



Submission cover sheet

Inquiry into men's suicide rates

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Recommendations from people bereaved by suicide

ACT Legislative Assembly Standing Committee on Social Policy inquiry into men's suicide rates

8 August 2025

To Members of the Legislative Assembly

Canberra After Suicide Support (CASS) is a volunteer-led group for people bereaved and impacted by suicide in the ACT region. CASS helps build connection and reduce the isolation people experience following a death by suicide. Operating since 2005, CASS holds monthly in-person catch-ups where people of all backgrounds can meet others who have experienced loss by suicide. We provide information about local support services in Canberra through our social media profile, and participate in regional suicide prevention efforts through the ACT and Region Suicide Prevention Community Collaborative. In everything we do, we apply lived experience of bereavement by suicide to support others and contribute to broader efforts to reduce suicide.

Recap of the ACT inquiry

The inquiry is examining individual factors contributing to suicide (engagement with medical and health services, risk taking behaviours, alcohol and substance use, social and emotional development, trends in education and other relevant factors) and promotion of positive health behaviours among boys and men, access to mental health, socialisation, and emotional supports.

Our submission

CASS acknowledges every loss by suicide is a deeply personal tragedy with immense impacts on the individuals, families, friends, workplaces and communities involved. The views in this submission are not intended to exclude the validity of other perspectives, and we don't speak on behalf of every person who engages CASS.

We consider suicide to be not only a mental health issue— but a systemic issue and a societal crisis. We believe suicide is preventable, and that more action is urgently needed for that to happen. We also believe the ACT, as Australia's capital region, has a unique opportunity to lead the nation in innovative, evidence-based suicide prevention. With proximity to national research institutions, policymakers, a highly engaged community, and resources to pilot bold initiatives, the ACT must set ambitious targets to make our community safer for everyone.

Suicide is a systemic issue, not simply a mental health issue

Suicide is often framed as the result of a diagnosed mental health disorder, and prevention as better access to clinical services. While high-quality mental health care is important (particularly peer-led, community-based, accessible, and free support, in addition to clinical support) this framing is too narrow. Suicidality arises from a complex interplay of factors. Anyone in our community can experience situations that give rise to what theorists (Joiner et al., 2010) describe as a suicidal crisis: profound feelings of being a burden to others, isolation and loneliness, and a desensitisation to pain and fear of death. Distress linked to job loss, separation from a partner, major life transitions, social exclusion, racism, or feelings of shame and powerlessness due to discrimination, bigotry or bullying can also be factors in suicidal distress.

From 2000-2023, 952 people died by suicide in the ACT (AIHW, 2023a), more than three times the number of deaths on ACT roads during the same period (303 deaths, ACT Policing, 2025). Suicide deaths indicate a level of background distress that extends far beyond the person who died. Rates of death by suicide track with broader social and economic indicators. Historical data (AIHW, 2023a) shows spikes during periods of economic hardship and mass lay-offs (e.g., the Great Depression). People in the lowest socio-economic areas die by suicide at more than double the rate of people in the highest socio-economic areas (AIHW, 2023b).

Suicide deaths therefore indicate and reflect broader issues at play beyond individual mental health crises. This means we need to think not only about individual safety, but also about social,

economic, community, and cultural safety. Alongside individual services, we must examine how sectors, industries, and communities can prevent distress and suicidality. For instance, when it comes to road accidents, we focus both on the causes of a crash as well as on designing safer roads, improving driver training, enhancing vehicle safety, and posting hazard warnings. In the same way, suicide prevention must look more broadly than individual interventions. We need to address individuals at risk (“*Are you okay?*”) and also the broader factors that drive distress and suicidality (“*Are we okay?*”).

This aligns with the National Suicide Prevention Office’s research (2021) and is reflected in the National Suicide Prevention Strategy (2025). The challenge now is for the ACT to reflect and implement this approach across government and the community.

Women and men experience distress and suicidality

CASS agrees with the premise of the ACT Legislative Assembly’s inquiry: specific efforts are needed for men. Gendered aspects of suicide deaths are impossible to ignore and need to be addressed: suicide is the leading cause of death for men aged 15-55 (NSPO, 2025), and nationally, men’s rate of suicide was three times that of women in 2023, at 2419 men and 795 women (AIHW, 2023a).

AIHW data (2023a) also indicates that more women attempt suicide and they are hospitalised at much higher rates for self-harm than men. A key difference is that men tend to use methods of suicide that are more lethal. Taken together, this suggests to us that women are also experiencing similar unacceptable levels of distress resulting in suicidality. It points to the need to reduce the overall levels of distress, so men and women do not reach the point of making a suicide attempt. We also note that in addition to men, other communities are disproportionately impacted by suicide including First Nations people, veterans, LGBTQIA+ people and others and require differentiated approaches (NSPO, 2025).

Men’s suicidality likely interacts with traditional masculine expectations and norms

As community volunteers, we see only a handful of men seeking support and companionship through CASS while grieving loss by suicide. We think this could partly be due to traditional masculine norms such as emotional suppression and self-reliance. Lower help-seeking behaviours could be a risk for men bereaved by suicide - compounding a sense of isolation and preventing expressions of grief.

We want to encourage the masculine norms that drive this to change across our community, but cultural change takes time. In the meantime, services must adapt to engage men effectively — meeting them where they are, in their language, symbols and values. Research by Andriessen et al. (2025) identifies the subgroup of men who are bereaved by suicide as particularly at risk of suicide themselves and in need of targeted suicide prevention efforts.

