Submission cover sheet

Inquiry into men's suicide rates

Submission number: 23

Submitter: Stroke Foundation

Date authorised for publication: 9 September 2025

Registered Charity
ABN 42 006 173 379

Level 7, 461 Bourke Street
Melbourne VIC 3000

Telephone 03 9670 1000
StrokeLine 1800 STROKE
(1800 787 653)
strokefoundation.org.au

5 August 2025

Standing Committee on Social Policy
ACT Legislative Assembly
GPO Box 1020
Canberra ACT 2601

Sent via email: LAcommitteeSP@parliament.act.gov.au

Dear Members of Standing Committee on Social Policy

Re: ACT Legislative Assembly Inquiry into Men's Suicide Rates

As the voice of stroke in Australia, Stroke Foundation welcomes the opportunity to provide a submission to the ACT Legislative Assembly Standing Committee on Social Policy's Inquiry into men's suicide rates.

Mental health and wellbeing after stroke are critically important to survivors of stroke and their families and carers. With many survivors experiencing increased risk of suicide after stroke, Stroke Foundation takes this opportunity to highlight the mental health challenges and suicide risks for male survivors of stroke, and call on the ACT Government to consider opportunities to improve mental health literacy and awareness in relation to stroke and suicide; promote wellbeing among male survivors of stroke; and take action to prevent suicide through enhanced stroke rehabilitation and improved mental health pathways after stroke.

This submission outlines the importance of suicide prevention as part of high-quality stroke care, particularly for men as men have an increased risk and incidence of stroke, and higher rates of suicide, particularly among men with disability and chronic health conditions.

About Stroke Foundation

Stroke Foundation is the only national organisation in Australia solely focused on stroke prevention, treatment, and recovery.

For over 25 years, we have championed the voice of lived experience to drive advances in stroke research; successfully advocated for better and more equitable access to innovative evidence-based treatments; raised public awareness; provided peer support and recovery resources to survivors, families and carers; and supported thousands of health professionals in delivering best-practice stroke care.

The ACT Government and Stroke Foundation have been working together for almost 10 years to improve the lives of survivor of strokes in the ACT. For example, from July-Dec 2024, the **F.A.S.T Community Education** delivered 13 community talks reaching over 342 community members to increase awareness of the signs of stroke. The **StrokeLine Navigator program** receives, on average, 250 referrals every six-months enabling critical resources and supports to be provided to survivors and their families to assist them with their next steps post discharge. Through **Stroke data (Australian Stroke Clinical Registry - AuSCR),** the participating hospitals (Canberra North and Canberra Hospital) have demonstrated the value of evidence-based quality improvement guidelines for delivering high quality care for stroke patients in dedicated stroke care units.

Beyond ACT Government and Stroke Foundation's commitment to acute treatment and physical recovery post-stroke, it is important to acknowledge the profound psychological impact stroke can have, making suicide prevention a crucial part of our broader mission to support survivors of stroke holistically.

The Challenge

Stroke is one of Australia's leading causes of disability, with lasting impacts on the physical, mental, and emotional wellbeing of survivors and their families.

Each year, around 46,000 Australians experience a stroke (one every 11 minutes), and 8,400 lose their lives. Over 440,400 stroke survivors currently live in Australia, many with complex, ongoing needs. Regional Australians face a 17% higher risk of stroke compared to those in metropolitan areas.

ACT residents experience over 660 stroke events every year (144 per 100,000 residents), and there are more than 6,390 (compared to 3,237 in 2021[1]) survivor of strokes living in the ACT community[2], many with an ongoing disability. The National Health Survey shows 15,300 (3.4%) of people in the ACT had heart, stroke of vascular disease in 2022[3]. Economic modelling estimates that for strokes that occurred in 2023, the economic impact on the ACT economy will be $243 million over a lifetime.[4]

Men are at greater risk of stroke and as they get older their risk increases.

It is estimated that 1 in 4 (25%) people who experience a first-ever stroke and 1 in 10 (10%) people who experience a recurrent stroke are under 65 years of age. The majority will be males. Of the over 440,400 survivors of stroke living in Australia, 55.6 percent are male. It is estimated that in 2023 more than 50,000 male survivors of stroke were aged 15 to 64 years[5].

Mental health challenges after stroke

A stroke attacks the brain, the human control centre. The brain needs oxygen and nutrients carried in blood. A stroke happens when the brain does not get the blood it needs. The impact of a stroke can cause muscle weakness, and problems with speaking, memory, hearing or vision. However, the impacts often extend well beyond the physical, affecting emotions and cognition.

