



Submission cover sheet

Inquiry into men's suicide rates

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ACT
Government

**Government submission to the ACT
Legislative Assembly Standing Committee on
Social Policy – Inquiry into Men’s Suicide
Rates**

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Introduction

The ACT Government welcomes the opportunity to make a submission to the Inquiry into Men's Suicide Rates. As the Committee would appreciate, many areas of government have functions that interact with people in suicidal distress, including boys and men.

This submission provides a background of suicide in Australia, considers suicide rates and factors contributing to suicide, and outlines what the ACT Government is currently doing to support those affected by suicide and suicidal distress in the ACT, in particular boys and men. Please note that the term 'men and boys' is used inclusively in this submission, based on self-identification and including those who are non-binary or gender diverse.

The ACT Government recommends that this Inquiry adopt an inclusive understanding of the term 'men' to reflect the gender diversity that exists in our communities. This includes cisgender men, transgender men, non-binary people, and other gender-diverse individuals who may align with or be affected by relevant gendered socialisation, expectations, and pressures.

Background

Suicide is the deliberate action taken by an individual with the intent to end their life. The National Suicide Prevention Office (NSPO) describes suicide as a human response to overwhelming suffering, including mental health related distress, physical pain, or other emotional or situational crisis.¹

The want to end this suffering can lead a person to act on this intent. However, suicide is not an inevitable outcome of suffering, and suicide and suicide attempts can often be prevented.

According to the Australian Institute of Health and Welfare (AIHW), there were 3214 deaths by suicide in Australia in 2023, resulting in an age-standardised rate of 11.8 per 100,000 population. Of these deaths, an age-standardised rate of 5.8 per 100,000 population were females (795) and 18 per 100,000 population (2419) were males.²

Since 1907, the male age-standardised suicide rate has been consistently higher and more variable than the female rate. While rates of intentional self-harm are higher in women, the suicide rate is higher in men.³

In 2023, the age-standardised suicide rate for Aboriginal and Torres Strait Islander peoples was 30.8 deaths per 100,000.⁴

¹ National Suicide Prevention Office, 2025, <https://www.mentalhealthcommission.gov.au/nspo/publications/national-suicide-prevention-strategy>

² Australian Institute of Health and Welfare, 2025, <https://www.aihw.gov.au/suicide-self-harm-monitoring/overview/summary#How-common>

³ Australian Institute of Health and Welfare, 2025, <https://www.aihw.gov.au/suicide-self-harm-monitoring/overview/summary#How-common>

⁴ National Suicide Prevention Office, 2025, <https://www.mentalhealthcommission.gov.au/nspo/publications/national-suicide-prevention-strategy>

Over half (54.9 per cent) of the deaths by suicide in Australia during 2023 were by people aged 30-59, while 23.4 per cent were of people aged 60 years or older and 20.8 per cent were aged 15-29. In 2023, suicide was the leading cause of death for all people aged 15-44 and for men aged 15-49.⁵ Available data referenced for this report is based on a binary sex sub-grouping and does not disaggregate on gender identity.

It should be noted that multiple studies have shown LGBTIQ+ people experience higher levels of suicidal thoughts and self-harm compared to non-LGBTIQ+ people.⁶ Within the LGBTIQ+ community, transgender and gender diverse people experience more suicidal thoughts and engage in more suicidal behaviours than cisgender people.⁷

In 2019, the Australian Government committed to working 'towards zero suicides' and appointed the First National Suicide Prevention Adviser, who was tasked to learn from those with a lived and living experience of suicidal distress. In 2021, the final report of this work was published, identifying the need for a 'whole of system, whole of life' approach to suicide prevention, where all levels of government work together with the community to improve service delivery and supports, while increasing hope through embedding compassion.⁸

In 2024, the Commonwealth Minister for Health and Aged Care released the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035*. The ten-year plan sets six

