



Submission cover sheet

Inquiry into men's suicide rates

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Submission to the Inquiry
into men's suicide rates in
the ACT.

August 2025



Introduction

Carers ACT is the leading organisation representing carers in the ACT, and within it, Mental Health Carers Voice (MHCV) serves as the Peak Body for mental health carers. We welcome the opportunity to contribute a carer-focused perspective to this important Inquiry.

As the ACT Peak Body for mental health carers, we have consulted with carers and other peak organisations to ensure this submission accurately reflects the lived and living experiences of carers. Our collaborative approach focuses on carer-specific issues, with the understanding that other stakeholders will address broader aspects of men's suicide rates in the ACT.

We openly acknowledge that for some, reading and reviewing information about suicide may trigger a traumatic response. Carers ACT is aware that it is highlighting experiences and situations that represent the deep distress felt by carers. We are cognisant that highlighting these moments may be difficult for readers (who include carers). This submission includes a list of support services available in the ACT.

Suicide is the act of ending your own life on purpose and around 65,000 Australians attempt suicide each year. According to Suicide Prevention Australia, 3,214 Australians died by suicide in 2023, males are 3 times more likely to die by suicide than females and Aboriginal Torres Strait Islander people are twice as likely to die by suicide.ⁱ The stark reality of this data, tells us that over 7 million Australian adults will know someone who has died by suicide or suffered from suicidal distress. In 2023, suicide was the highest ranked external cause of death in males, with the rate for men aged 45 to 49 increasing.ⁱⁱ

Suicide Prevention Australia collates data from every Australian jurisdiction and this assists in identifying factors relating to risk. In 2023, the risk factors identified included gender, age, family and relationship breakdown, substance abuse, financial worries, chronic pain, social isolation, loneliness and experiencing psychological and emotional distress. Identified risk factors also included experience of a mental health condition and in particular, a mood or affective disorder and suicidal ideation. While experience of a mental health condition is a factor, not all people experiencing mental conditions will seek to engage with mental health services. A recent Australian study concluded, "men are more likely to die by suicide without contacting mental health services."ⁱⁱⁱ This is concerning, given the prevalence of people experiencing mental health conditions.

A 2022 National Study of Mental Health and Wellbeing found that one in five Australians will experience mental illness in their lifetime.^{iv} An Australian Institute of Health and Welfare study identified that mental illness is the leading cause of disease burden in the ACT.^v

Although experience of a mental illness is an identified risk factor for those people who have completed suicide or have lived and living experience of suicidal distress, it is not the only factor. MHCV is particularly concerned that many of the suicide risk factors are commonly experienced by carers. In 2022 Suicide

ⁱ Suicide Prevention Australia, 2025, Data Information, Retrieved from [Stats & Facts - Suicide Prevention Australia](#)

ⁱⁱ Suicide Prevention Australia, 2025, Men, Retrieved from [Stats & Facts - Suicide Prevention Australia](#)

ⁱⁱⁱ Slade A, Reilly N M, Fujimoto H, Seidler Z E, Christensen H, Shand F, Tang S. (2025). Men's mental health and suicide prevention landscape in Australia: a scoping review, BMC Public Health.

^{iv} Australian Bureau of Statistics. (2022). National Study of Mental Health and Wellbeing.

^v Australian Institute of Health and Welfare. (2015) Australian Burden of Disease Study: Impact and causes of illness and death in Australia. Canberra (ACT).

Prevention Australia published a policy position titled *Suicide Among Carers*, that acknowledged that up to **71% of carers experienced suicidal distress** with 1 in 6 carers likely to attempt and 1 in 10 carers already having attempted suicide.^{vi}

Carers ACT and MHCV seek for this Inquiry to acknowledge carers and the contribution they make in the life of many Canberrans.