Mood disorders such as depression and anxiety are common following stroke and for many survivors of strokes these mood disorders can hamper recovery and have a significant social impact.

[1] Australian Bureau of Statistics, 2021 Census Data 2021 Australian Capital Territory, Census All persons QuickStats | Australian Bureau of Statistics

[2] Economic Impact of Stroke in the ACT (2024) act-snapshop-economic-impact-of-stroke-2024.pdf

[3] Australian Bureau of Statistics. (2022). *National Health Survey*. ABS. https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey/latest-release.

[4] Ibid, Economic Impact of Stroke in the ACT (2024)

[5] Economic Impact of Stroke Report 2024 Economic impact of stroke in… | Stroke Foundation - Australia

Survivors of stroke often report experiencing major depressive episodes, suicidal ideation, post-traumatic stress disorder, difficulty managing emotions, social isolation, and other mental health distresses, often with minimal appropriate support or even knowing where to turn[6].

Data shows one-third of survivors of stroke will experience depression[7], and between 18 and 25 percent will experience anxiety[8]; and between 10 and 30 percent of survivors will experience post-traumatic stress reactions[9] [10] [11].

Having depression or low mood post-stroke has long been associated with increased suicidal ideation and increase risk of suicide attempt and suicide.

Stroke Foundation own data reveals that 1 in 6 calls (17%) to StrokeLine – our free and confidential national helpline – come from survivors of stroke and families seeking help with suicide, depression, or anxiety concerns. This represents a three-fold increase in such calls since 2021.

Men, stroke and suicide

While suicide, suicide attempts or suicidal distress will impact most people at some point in their lives, suicide rates are notably higher for males than females[12]. Nationally, approximately 9 Australians die every day by suicide and 7 (around 75%) of those are male. Males aged 85 and older experience the highest age-specific rate of suicide[13] and stroke[14]. In the ACT, male suicide rates are estimated to be 16.3 per 100,000 compared to female suicide rates of 6.8 per 100,000[15].

The highest rate of death by suicide, across all sex and age groups, was among males who used disability services aged 35–49 years (62 per 100,000 population). Death by suicide is particularly high for disability service users with a primary disability of acquired brain injury (58.5 per 100,000 or 3.1%), sensory or speech disability (14.6 per 100,000 or 3.4%), and physical disability (24.6 per 100,000 or 3.2%)[16].

This is significant because stroke is one of the largest causes of disability in Australia, most commonly encompassing physical, cognitive and communication challenges. Whilst only one percent (10,249) of active NDIS participants with an approved plan have stroke listed as their primary disability[17], it is likely there is an additional cohort of survivors who have been included

[6] Zhang, S., Xu, M., Liu, Z. J., Feng, J., & Ma, Y. (2020). Neuropsychiatric issues after stroke: Clinical significance and therapeutic implications. *World journal of psychiatry* 10(6), 125–138.
[7] Hackett ML, Pickles K. Part I: Frequency of depression after stroke: An updated systematic review and meta-analysis of observational studies. International Journal of Stroke. 2014; 9:1017-25.
[8] Burton, C. A. C., Murray, J., Holmes, J., Astin, F., Greenwood, D., & Knapp, P. (2013). Frequency of anxiety after stroke: a systematic review and meta-analysis of observational studies. International Journal of Stroke, 8(7), 545-559.
[9] Bruggimann, L., Annoni, J. M., Staub, F., Von Steinbuchel, N., Van der Linden, M., & Bogousslavsky, J. (2006). Chronic posttraumatic stress symptoms after nonsevere stroke. Neurology, 66(4), 513-516.
[10] Chun, H. Y. Y., Ford, A., Kutlubaev, M. A., Almeida, O. P., & Mead, G. E. (2022). Depression, anxiety, and suicide after stroke: a narrative review of the best available evidence. *Stroke*, *53*(4), 1402-1410.
[11] Field, E. L., Norman, P., & Barton, J. (2008). Cross-sectional and prospective associations between cognitive appraisals and posttraumatic stress disorder symptoms following stroke. Behaviour research and therapy, 46(1), 62-70.
[12] AIHW Deaths by suicide, Australia (SSHM 2024 Nov release)
[13] ABS Causes of Death, Australia, 2023 | Australian Bureau of Statistics
[14] ibid, Economic Impact of Stroke Report 2024
[15] ibid AIHW Deaths by suicide, Australia (SSHM 2024 Nov release)
[16] AIHW Disability service users - Suicide & self-harm monitoring - AIHW
[17] NDIS Participant Dashboard for Stroke Stroke | NDIS (current as of 20 May 2025)

under the NDIS under other primary disability categories, including 'Acquired Brain Injury', 'Hearing Impairment', or 'Visual Impairment'.