⁵ Australian Institute of Health and Welfare, 2025, <https://www.aihw.gov.au/suicide-self-harm-monitoring/overview/summary#How-common>

⁶ Skerrett, D. M., Kölves, K., & De Leo, D. (2015). Are LGBT Populations at a Higher Risk for Suicidal Behaviors in Australia? Research Findings and Implications. *Journal of Homosexuality*, 62(7), 883–901. <https://doi.org/10.1080/00918369.2014.1003009>; Marchi, M., Arcolin, E., Fiore, G., Travascio, A., Uberti, D., ... Amadeo, F. (2022). Self-harm and suicidality among LGBTIQ people: a systematic review and meta-analysis. *International Review of Psychiatry*, 34(3–4), 240–256. <https://doi.org/10.1080/09540261.2022.2053070>; Hill AO, Bourne A, McNair R, Carman M & Lyons A (2020) *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*- external site opens in new window, ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University; Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A (2021) *Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia*. National report- external site opens in new window, ARCSHS monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University; Amos, N., Lim, G., Buckingham, P., Lin, A., Liddelow-Hunt, S., Mooney-Somers, J., & Bourne, A. (2023). *Rainbow Realities: In-depth analyses of large-scale LGBTQA+ health and wellbeing data in Australia*. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.

⁷ Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A (2021) *Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia*. Australian Capital Territory summary report, monograph series number 125. Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne.; Hill, A. O., Amos, N., Bourne, A., Parsons, M., Bigby, C., Carman, M., & Lyons, A. (2022). *Violence, abuse, neglect and exploitation of LGBTQA+ people with disability: A secondary analysis of data from two national surveys*. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University; Bretherton I, Thrower E, Zwickl S, Wong A, Chetcuti D, Grossmann M, Zajac JD, Cheung AS 2021, [The Health and Well-Being of Transgender Australians: A National Community Survey- external site opens in new window](#), *LGBT Health*, 8(1):42–49, doi:10.1089/lgbt.2020.0178; Strauss P, Cook A, Winter S, Watson V, Wright Toussaint D, Lin A (2017) [Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results- external site opens in new window](#). Telethon Kids Institute, Perth, Australia; Zwickl S, Wong AFQ, Dowers E, Leemaqz YN, Bretherton I, Cook T, Zajac JD, Yip PSF & Cheung AS (2021) [Factors associated with suicide attempts among Australian transgender adults- external site opens in new window](#), *BMC Psychiatry* 21:81 doi.org/10.1186/s12888-021-03084-7.

⁸ National Suicide Prevention Office, 2021, <https://www.mentalhealthcommission.gov.au/nspo/projects/national-suicide-prevention-adviser-final-advice>

priorities specific to the sustained reduction of suicide in Aboriginal and Torres Strait Islander peoples.⁹

In 2025, the NSPO released the *National Suicide Prevention Strategy 2025-2035*. The ten-year plan provides an outline for what needs to be done in Australia by governments, communities and service providers to prevent suicidal distress, suicide attempts and death by suicide.¹⁰

On 12 May 2025 the Prime Minister, the Hon Anthony Albanese MP, announced the appointment of several Special Envoys to address priority issues, including the Special Envoy for Men's Health. The Special Envoy for Men's Health will report directly to the Health Minister.¹¹ In his public announcement, Special Envoy Repacholi stated:

“This role is a chance to shine a national spotlight on the unique health challenges facing Australian men and boys, from mental health and suicide prevention to chronic illness and access to healthcare services.”¹²

Suicide rates in the ACT

In 2023, comparing across jurisdictions, the ACT had the lowest age-standardised suicide rate at 7.7 per 100,000 population, while NT had the highest at 17 per 100,000 population.

There were 37 deaths by suicide in the ACT in 2023, down from 55 in 2022. Of these deaths, 25 were male and 12 were female.¹³

The AIHW does not publish a detailed breakdown of Aboriginal and Torres Strait Islander suicide rates for the ACT due to relatively low numbers and the risk of breach of privacy. As noted above, available data referenced for this report is based on a binary sex sub-grouping and does not disaggregate on gender identity.

