, Q. H., [Alice in Suicideland: Exploring the Suicidal Ideation Mechanism through the Sense of Connectedness and Help-Seeking Behaviours](#), Int. J. Environ. Res. Public Health, 2021.

¹⁵ Standing Committee on Education and Community Inclusion, *Inquiry into Loneliness and Social Isolation in the ACT*, Legislative Assembly for the Australian Capital Territory, 2024, p 38.

¹⁶ Richardson, C., Robb, K., and O'Connor, R., *A systematic review of suicidal behaviour in men: A narrative synthesis of risk factors*, Social Science & Medicine, vol. 276, May 2021.; Joiner, T., *Lonely at the top: The high cost of men's success*, Macmillan, 2011.

¹⁷ Richardson et al. 2021.

2 – Suicide services and supports in the ACT

Recent Australian research shows men do seek help and find relief in informal, peer-based and community settings.¹⁸ The ACT has an existing network of non-clinical community organisations that actively engage with many men at highest risk of suicide, meeting them ‘where they are’. This is an area of prevention where the community sector, rather than government, is clearly best equipped to deliver results and provide value for money. To improve supports for men at risk of completing or attempting suicide, the community sector must be adequately resourced to continue to provide the supports they already successfully deliver. These services often operate without dedicated mental health funding, despite frequently being a consistent point of contact for men in crisis. This is especially true for men who do not engage with formal mental health services due to stigma, distrust, or history of service failure.

Consistent with Suicide Prevention Australia’s male suicide prevention principles and recommendations,¹⁹ and the academic literature, community organisations in the ACT report:

- Many men they support have a long history of service failure, leading to distrust in mainstream mental health services. These men are often reluctant to access formal or clinical services and instead rely on trusted relationships built within the community.
- Community organisations often work with suicidal men without receiving mental health-specific funding. These organisations play a critical prevention and early intervention role but are not resourced to reflect the complexity and risk associated with this work.
- A holistic, long-term approach is essential, especially for men with complex and intersecting needs across areas such as housing, justice, AOD dependence, domestic and family violence (both as perpetrators and as victim/survivors, including when they were children), employment, and trauma. However, many funding agreements are short-term (12 months or less), making it difficult to deliver the kind of relational, sustained support that drives lasting change.
- Trust and rapport take time. Organisations report that the most meaningful progress happens in the context of long-term relationships, which extend well beyond what some current funding agreements support.
- Not all services work for all men. A diverse service system is essential to meet the varied needs of men across age, cultural background, and lived experience.
- Gender-specific services are needed but remain scarce in the ACT. Recent research shows that men will tend to access services more if they are gender-sensitive.²⁰ Some men feel more comfortable accessing male-specific services, but the availability is extremely limited. Investing in targeted services would increase engagement and reduce the risk of unmet need.
- Families and support networks are critical to recovery. However, few programs are resourced to take a whole-of-family approach or to support carers of men at risk of suicide. Children of men at risk of suicide are a cohort that should be given care and consideration when resourcing family supports.

¹⁸ Slade et al., 2025, p 2, 38.

¹⁹ Suicide Prevention Australia, [Male Suicide Prevention Principles](#), January 2022.

²⁰ Slade et al., p 2.

3 – Aboriginal and Torres Strait Islander Men

Suicide prevention efforts for Aboriginal and Torres Strait Islander men must respond to the distinct and compounding impacts of colonisation, dispossession, forcible removal of children, intergenerational trauma and systemic racism. Aboriginal and Torres Strait Islander men continue to be overrepresented in suicide statistics nationally. In 2023, suicide rates were 2.9 times higher than non-Indigenous men and accounted for 7.1% of all deaths amongst Aboriginal and Torres Strait Islander men.^{21 22} This tragedy underscores the urgent need to improve Australian public health and make greater progress in closing the life expectancy gap which is not narrowing fast enough to meet the 2031 target.²³

Community stakeholders and ACCOs 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 and described as a ‘theft of identity and spirit’.²⁴ Suicide prevention must be grounded in holistic, therapeutic, and culturally responsive models of care.²⁵

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. This has eroded trust in mainstream mental health and social services. Efforts to prevent suicide among Aboriginal and Torres Strait Islander people must recognise the damaging role of institutional racism in shaping health outcomes.²⁶ One stakeholder identified additional barriers which exist in a small jurisdiction like the ACT — some men avoid seeking support from Aboriginal and Torres Strait Islander services due to concerns about being recognised by others in their community, fears around stigma, and doubts about confidentiality. These dynamics present a unique and pressing challenge for suicide prevention in the ACT.