Canberra is uniquely positioned to lead Australia, and the world

We believe the ACT’s size, resources, national significance, access to national policy hubs (including the National Suicide Prevention Office) and major employers with national reach (APS and Defence) make it an ideal place for piloting innovative approaches. While there is movement towards a more comprehensive approach (e.g., Prevention United, 2025) current efforts focus too narrowly on mental health services and crisis response — implicitly suggesting these services are solely responsible for preventing suicide deaths.

We must address upstream drivers such as financial stress, relationship breakdown, harmful workplace cultures (e.g., bullying), economic structures that perpetuate disadvantage, gambling, and unregulated online harms. All parts of government must be accountable for community wellbeing and reducing distress.

A bold idea we propose is a multi-sectoral ‘Suicide Prevention Centre’ co-established by the ACT and Commonwealth—perhaps by expanding the remit of the National Suicide Prevention Office. This could bring together, for instance, statisticians, economists, policy makers, academics, and suicide prevention experts. It would shift suicide prevention beyond the clinical realm and position the ACT as a testing place for innovative, scalable change.

Data-driven action is critical

Analysis of Coroners' reports and AIHW data could yield insights for more effective ACT Government intervention. For example, AIHW data shows that unemployment, divorce/separation, and financial problems are prominent psychosocial risk factors for male suicides—each present in 15–30 percent of cases. Yet these systemic drivers are under-reported and not widely recognised. Many people may not realise when their friends, family, or colleagues are most at risk.

Similar to assessing road black spots, data could highlight where interventions could have the greatest life-saving impact. Every Canberra remembers the Russell roundabout, once the site of the most road accidents in the ACT. Within two years and at a cost of \$30 million, it was removed. In the same way, we must use data to identify the “life intersections” where suicide occurs, raise awareness of the dangers, divert people to safety, and redesign. An ACT dashboard could track distress indicators (e.g., debt, separations, crisis line call volumes, ED presentations) to inform Cabinet and Legislative Assembly policy. Interaction points could be mapped to identify who is most likely to engage people when they are most at risk. Communications platforms could be used to ‘signpost’ life turning points and educate the community.

Immediate recommendations

CASS believes that action must urgently be taken now:

1. Legislate for zero suicide deaths by 2050

- Adopt legislation informed by South Australia and New South Wales
- Develop funded 3–5 year action plans to implement the National Suicide Prevention Strategy in Canberra, with milestones across, e.g., economic, health, justice, social and community sectors
- Pilot a wellbeing and suicide prevention impact assessment tool for all Cabinet decisions, assessing policies for distress effects (e.g., housing, employment, fees/taxes, harmful products)
- Equip non-mental health sectors (e.g., economics and treasury) to apply a lens of wellbeing and reducing distress, including training and toolkits.

2. Target high-risk ‘life intersections’/transitions and populations

- Implement outstanding Coronial recommendations or findings; research ACT-specific factors
- Separation/divorce: train workers in the legal sector in suicide prevention and intervention
- Workplaces: mandate mental health and suicide prevention/intervention training in men-dominated industries (e.g., construction), ensure employee assistance programs are trained in suicide prevention and intervention
- Restrict means: audit high-risk locations, add signage and safety modifications; consider amnesties or buy backs for firearms and other means.

3. Expand and fund crisis services

- Fund a 24/7 crisis support line or advocate for a Commonwealth funded national line so crisis services do not solely rely on volunteers and charities to deliver essential services
- Ensure crisis supports can link people who consent to local in-person services for continuity of care (e.g. Medicare Mental Health Centres)
- Embed men peer workers in emergency departments, crisis teams.

4. Amplify messaging using language and symbols that resonate with men

- Co-design campaigns with men to promote help-seeking, awareness and support during transitions when they face vulnerability (e.g., separation, bereavement through suicide)
- Recruit more men into community and mental health roles to diversify service delivery.

CASS urges MLAs to catalyse an ambitious whole-of-community approach towards zero suicides. By addressing systemic drivers, targeting high-risk moments, and leveraging its unique assets and national significance, the ACT Government can save lives—and set a national and international benchmark.

Sources

ACT Policing (2025). *ACT Road Toll: 2000 - 2025 (by calendar year)*.
<https://police.act.gov.au/crime-and-prevention/road-safety/act-road-toll>

AIHW (2023a). *Deaths by suicide over time*.
<https://www.aihw.gov.au/suicide-self-harm-monitoring/overview/suicide-deaths>

AIHW (2023b). *Suicide and intentional self-harm hospitalisations by socioeconomic areas*.
<https://www.aihw.gov.au/suicide-self-harm-monitoring/geography/socioeconomic-areas>

Andriessen K, Logan N, Ball S-A, De Goey T, Currier D and Kryszynska K (2025). Men's experiences of suicide bereavement: a qualitative study of psychosocial impacts and coping. *Front. Public Health*. 13:1613951. doi: 10.3389/fpubh.2025.1613951

Capital Health Network (2020). *ACT Mental Health and Suicide Prevention Plan*.
<https://www.chnact.org.au/about-us/publications/actmhsp/>

Joiner, T. E., Van Orden, K. A., Witte, T. K., & Rudd, M. D. (2010). The interpersonal theory of suicide. *Psychological review*, 117(2), 575-600.

National Suicide Prevention Office (2021). *National Suicide Prevention Adviser – final advice*.
<https://www.health.gov.au/resources/publications/national-suicide-prevention-adviser-final-advice>

National Suicide Prevention Office (2025). *National Suicide Prevention Strategy*.
<https://www.mentalhealthcommission.gov.au/national-suicide-prevention-strategy>

Prevention United (2025). *ACT-ing Upstream: Taking a strategic approach to mental health promotion and prevention in the ACT*. ACT Government.
<https://www.act.gov.au/open/act-ing-upstream-taking-a-strategic-approach-to-mental-health-promotion-and-prevention-in-the-act>