Factors Contributing to Suicide

The NSPO describes the factors that contribute to suicide as a mix of social determinants and individual risk factors.

Social determinants include a person's access to appropriate housing, employment, education, healthcare and environment, as well as their early childhood development, social inclusion and issues such as structural equality.

A person's individual risk factors include elements such as: the context of distress and life events; experiences of marginalisation, discrimination, or systemic disadvantage related to demographic factors such as age, sex, gender, sexual orientation or ethnicity; clinical factors such as medical

⁹ Department of Health and Aged Care, 2024, <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-suicide-prevention-strategy?language=en>

¹⁰ National Suicide Prevention Office, 2025, <https://www.mentalhealthcommission.gov.au/nspo/publications/national-suicide-prevention-strategy>

¹¹ Prime Minister of Australia Press Conference, 2025, <https://www.pm.gov.au/media/press-conference-canberra-12may25>

¹² Dan Repacholi, You Tube, 13 May 2025, <https://www.youtube.com/watch?v=HjbS5BBlciA>

¹³ Australian Bureau of Statistics, 2024, <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2023#intentional-self-harm-deaths-suicide-in-australia>

history, mental state, and drug and/or alcohol use; history of self-harm or suicide attempts; personality factors such as impulsivity, ability to cope with distress, and impressionability; and genetic, familial, or neurobiological factors such as a family history of suicide.¹⁴

In Australia, those most at risk are: men; Aboriginal and Torres Strait Islander people; LGBTIQ+ people; people who are not married (including those separated or divorced); individuals living alone (without a partner or children); people aged between 45-54; those with slightly higher education level; people who are unemployed or not currently working; individuals in specific occupations, most notably labourers, machinery operators and drivers; people with comparatively lower income levels; and those requiring assistance such as disability support or government pensions or income support.

There have been several recent reports and research on gambling-related harm and the impact on men's suicide rates. These include:

- On 11 June 2025, Gaming and Racing Commission released the 2024 ACT Prevalence Survey ([2024 ACT Gambling Survey - ACT Gambling and Racing Commission](#)). One of the key findings from this survey is that young men experience disproportionately high rates of gambling harm compared to other demographics.
- A 2023 Victorian study also considered this link, using data from the Victorian Coroner's Court from 2009-2016 ([Gambling-related suicide in Victoria, Australia: a population-based cross-sectional study - The Lancet Regional Health – Western Pacific](#)). The study found that 4.2 per cent of suicides were 'gambling-related suicides'. The authors also noted that this is likely to be an underestimate of the true figure due to lack of routine screening of gambling in mental health assessments.

For LGBTIQ+ men, suicide risk is driven not by identity, but by the chronic and compounding impacts of discrimination and social isolation, as well as the lack of access to gender affirming healthcare for those who are transgender. For transgender, gender diverse, and non-binary people insufficient family acceptance, experiences of discrimination during their gender-affirmation journey, and the inability to access affordable gender affirming care often cause significant distress. Studies show these negative experiences increase the likelihood of suicide attempt.¹⁵ LGBTIQ+ men often face compounding stressors from gender inequity, homophobia, and transphobia, increasing the likelihood of substance use as a form of self-medication.

Engagement with medical and mental health services is limited by both historical and ongoing discrimination and negative service experiences. Existing evidence shows that people from LGBTIQ+ communities more broadly do not seek support during times of crisis due to fear of judgement, lack of cultural safety, and the erasure of their experiences from mainstream systems. These barriers become more heightened for those who are also Aboriginal and Torres Strait

¹⁴ National Suicide Prevention Office, 2025,

<https://www.mentalhealthcommission.gov.au/nspo/publications/national-suicide-prevention-strategy>

¹⁵ Zwickl S, Wong A, Dowers E, Leemaqz S, Bretherton I, Cook T, et al. Factors associated with suicide attempts among Australian transgender adults. *BMC Psychiatry*. 2021;21. 10.1186/s12888-021-03084-7.; The Trevor Project. Research brief: age of gender identity outness and suicide risk. [Internet]. The Trevor Project 2023 [Available from: <https://www.thetrevorproject.org/wp-content/uploads/2023/03/March-2023-Research-Brief-Final.pdf>.