Several studies have shown that stroke is a risk factor for both suicidal ideation and death by suicide [18] [19] [20] [21] [22] and the suicide rate in survivors of stroke can be as high as 3 to 4 per 1,000 in the first five years after the stroke event[23]. And yet, little action has been taken to address this risk.

Our current health system is focused primarily on physical recovery following stroke, with considerably less attention given to the emotional and cognitive impacts of stroke.

Although the importance of mental health in stroke recovery has been well established, many Australian survivors of strokes and their families do not have access to services they need for the assessment, diagnosis and treatment of mood disorders.

Stroke Foundation's 2024 National Audit of Rehabilitation Services found that 1 in 3 eligible patients did not receive a mood assessment as part of their stroke recovery. Of those with mood disorders, just over half (51%) had access to a psychologist—revealing major gaps in specialist mental health care.[24]

Recognising that stroke recovery doesn't end in the hospital, Stroke Foundation believes there needs to be a greater focus on mental wellbeing to bridge the gap between physical health and suicide prevention as part of a holistic continuum of care for survivors of stroke.

Moving Forward

We believe there is now another strong opportunity to work together to improve outcomes for over 6,390 Canberran survivor of strokes and their families and carers. In the ACT, the cost savings over a lifetime associated with improving the provision of community-based rehabilitation for patients after stroke are estimated to be $1.9 million.

Best-practice Stroke Management and Rehabilitation is Suicide Prevention

Ensuring Canberran's have access to best-practice stroke management and rehabilitation for optimal recovery can, in many cases, save the lives of survivor of strokes, their families and carers, and in turn reduce stroke's negative impact on our community, health system and economy.

---

[18] Pompili, M., Venturini, P., Lamis, D. A., Giordano, G., Serafini, G., Belvederi Murri, M., ... & Girardi, P. (2015). Suicide in stroke survivors: epidemiology and prevention. *Drugs & aging*, *32*, 21-29.

[19] Nafilyan, V., Morgan, J., Mais, D., Sleeman, K. E., Butt, A., Ward, I., ... & Glickman, M. (2023). Risk of suicide after diagnosis of severe physical health conditions: a retrospective cohort study of 47 million people. *The Lancet Regional Health–Europe*, *25*.

[20] Teasdale, T. W., & Engberg, A. W. (2001). Suicide after a stroke: a population study. *Journal of Epidemiology & Community Health*, *55*(12), 863-866.

[21] Vyas, M. V., Wang, J. Z., Gao, M. M., & Hackam, D. G. (2021). Association between stroke and subsequent risk of suicide: a systematic review and meta-analysis. https://doi.org/10.1161/STROKEAHA.120.032692

[22] Grobman, B., Kothapalli, N., Mansur, A., & Lu, C. Y. (2023). Risk of suicide among stroke survivors in the United States. *Journal of stroke and cerebrovascular diseases*, *32*(10), 107272

[23] Chun, H. Y. Y., Ford, A., Kutlubaev, M. A., Almeida, O. P., & Mead, G. E. (2022). Depression, anxiety, and suicide after stroke: a narrative review of the best available evidence. *Stroke*, *53*(4), 1402-1410.

[24] Stroke Foundation. National Stroke Audit – Rehabilitation Services Report 2024. Melbourne, Australia. https://informme.org.au/media/e00n04xd/national-stroke-rehabilitation-services-report-2024-final-20-11-2024.pdf

The recently released National Suicide Prevention Strategy recognises that "*suicidal distress is a human response to overwhelming suffering. It is complex— typically, there are many factors at play rather than a single isolated cause. These factors include social determinants (such as income, education, employment, housing, early childhood development, social inclusion and access to health care) and individual factors, including contextual factors (such as stressful life events, trauma, abuse and discrimination), clinical factors (for example, mental illness, drug and alcohol use, chronic physical illness), personality factors, genetic factors and demographic factors (such as age, gender, sexual orientation, ethnicity, cultural heritage).*"[25]

Stroke Foundation is concerned that current approaches to suicide prevention combine the two issues and risk narrowly focusing on the mental health related contributors to suicide risk and overlook the very real contribution of other socio-economic determinants such as health, economic insecurity, and social isolation on psychological and suicidal distress.