For further information contact:

Kamla Brisbane, Policy and Advocacy Lead, Carers ACT

Unit 2, 80 Beaurepaire Crescent HOLT ACT 2615

Telephone: 02 6296 9900 Email: carer.advocacy@carersact.org.au

Website: www.carersact.org.au

Recommendations

Scope of Reference	Recommendations
<i>Acknowledge and recognise carers in the ACT.</i>	<ol style="list-style-type: none">1. Carers ACT recommends that the current review of the <i>ACT Mental Health Act (2015)</i> include the following amendments:<ul style="list-style-type: none">▪ Integrate the rights and responsibilities of carers as outlined in the <i>ACT Carers Recognition Act (2021)</i>. This would ensure carers are acknowledged as key partners in care and are appropriately included in treatment planning and decision-making processes.▪ Broaden the definition of mental illness to include psychosocial wellbeing.
<i>Socialisation and supports for carers.</i>	<ol style="list-style-type: none">2. Carers ACT recommends the Inquiry urges the ACT Government to:<ul style="list-style-type: none">▪ Partner with the community sector to implement innovative and flexible models of respite.▪ Implement a Carers Recognition Card that will raise awareness, reduce stigma, and foster a sense of belonging among carers in the ACT.

Factors contributing to suicide rates

Impact of caring

Over 58,000 Canberrans are unpaid carers and nationally there are 2.65 million carers. Carers Australia examined the annual value of informal care and, “found it would have cost \$77.9 billion to replace this care with formal paid services.”^{vii}

^{vi} Carers Australia, (2020). *The value of informal care in 2020*. Deloitte Access Economics, Retrieved from: [The value of informal care in 2020](#).

^{vii} Carers Australia. (2020). *The value of informal care in 2020*. Deloitte Access Economics, Retrieved from: [The value of informal care in 2020](#).

Carers ACT and MHCV are privileged to listen to and advocate for the lived and living experiences of carers in the ACT. Carers tell us that providing care is rewarding and at the same time can have an adverse impact. What carers consistently report to us is that caring can be stressful, limits social availability, and at times is psychologically and emotionally overwhelming.

These experiences are consistent with findings from the 2022 MHCV Survey and the 2023 Carers Australia Wellbeing Survey. Both surveys highlight that carers consistently experience poorer wellbeing outcomes compared to the general population. The 2023 survey found that 58.3% of carers reported low wellbeing, a significant increase from the previous year, and that carers continue to report higher levels of psychological distress and loneliness than non-carers.

It is unequivocal that carers with complex, time-consuming, and emotionally demanding caring responsibilities are at greater risk of experiencing poor mental health. These findings underscore the concerning trend that **carers are reporting suicidal distress at rates higher than the general population**, reinforcing the urgent need for targeted mental health support and systemic change.

The economic value that carers provide to our community is unfortunately not yet reciprocated by support services that assist carers to provide care or recuperate from the impact of their caring responsibilities. We are aware that a carer's own access to support services is limited by their ongoing commitment and drive to continue providing care. Even when to do so jeopardises their own wellbeing. Carers consistently tell us they actively prioritise the health and wellbeing of the person they care for over their own, even when this places them at risk. Suicide Prevention Australia highlight a *“lack of support and dysfunctional coping strategies are risk factors for suicide among carers.”*^{viii}

In the ACT, as in other Australian jurisdictions, the acute mental health service system carries the responsibility, alongside other first responders, to provide the service response to people in suicidal distress. This approach is informed and guided by the *ACT Mental Health Act (2015)* and standing mental health procedures and policies to ensure compliance with a range of legislative and standards' requirements. Addressing the person's immediate needs through person centred care is critical, however so too is upholding their human rights. Underlying person-centred care is the reality that mental health carers know the person they care for better than anyone else.

They are all too aware of the static risk factors that the person they care for are experiencing and emerging evidence is indicative, that **carers themselves share the same risks**.