Islander or from culturally and linguistically diverse backgrounds, including those from migrant and refugee backgrounds, and for people with disability.¹⁶

National research published in the Final Report of the Royal Commission into Defence and Veteran Suicide found that serving in the Australian Defence Force (ADF) may be associated with an increased risk of suicide for some cohorts, including men. The report stated:

According to our research, males serving in the permanent forces are 30% more likely to die by suicide than Australian employed males. Additionally, males serving in the permanent forces in combat and security roles are twice as likely to die by suicide than Australian employed males.¹⁷

The Final Report highlighted the increased risk of suicide faced by ex-serving males, stating:

Ex-serving males who served in the permanent forces are 42% more likely to die by suicide than Australian males, and males who served in the permanent forces in combat and security roles in the Army are over twice as likely to die by suicide than Australian males.¹⁸

The Final Report also noted:

A recent data analysis revealed that ex-serving male patients (aged 17+) who served in the permanent forces were 90% more likely to be admitted to a public hospital for a self-harm related injury than Australian male patients (aged 17+). Similarly, ex-serving male patients (aged 17+) who served in the permanent forces and presented to an emergency department were 1.3 to 1.6 times more likely to present for self-harm or suicidal behaviour compared to Australian males of the same age group who presented to an emergency department.¹⁹

The ACT is considered similar to other Australian jurisdictions in terms of risk factors. A deeper understanding of local level factors that may be common amongst the ACT population, and those who have died by suicide, is occurring through a partnership between the Office for Mental Health and Wellbeing and the ACT Coroner's Office. This consists of an analysis of data from the ACT Suicide Register, especially as it relates to a person's engagement with medical and health services and other relevant factors.

Promotion of Positive Health Behaviours Among Boys and Men

ACT public services engage in a range of promotion of positive health behaviours among boys and men, including increased access to mental health services, socialisation opportunities, and emotional supports. Below is a summary of work undertaken by directorates.

¹⁶ ACT Chief Minister, Treasury and Economic Development Directorate, Office of LGBTIQ+ Affairs, 2025, Input to Government Submission into Inquiry into Men's Suicide Rates.

¹⁷ Royal Commission Into Defence and Veteran Suicide, 2025, [Final Report - Volume 1: Executive summary, recommendations and the fundamentals](#)

¹⁸ Royal Commission Into Defence and Veteran Suicide, 2025, [Final Report - Volume 1: Executive summary, recommendations and the fundamentals](#)

¹⁹ Royal Commission Into Defence and Veteran Suicide, 2025, [Final Report - Volume 1: Executive summary, recommendations and the fundamentals](#)

Health and Community Services Directorate

ACT Government through the Health and Community Services Directorates (HCSD) funds a broad range of mental health promotion and prevention programs for the general population that can be accessed by boys and men with a focus on suicide prevention, mental health promotion and social connection. These include:

- All ages
 - The Coronial Counselling Program delivered by Relationships Australia, which provides specialist therapeutic counselling to people affected by sudden and unexpected deaths who are going through the ACT coronial process, and support for people affected by traumatic deaths as they negotiate the ACT coronial process. These supports include educational resources on bereavement and trauma, assistance to liaise with the Coroner's Office and attend hearings, and warm referrals to other services. Of clients who provided data in 2024, 23 per cent identified as men.
 - The School and Workplace Programs provided by the Mental Illness Education ACT (MIEACT) for young people through to adults, which include Stress and Me, Know Stress, Stress Better, No Labels, Mental Health 101, Mental Health 201, and Mental Health and Me. From July – December 2024, the programs were provided to 5011 participants in total, across 238 sessions supported by 28 active volunteers. Results from the evaluation survey indicated that 83 per cent of the 3671 participants who completed the survey rated the program as “good or excellent”.
- Young boys and men to age 25
 - Bungee Youth Resilience Program, offered by Capital Region Community Services, facilitates creativity-based participatory and expressive activities that foster mental health resilience and education. This program is delivered in both schools and in the community for children and young people aged 5-18 years. Mental health prevention, promotion, and stigma reduction are key intended outcomes of the program, with a recent addition to the service being art and counselling sessions specifically targeted to neurodiverse children. Bungee evaluation surveys measure dimensions including participants' sense of belonging, emotional regulation, self-expression, self-confidence, resilience, and connectedness. For the July -December 2024 Performance Reporting Period, 99/200 (49.5 per cent) of program participants identified as men.
 - Orygen's Moderated Online Social Therapy (MOST) facilitates access to free tailored 24/7 evidence-based online therapeutic tools tailored for young people aged 12-25 to complement their broader mental health clinical treatment. MOST targets a range of areas that impact mental health by seeking to enhance wellbeing and social functioning, decrease loneliness, and promote positive work and study outcomes for young people. The program facilitates this through the provision of online discussion forums, educational resources, and the ability for users to connect with clinicians and peers digitally. Of participants surveyed, 17 per cent identified as men, as indicated in the service data for July to December 2024.

- Menslink has been supporting young men in the Canberra region for more than 20 years through free counselling, volunteer mentoring, and education programs. In that time, it has helped thousands of boys and young men get through tough or lonely times. Menslink aims to help young men reach their full potential and become the great adults they want to be by working with them, their families, schools and the community. Its flagship Silence is Deadly suicide awareness and prevention program addresses the stereotype that men can't talk about their problems. The one-hour interactive presentation for boys and young men in years 5 to 12 promotes a positive help-seeking mindset and provides advice on how young men can help a friend who may be struggling.
- Adult Men
 - The Compeer Friendship Program delivered by St Vincent de Paul Society ACT pairs adults who have a diagnosed mental illness with volunteers to foster social connections and community engagement by doing activities together. The intended outcomes of the program are for clients to have improved resilience and social connections in their lives and to develop personal resources to reduce their isolation, increase their involvement in social or vocational activities, and reduce their use of crisis intervention services and/or hospitalisation. According to the most recent annual ACT Adult Client Survey Report from 2023 where gender data is reported, 13 per cent of participants who indicated their gender identified as men.
 - The Belconnen Safe Haven, operated by Stride, offers people age 16+ a non-clinical safe space they can visit if they are experiencing emotional distress, to access support from a peer worker. Guests attending the Safe Haven could be experiencing mental health concerns, suicidal distress, isolation and loneliness, and are seeking connection and support. Peer workers collaborate with guests to facilitate safety planning, offer emotional support and education to manage distress, and provide warm referrals to other services during the guests' attendance at the space and through follow-up contact. The service is free, drop-in, and open 3pm-10pm five days a week, and is intended to be available when other mental health services are closed or cannot be accessed without a prior appointment. According to the July to December 2024 performance report, the peer worker team included workers who identified as men, and for the period 1 July 2023 to 30 June 2024, 31 per cent of clients identified as men.

There are also a range of other local community-based organisations and programs to support men. These include groups that offer social support and connection and are focused on men such as Men's Sheds, the Men's Table, The Man Walk, and the Canberra Men's Circle (run by the Centre for Men and Families). There are also support groups for specific issues or conditions, such as Prostate Cancer Support Groups in the ACT.