We welcome the recent release of the National Suicide Prevention Strategy and the recent National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035 with their clear actions that seek to address the complexity of suicide. Aligning any reform with these Strategies and their implementation, will be important to ensure long-term, coordinated suicide prevention activity in the ACT.

By aligning the ACT's ACT-ing Upstream strategic approach to mental health promotion with the National Suicide Prevention Strategy 2025-2035 and the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035, the ACT Government can have an impact on the rates of suicide among male survivors of stroke by:

Improving Mental Health Literacy – Raise awareness of mental health challenges, the interconnection with social determinants of health and wellbeing, and suicide after stroke & effective interventions

Men are more likely than women to be discharged from hospital without post-discharge information that could help with their care and recovery following stroke. The ACT Government can work towards improving health literacy in relation to mental health and suicide for survivors of stroke by:

- ensuring all stroke patients leave hospital with comprehensive discharge information, including information about mental wellbeing after stroke;
- ensure the continuation of the StrokeLine Navigator Service in the ACT to support survivors navigate life after stroke following discharge from hospital. This program delivers brief intervention through to short term care coordination and ensures survivors, and their families and carers are connected to the appropriate services and support, information and resources to make a smooth transition from hospital to community.
- Support local promotion of StrokeLine and StrokeLine Navigator through health and men's community organisations so men living with stroke know help is available.

[25] National Suicide Prevention Office (2025). The National Suicide Prevention Strategy 2025-2035. National Suicide Prevention Strategy 2025-2035

Promote Mental Wellbeing – Enhance recovery to help ACT residence achieve better outcomes after stroke

Evidence-based integrated care models informed by lived experience integrated care models contribute to suicide prevention by ensure the right therapy is available at the right time, in the right setting to ensure both the brain and mind are treated equally and in a meaningful way.

Some ways the ACT Government can work towards promoting wellbeing for survivors of stroke include:

- ensure the psychological wellbeing of all survivors of strokes is assessed at multiple recovery stages and appropriate support is provided, including the provision of telehealth services for patients in rural and regional areas, recognising stroke recovery extends beyond the physical;
- Investment in research focused on the development of an effective post-stroke mood assessment pathway, and targeted interventions for mood disorders following stroke co-designed with survivors of stroke and their families.
- There is an opportunity for the ACT Government to leverage off current quality improvement projects in three states (Victoria, New South Wales and Queensland) and the work of the National Suicide Prevention Office; Stroke Foundation resources co-designed with survivors on Stroke Foundation's EnableMe portal; and Nationally funding projects in collaboration with Stroke Foundation and Heart Foundation under the National Heart and Stroke Action Plan.

Prevent Mental Health Conditions and Suicide – Ensure survivor of strokes have equitable access to multidisciplinary stroke teams, including neuropsychologist

The National Rehabilitation Stroke Services Audit 2024 found that compared to mixed rehabilitation services, specialist stroke/neurological rehabilitation services perform better on mood assessment (72% vs 63%) and provision of patient information (76% vs 66%) and care plans (90% vs 80%)[26].

- Ensure all stroke patients with suspected mood changes are assessed, and those with mood impairments receive appropriate management and community referrals;
- Support rehabilitation services to provide ongoing, stroke-specific education and training to all staff. A specialised interdisciplinary stroke (or neurorehabilitation) team should be encouraged to routinely use Clinical Guidelines for Stroke Management to guide practice;
- Improve access to clinical psychology and neuropsychology in inpatient and community stroke rehabilitation settings; and
- Improve the integration of mental health, disability, aged care, and health systems to enhance the quality and continuity of care for survivor of strokes.
- Invest in research to explore what the right therapy at the right time in the right environment looks like for men, and particularly male survivors of stroke. There is an overreliance on talk therapies that may not be the best option for survivors of stroke likely to experience aphasia or changes in speech and cognition. Alternative options for suicide prevention approaches are needed.

[26] Ibid, Stroke Foundation. National Stroke Audit.

Thank you for the opportunity to provide this submission. Stroke Foundation and our 440,000-strong community of survivors of stroke, their families and carers stand ready to work with ACT Government and relevant stakeholders to improve mental health outcomes for all Territorians. This is vital work, and we have no time to waste.

Yours sincerely

[redacted]

Dr Lisa Murphy
Chief Executive Officer
Stroke Foundation