For carers, the most troubling moments are when the person they care for is at their most vulnerable and when risk becomes dynamic, leading to life altering decisions that could be catastrophic. These are the times when they need to be confident that the mental health service system will do their best to keep their person and them, safe. Sadly, we know that this is not always the case. Mental health carers tell us they are often excluded from assessment and treatment intervention processes, because the person they care for has not consented, or withdrawn consent. This can and does mean that critical collateral information that could have been provided by the carer is not included in the clinical risk assessment that determines potential treatment outcomes. Including, for instance the clinical decisional process that decides if the person meets the

^{viii} Suicide Prevention Australia, (2022). Suicide Among Carers, Policy Position. Retrieved from: [SPA-Suicide-Among-Carers-Policy-Position-Statement-October-2022.pdf](#)

involuntary treatment thresholds of the *ACT Mental Health Act (2015)*. We consider it critical that the current review of the *ACT Mental Health Act (2015)* include the rights and responsibilities of carers and should broaden definitions of mental illness to include psychosocial wellbeing.

Caring is demanding; emotionally, physically, mentally and financially. These demands can impact a carer's ability to maintain relationship connections and engage in everyday activities, resulting in isolation and loneliness. Higher rates of loneliness amongst carers are likely to be a direct result of the way their caring role impacts their identity and ability to spend time with others.^{ix} Changes in the health of the person being cared for and fluctuating caring demands can result in reluctance to commit to planned activities, ultimately leading to social isolation. Carers experience compounding issues that rob them of the opportunity to feel a sense of belonging within the community, which can lead to social isolation and loneliness.

Impact of loneliness and Isolation

Carers ACT provided a submission to the 2024 ACT Legislative Assembly Inquiry into Loneliness and Isolation on the prevalence and impact of loneliness and isolation on carers. We strongly encourage this Inquiry to draw on the information and consider the recommendations provided in Submission 31, which can be located: [13. Inquiry into Loneliness and Social Isolation in the ACT - ACT Legislative Assembly](#).

In 2022, the National Mental Health Commission advised Australians that, "loneliness increases anxiety and depression and is a significant predictor of suicidal ideation and behaviour." We know that maintaining social interaction is a key protective factor that reduces the risk of experiencing suicidal distress. In 2013, the Australian Institute of Family Studies commenced a longitudinal study of men, with this research having the expressed intent of informing policy, program and services. In 2020 this study concluded that, "men who reported being lonely were around twice as likely to have thought about suicide or made a suicide plan in the last year."^x

Loneliness, social isolation and loss of connection to community are known suicidal risk factors, as is absence of help seeking behaviours.

For instance, males are known to attend General Practitioners (GP) less often than females. Male disinclination in seeking help when they are psychologically and emotionally distressed is also of concern. Over 80% of adult men who experienced depression, anxiety or suicidality in the past 12 months had contact with a GP, however, only 40% had been in contact with a mental health professional.^{xi} The causal reasons why men seek help less often than females, requires further investigation. Particularly, as "evidence suggests, men are less likely to seek assistance than women, across race, age and social status."^{xii} In order to provide supports to men, we need a better understanding of the barriers to seeking help.

A 2024 study published in the *Journal of Men's Studies* concluded that men who adhered to traditional masculine norms were significantly more likely to not seek help when psychologically and emotionally

^{ix} Carers Australia, (2023). *Caring For Others and Yourself*. Retrieved from [2023-CWS-Report.pdf](#).

^x Australian Institute Family Studies. (2020) Ten to Men. Retrieved from [Media release: Depression, suicidality and loneliness: mental health and Australian](#)

^{xi} Ibid

^{xii} Seidler, Z. E., Rice, S. M., Kealy, D., Oliffe, J. L., & Ogrodniczuk, J. S. (2020). *What gets in the way? Men's perspectives of barriers to mental health services*. *International Journal of Social Psychiatry*, 66.

distressed.^{xiii} Men and particularly adult aged and older men are at higher risk of suicide and this risk would seem to be compounded by adverse life events, combined with loneliness and social isolation. We believe this Inquiry should consider all of the factors that increase risk for men and recommend measures to reduce these risks.

Recommendations

3. Carers ACT recommends that the current review of the *ACT Mental Health Act (2015)* include the following amendments:
 - Integrate the rights and responsibilities of carers as outlined in the *ACT Carers Recognition Act (2021)*. This would ensure carers are acknowledged as key partners in care and are appropriately included in treatment planning and decision-making processes.
 - Broaden the definition of mental illness to include psychosocial wellbeing.