The Medicare Mental Health Centre Canberra offers a Men's Resilience Group, and there are a range of men-focused local and national services offering counselling including Mensline and Brother to Brother.

The community led Running for Resilience (R4R), is a grass roots program that is free to join and suitable for all people of all ages. R4R arranges short runs and walks around the Canberra region,

after which participants meet to have a drink and conversation. R4R have the mission to aim for a “suicide free ACT by 2033”.

Youth Mental Health Services

The ACT Government will continue to support the unique role community-based mental health programs and services play in meeting the mental health needs of children and young people in the ACT, including boys. In the 2025-26 ACT Budget a \$9.4 million investment has been provided to support multi-year funding to several youth mental health programs and services, including:

- Youth Aware of Mental Health (YAM)
 - YAM is delivered by MIEACT and provided to Year 9 students (age 14-16) across public, independent, and Catholic high schools in the ACT. It seeks to reduce depression and suicidal ideation and facilitate healthy lifestyle choices amongst young people.
 - A broader evidence base has established the program’s efficacy in other jurisdictions such as in European countries “reducing new cases of suicide attempts and severe suicidal ideation by approximately 50 per cent of participants”.
 - Positive qualitative feedback was received about the program in the ACT for the July to December 2024 period. In 2024, YAM was delivered in 12 ACT schools, reaching 77 classes and 1,763 students. Between 2020 and 2024, a total of 11,148 Year 9 students in the ACT participated in the YAM program. In 2025 (to date), YAM has been delivered in 10 ACT schools, to 22 classes and to 537 students.
- MindMap
 - The youth navigation portal MindMap has been operating since October 2021 and is an online triage navigation portal specifically focused on young people, parents and carers in the ACT who are seeking mental health-related support, services and information. MindMap supports the mental health of children and young people aged 0-25 years in the ACT and was co-designed by the ACT Government, Marymead, Australian National University, ACT Youth Coalition and the ACT Youth Advisory Council.

In addition, the National Mental Health and Suicide Prevention Agreement and Bilateral Schedule commits the Australian and ACT Governments to work on priority areas for reform, including child and youth mental health and universal aftercare. Universal aftercare refers to proactive supports provided to people following suicidal crisis or a suicide attempt, including referral pathways within and outside of the health and hospital system, and support for families and carers. The relevant child and youth mental health and aftercare initiatives are detailed below:

- Youth at Risk Project
 - The Bilateral Schedule of the Agreement commits funding for the Youth at Risk Project to: develop and establish a youth mental health initiative to fill identified gaps in the ACT service system to support young people with, or at risk of, moderate mental ill health; and ensure the enhancement and integration of the existing youth mental health services.

- The procurement activity is currently underway to procure NGO(s) to deliver the new Youth Trauma Service.
- The Bilateral Schedule also supports the project to enhance trauma informed practice across the existing youth mental health services. Activities to meet this deliverable include the 2023 ACT Position Statement on Trauma Informed Practices for children and young people, and the delivery of trauma informed practice training, which began as a Try, Test and Learn activity in May 2024.
- The first cohort of the Trauma Informed Practice Training was completed in November 2024, and the second cohort concluded in June 2025 with 50 participants from a wide range of roles across the youth mental health sector.
- Head to Health Kids Hub
 - The Bilateral Schedule also supports the Commonwealth and the ACT to work collaboratively with the shared objective of improving access to multidisciplinary mental health assessment, intervention and support for children 0-12 years (including boys) and their families through the delivery of Head to Health Kids.
 - Head to Health Kids will deliver a community-based multidisciplinary mental health service for children 0-12 years experiencing mild to moderate and emerging mental health concerns. The service is expected to provide holistic care encompassing the child's family and carers.
- The funding under the Bilateral Schedule to improve Universal Aftercare services to support people following a suicide attempt and/or suicidal crisis has been used to support the following programs:
 - Minds Together
 - The ACT Government launched Minds Together in December 2024 as a free online program to support Canberrans who are families, friends and carers of those experiencing suicidal distress. Delivered by Everymind, the Minds Together program provides the ACT community with free access to:
 - a digital platform with information for supporting someone experiencing suicidal distress
 - targeted, low-intensity, online self-paced program, that specifically addresses supporting someone experiencing suicidal behaviour; augmented with a face to-face program facilitated by trained staff and peer support workers.
 - It also helps connect the existing service sector in the ACT to increase reach and impact with the integration of warm referrals for those experiencing distress.
 - The program offers many benefits for the community including:
 - using digital tools and existing services to connect people to support
 - scaling-up availability of prevention programs for families and friends
 - reducing distress and risk of mental ill-health