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.

Aboriginal and Torres Strait Islander men are significantly overrepresented in the ACT’s prison population and justice system more broadly. Prisons are recognised as high-risk environments for suicide and self-harm among Aboriginal and Torres Strait Islander people, underscoring the urgent need to expand existing culturally safe,

²¹ AIHW, [Suicide and intentional self-harm hospitalisations among First Nations people](#), Australian Government, 2023.

²² Note that these statistics don’t include statistics collected from the ACT or Tasmania. Statistics from these jurisdictions are not considered as reliable as the other states and territory and so are excluded from national reports.

²³ Productivity Commission, [Closing the Gap Information Repository: Socio-economic outcome area 1](#), Australian Government, 2025.

²⁴ Dudgeon, P., Milroy, J., Calma, T., Luxford, Y., Ring, I., Walker, R., Cox., A., Georgatos, G. & Holland, C., [Solutions that work: What the evidence and our people tell us](#), Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report, University of Western Australia, November 2026, p 57.

²⁵ Ibid, pp 57-58.

²⁶ Ibid, pp 52-53.

community-led supports within and beyond the justice system.²⁷ In our role as convener of the Justice Reform Group (JRG), we hear from community service organisations that they continue to face challenges in accessing detainees at the Alexander Maconochie Centre (AMC). Some report no access to detainees or experiences of detrimental delays and interruptions to service delivery. While the scope of this inquiry does not include youth, service access to Bimberi Youth Justice Centre is also critical to reach young Aboriginal and Torres Strait Islander men in custody, particularly as 48% of all young men held in custody at Bimberi in 2023 identified as Aboriginal and Torres Strait Islander.²⁸

The compounding impacts of systemic disadvantage over time must also be acknowledged. Aboriginal and Torres Strait Islander children are disproportionately removed from their families and placed in out-of-home care (OOHC) — Aboriginal and Torres Strait Islander children in the ACT are almost 9 times more likely to be in OOHC than non-Indigenous children.²⁹ This continues a cycle of separation and disconnection and perpetuates systemic failures that have been repeated across generations. Research shows children who have been in OOHC are significantly more likely to have contact with the justice system,³⁰ which in turn elevates suicide risk. These intersecting, traumatic experiences are deeply linked to poor mental health outcomes and elevated suicide risk.

The knowledge, evidence, and solutions needed to prevent suicide among Aboriginal and Torres Strait Islander men are well-established. Community leaders, Aboriginal-controlled organisations, and families impacted by suicide and incarceration have long articulated what is required. What is needed now is sustained investment and meaningful action to implement the advice already provided.

Further engagement

ACTCOSS would welcome the opportunity to engage further with the ACT Government and other stakeholders in the inquiry into men's suicide rates in the ACT.

If you would like to discuss any of the issues raised in this submission please contact Ms Jenny Sandilands, Head of Policy at ACTCOSS, at [REDACTED].

Yours sincerely

[REDACTED]

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²⁷ Ibid, p 58.

²⁸ ACT Government, [Bimberi Headline Indicators Report](#), June 2025, pg 2.

²⁹ Productivity Commission, [Report on Government Services 2025: Part F: Community Services](#), Canberra, 2025, Table 16A.9, p 127.

³⁰ McCausland, R. & Baldry, E., [Who does Australia Lock Up? The Social Determinants of Justice](#), International Journal for Crime, Justice and Social Democracy, 2023, p 42.