Promotion of positive health behaviours among boys and men, including increase access to mental health services, socialisation opportunities and emotional supports

At Carers ACT, we provide a range of programs and services that promote social connection and access to supports. We have considered it vital to promote and provide social connection opportunities for male carers and we have done this by organising and facilitating retreats and group activities. For instance, our Burger & Beer Nights is a group activity for up to 10 male carers to share their experiences of caring. This is a facilitated activity that purposefully creates an opportunity for men to share what is happening for them, promote connection and peer support. We believe that carers should be supported to cope with the unique demands of their caring responsibilities and given adequate opportunities to be included and recognised by the community.

Of particular concern to MHCV are mental health carers who consistently tell us that they are feeling overwhelmed, distressed, and exhausted in their caring role. This message is consistent with the data from the 2021 Carers ACT survey and the 2021 Carer Wellbeing survey.^{xiv} Mental health caring involves constant availability to provide emotional support and vigilant psychosocial care, with lower levels of support around activities of daily living.^{xv} The potentially unpredictable character of mental illness also means that carers manage significant uncertainty in their day to day lives. This can impact the support needs of carers or lead them to feel left out of programs that focus on caring situations that are more predictable and physical in nature.^{xvi} Unfortunately, when compared to the disability and aged care sectors, carers navigating mental

^{xiii} Piatkowski, T. Sabrus, D. Keane, K. (2024). "The Relationship Between Masculinity and Help Seeking Among Australian Men Living in Non-Urban Areas. *Journal of Men's Studies*, Vol. 32.

^{xiv} Carers Australia, *Caring for Others and Yourself: The 2021 Carer Wellbeing Survey* (Canberra: Centre for Change Governance and NATSEM, 2021), 16, [211011_Carer-Wellbeing-Survey_Final.pdf \(carersaustralia.com.au\)](https://carersaustralia.com.au).

^{xv} Nan Greenwood, Ruth Habibi, and Ann Mackenzie, "Respite: carers' experiences and perceptions of respite at home," *BMC Geriatrics* 12, no. 42 (2012), <https://doi.org/10.1186/1471-2318-12-42>.

^{xvi} Ibid.

health services have tended to have even fewer opportunities to access respite over the years.^{xvii} This has similarly been highlighted in the Productivity Commission Inquiry into Mental Health, the report states that respite spending for mental health carers is not well known and as such it is difficult to understand and meet mental health carer respite needs.^{xviii} An innovative approach is needed - **considering respite as an outcome**; a break from the caring role, rather than a break from the care recipient, is an approach that the ACT should consider adopting.

We strongly believe that to address isolation and loneliness amongst carers, we must recognise that any initiative will be ineffective until fundamental concerns regarding carer identification, recognition, and access to respite are addressed. Without clear identification and positive recognition of their role, a carer may withdraw from their community and be left without social connection. Likewise, without the respite that may be essential to leaving the house, a carer simply cannot engage with social activities. Recognition and respite support impact a carer's ability to socially connect, whether directly or indirectly and this must be considered when seeking to address carer isolation and loneliness.

We urge the Inquiry to recommend that the ACT Government expedite the implementation of the Carer Recognition Card, a commitment made during the 2024 ACT Election. The Carer Recognition Card serves as a vital first step in formally acknowledging carers and establishing a practical mechanism for engaging with and supporting them. Its introduction would not only recognise the role of carers but also facilitate access to services and community recognition.

Recommendations

Carers ACT recommends the Inquiry urges the ACT Government to:

- Partner with the community sector to implement innovative and flexible models of respite.
- Implement a Carers Recognition Card that will raise awareness, reduce stigma, and foster a sense of belonging among carers in the ACT.

Support Services

If you are concerned about your immediate safety or the safety of someone else, please call Triple 000. The following table is not a complete list of the services available.