- increasing coping skills, mental health literacy and early help seeking
 - connecting people to peer-to-peer and other supports and
 - improving social supports for families, friends and carers.
- Roses in the Ocean
 - From mid-2025, Roses in the Ocean will begin to establish and implement a lived experience and peer service in the ACT through the Peer Companion in Community program. The program will provide a dedicated peer-based non-clinical workforce of trained and supported community members with lived experience of suicide in the ACT.
 - Youth Aftercare Service
 - From mid-2025, the Youth Coalition of the ACT (YouthCo) will commence a co-design process for a service that will enhance access to mental health resources and supports for young people aged 12-25 following a period of suicidal distress.

Suicide Prevention and Mental Health Promotion Activities

The Government through the Office for Mental Health and Wellbeing funds a range of suicide prevention and mental health promotion activities across the ACT, including:

- Question, Persuade, Refer (QPR)
 - The ACT Government and the Capital Health Network provide the ACT community with free access to the one-hour Question, Persuade, Refer (QPR) online training in suicide prevention. This is a program designed to improve people's skills and confidence in supporting someone they have identified as being at risk of suicide or self-harm.
- Connecting with People (CwP)
 - The CwP program is an evidence-informed, compassion-based approach to suicide prevention and risk mitigation which aims to develop a shared language to improve understanding of suicidal distress. The training includes modules and tools suitable for both clinical staff and the general community. The training framework is based on a Train the Trainer model, whereby trainers are taught to retrain others to create a wider and more sustainable reach.
 - In 2021, CwP was trialled in the division of Mental Health, Justice Health, Alcohol and Drugs (MHJHADS) of Canberra Health Services. Fifty-five training sessions were delivered to MHJHADS with more than 450 staff engaging in the training. Currently CwP is being rolled out in the ACT community mental health sector through a Deed of Grant and partnership with the ACT Mental Health Community Coalition (MHCC), under which eight trainers are on board and training has commenced. This trial is due for review in December 2025.

