



Submission cover sheet

Inquiry into men's suicide rates

Submission number: 39

Submitter: Stephen Rothwell

Date authorised for publication: 9 September 2025

From: [Steve Rothwell](#)
To: [LA Committee - SP](#)
Subject: Submission for inquiry into male suicide rates in the ACT
Date: Tuesday, 5 August 2025 4:17:26 PM

Dear Mr. Emerson,

Please find below my submission.

Kind regards,

Stephen Rothwell


Here are a few ideas for reducing the amount of suffering, and reducing the number of suicides. I can speak to these ideas, because they saved my life.

Men who are in the grips of suicidal ideation do not realise that it's not even their idea.

Suicide is not an idea of their own authorship. The truth about suicidal men is not that they really want to die; it's that they feel they can't cope with what feels like an endless future of suffering. Put simply, they don't want to live and they don't want to die.

They are emotionally overwhelmed, typically as a result of imbalances of neurotransmitters in the brain. They incorrectly think there is merit in their suicidal ideas, but this is a distortion of thinking.

If men can realise this, if they can realise that their own mind is playing tricks on them, they have a shot at overriding the powerful urge to end their own lives. Nearly all survivors of suicide attempts are hugely relieved that they get to live again.

Depressed and suicidal men need above all to forget the notion that talking about their emotions won't solve anything.

That's not the point. The point is to INCREASE their human connections first and foremost. The experience of suicidal thinking is typically one of **extreme isolation** and **despair** - and these two factors feed off each other.

The more isolated a man is, stuck on his own with dark thoughts, the deeper into despair he's likely to fall. But social connection is immensely psychologically nourishing, and in many cases it's essential for survival.

Talking about feeling suicidal may not immediately make the feelings go away, but it takes away the **focused intensity**, the **fixation on suicide**. And when the next wave of crippling suicidality hits, the bloke knows he can open up about it, and be heard and

understood and validated. It can make the difference between a man in a panicked state who is absolutely certain he will die at his own hands today, or that same panicked man opening up, getting it off his chest, and feeling a sense of control again. Everybody, especially people in a vulnerable state, needs to be seen, heard and valued. If no friends or family are available to talk about these things, call Lifeline. They are very skilled in talking people down off the ledge.

Too often, we get things backwards.

There are many scenarios in which men lose their jobs, relationships and so on precisely **because** they are in the grips of clinical depression. The popular conception is that blokes get depressed as a result of these adverse life events ... but it may well be that clinical depression resulted in the work and family problems. When men then go on to suicide, people say, "Oh no wonder, the bloke had really been through the mill." They don't realise that the bloke had likely been through the mill, psychologically, well before the work and family issues emerged. If you see a mate struggling, he's not himself lately, summon up the bravery to ask him if he's feeling depressed. You may well arrest his slide into life chaos. **Have the social courage to ask him if he's had suicidal thoughts. If so encourage him to seek help, because seeking help is a sign of great strength, bravery, wisdom and responsibility.**

Three Levels of Questions – And The Value of the Targeted Approach

When we're trying to discover a friend's state of mind that we're concerned about, we want to be 'vaulting over' the usual ineffective approaches of question-asking. Here are approaches that we will call Basic, Better, and Targeted.

Basic: How's it going?
Are you OK?

Better:

- What's happening for you?
- What's going on for you?

Targeted:

- When you think about the future, do you feel a sense of hope about it? What *are* your hopes for the future?
- What are the thoughts you find yourself fixated on, and unable to move on from?
- What things from your past do you find yourself dwelling on?
- Where's your head at?

The idea, of course, is to leave little 'wobble room' for the person to casually fend off any concerns you may have.

Suicidal men need to realise that it's essential to get medical help; because they are first aid mental health patients with the psychological equivalent of gushing arterial wounds.

But they also need to manage their expectations, because 'getting fixed' in the context of clinical depression/suicidality is not like getting your Land Cruiser serviced. It's not going to get done in one doctor's appointment.

Getting well needs to be looked at as a project, a long-term one, more like restoring an old Land Cruiser. Getting better might require several GP visits and in many cases, many visits to a psychiatrist. This is because antidepressant medications take time to

start working, and it may be necessary to try several meds before finding one that works for you. It takes patience. The same can be said for appointments with psychologists ... they can offer effective therapy but it's necessary to be prepared for the long haul, if that's what it takes to learn more coping strategies.

Because of the aforementioned, it is essential for men undergoing medical treatment to be mightily lion-hearted about monitoring their moods, and at all times realising that the thoughts of sure and imminent doom they have are not a reflection of reality. They need to acknowledge that they are physically healthy and not in physical danger. This is the most dangerous phase for men, because tragically, doctors are not going to prescribe meds that work immediately. That leaves men in a very vulnerable state, sitting there thinking that nothing works, or in their depressed state, that nothing will work for them. But they're still alive. They're not in physical danger. That dark thought that "this will never get better"? That's clinical depression talking. It's not truth.

With more knowledge of these matters, men are hopefully more likely to open up about being depressed.

In closing, I want to emphasise that if your mate is battling clinical depression, it's likely you will only see the tip of the suffering iceberg. He'll be dealing with a great looming mass of below the waterline misery of such magnitude as to hijack his capacity for rational thinking. Tell your mate you're there for him; that you'll help him to see the relative kindness of reality and that you'll encourage him to get whatever help he needs.

Let's spread the word that suicidal thoughts are symptoms, not truths.

To every man struggling out there:

You are not broken. You are not alone.

And you do not have to act on the worst thoughts your mind is serving up.

Depression may flatten your mood and your outlook but you don't have to let it take your life. It's entirely realistic to make a full recovery.