Name of Service	Contact Details	Summary of services provided
Emergency Services	Triple 000	If you or your loved one are in an unsafe or life-threatening situation, call Triple 000 immediately.
Access Mental Health Line	1800 629 345 or 02 6205 1065	Operates 24/7 for people who have concerns for their own or someone else's mental health.
Suicide Call Back Service	1300 659 467	National 24/7 telehealth provider that offers free professional phone and online counselling for people living in Australia.

^{xvii} Timothy R. Broady and Katherine Stone, "How Can I Take a Break?" Coping Strategies and Support Needs of Mental Health Carers," *Social Work in Mental Health* 13, no. 4 (2015), 321, <https://doi-org/10.1080/15332985.2014.95594>.

^{xviii} Productivity Commission, *Mental Health Inquiry Report no. 95*, (Canberra: Federal Government of Australia, 2020), 908-9, [Inquiry report - Mental Health \(pc.gov.au\)](https://www.pc.gov.au/inquiry/mental-health/inquiry-report-mental-health).

StandBy Support After Suicide	1300 727 247 Home - StandBy	24/7 free telephone support for people and communities bereaved or impacted by suicide.
Lifeline	Lifeline Australia - 13 11 14 - Crisis Support, Suicide Prevention.	Operates 24/7 for crisis support and suicide prevention services.
Beyond Blue	1300 224 636 Beyond Blue Webchat Support Service - Beyond Blue	Operates 24/7 with counsellors and help with finding mental health services if needed.
Kids Helpline	1800 629 354 About WebChat Counselling Kids Helpline	Kids Helpline is Australia's only free (even from a mobile), confidential 24/7 online and phone counselling service for young people aged 5 to 25.
Aboriginal and Torres Strait Islander Support Service	13 Yarn 13YARN - Call 13 92 76 24 /7 Crisis support for Aboriginal and Torres Strait Islanders	13YARN provides free and confidential crisis support to Aboriginal and Torres Strait Islander peoples. You can contact 13YARN from any mobile or pay phone anywhere in Australia 24/7 to talk to a crisis supporter.
Brother to Brother Crisis Line	1800 435 799 Dardi Munwurro - Building Stronger Families & Safer Communities	The Brother to Brother crisis line provides phone support for Aboriginal men who need someone to talk to about relationship issues, family violence, parenting, drug and alcohol issues or who are struggling to cope for other reasons
MensLine Australia	1300 78 99 78 Free help, referrals & counselling for men: MensLine Australia	MensLine Australia is a free telephone and online counselling service offering support for Australian men anywhere, anytime.
Mensink	02 6287 2226 Get Help - Menslink	Operates in Canberra and surrounding region and provides Youth Mentoring, Counselling Advice for Parents and Agency referrals.
Open Arms Veterans and Families Counselling	1800 011 046 Open Arms - Veterans & Families Counselling	A service founded by Vietnam Veterans, now for all veterans and families.
Australian Defence Force All-hours Support Line	1800 628 036 All-hours Support Line ADF Members & Families Defence	The All-hours Support Line (ASL) is a 24/7 confidential telephone service for Australian Defence Force (ADF) members and their families to facilitate access to ADF or civilian mental health services.
QLIFE	1800 184 527 QLife - Support and Referrals	Telephone and online chat support service for lesbian, gay, bisexual, trans, and/or intersex (LGBTI) communities, 3:00pm – midnight every day.
REACHOUT	A Safe Place to Chat Anonymously, Get Support & Feel Better ReachOut Australia	Anonymous and confidential, ReachOut is a safe place where young people can openly express themselves, get a deeper understanding and perspective on what's happening in their lives, connect with people who will provide judgement-free support, and build the resilience to manage their challenges now and in the future.
Carer Gateway	1800 422 737 Homepage Carer Gateway	Emotional, practical and financial support for carers, including emergency respite and phone counselling 8am-5pm, Monday to Friday.

CarersACT

 2/80 Beaurepaire Cres, Holt ACT 2615
 (02) 6296 9900
 carers@carersact.org.au
www.carersact.org.au