- The Blue Tree Project
 - The ACT Government, through the Office for Mental Health and Wellbeing (OMHW) and Transport Canberra and City Services (TCCS) is supporting mental health awareness through the Blue Tree Project.
 - The Blue Tree Project began in 2019 with a “mission is to help spark difficult conversations and break down the stigma of mental health”. There are more than 1,000 Blue Trees across Australia, with several across the ACT, including three painted by the ACT Government (in Lyons, Holt, and Acton) and additional Blue Trees created by community members and organisations.
 - The response from the ACT community has been overwhelmingly positive. The ACT Government has received feedback from people of all ages, roles and backgrounds (including students, tradespeople, public servants, retail and hospitality workers and other community members) who have shared how meaningful the Blue Trees are to them. Painting a tree blue is a positive, non-confrontational conversation starter around the issues of mental health and suicide prevention.
- R U OK? Day
 - The OMHW hosts an annual pop-up stall in Woden Town Square on R U OK? Day. The team partners with several community mental health services and together talk to members of the public and provide resources and information about how to seek support and how to support other people. The stall is always well-attended by a wide range of people, including local construction site workers and tradespeople.
- ACT Tertiary Education Providers Suicide Prevention Partnership Group (TEP)
 - The TEP was established in 2023 to provide collaborative leadership and promote partnerships between ACT-based tertiary education providers and other ACT-based service providers to enhance the mental health and suicide prevention supports available to students in the ACT.
 - All six ACT-based tertiary institutions actively participate in the ACT TEP, with strong backing from their parent organisations where relevant.
 - ACT Government has funded the appointment of a part-time Project Officer in the Centre for Mental Health Research at Australian National University to work collaboratively with all ACT tertiary institutions to progress TEP initiatives.
 - Through the TEP, from mid-2025, a new Men’s Table will launch aimed at community-building and mental health and suicide prevention for tertiary students who identify as men in the ACT. Developed in close collaboration with each tertiary institution it will offer a safe, supportive space for students who identify as men to connect, share experiences, and foster meaningful social bonds, contributing to improved mental health and wellbeing.
- The Office for Mental Health and Wellbeing, in collaboration with the Office of LGBTIQ+ Affairs, ACT Health Directorate, A Gender Agenda, and Meridian developed a comprehensive and nation-leading resource titled [Guidance to support gender affirming care for mental health](#). It guides mental health professionals across primary care, community services, and tertiary settings to deliver inclusive, respectful, and affirming care to LGBTIQ+ people in the ACT. Gender affirming care is respectful, aware and

supportive of the identities and life experiences of trans and/or gender diverse individuals, and this resource helps build sector awareness to support wellbeing needs.

ACT Aboriginal and Torres Strait Islander supports

- Wesley LifeForce
 - Wesley LifeForce is funded to provide an Aboriginal and Torres Strait Islander Suicide Prevention Train the Trainer Program, which includes Aboriginal and Torres Strait Islander men. To date, three such programs have been well attended and successful. Two Aboriginal men have successfully graduated so far from this Program and are now accredited to train other Aboriginal and Torres Strait Islander people. More such Train the Trainer programs are in the Wesley LifeForce pipeline. The benefits of this training are:
 - increased awareness and understanding of suicide risk factors in the First Nations Community
 - builds confidence in addressing sensitive topics
 - enhances workplace and general mental health support and
 - provides practical, life-saving skills applicable both at work and in personal life.
- Thirrili
 - The ACT Government remains committed to delivering Aboriginal and Torres Strait Islander Suicide Intervention, Prevention, Postvention and Aftercare Services. Thirrili Limited is funded to provide an integrated Aboriginal and Torres Strait Islander Suicide Intervention, Prevention, Postvention and Aftercare Service in the ACT until 30 June 2027.
 - Thirrili aims to help to reduce suicide, and the impacts of suicide within the ACT's Aboriginal and Torres Strait Islander communities. The Thirrili team worked closely with the ACT Aboriginal and Torres Strait Islander community to codesign a model of care that is culturally appropriate and meets the needs of the First Nations people in the ACT. Thirrili's team of advocates actively provides individual clients with prevention, intervention, postvention, and aftercare supports through a person-centred approach that meets individuals where they are, and at a pace that respects their needs.
 - Currently, Thirrili has 14 clients, five of whom are Aboriginal or men. Most referrals to the ACT service are relationship-based, with strong connections built across community and government organisations. These relationships represent Thirrili's expanding network of partnerships, supporting a comprehensive approach to addressing community needs across mental health, justice, housing, and other critical areas of health and wellbeing. Thirrili also maintain multiple referral pathways, ensuring accessibility for those in need. These include the National 24/7 1800 Postvention support line and online referral options.

- ACT Aboriginal and Torres Strait Islander Community Forums on Mental Health and Suicide Prevention
 - These forums are held twice a year to provide a platform for community feedback on a range of issues, with a strong focus on mental health and suicide prevention. These forums are a collaborative initiative led by the ACT Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Partnership Group, Thirrili Limited, and Winnunga Nimmityjah Aboriginal Health and Community Services.
 - The most recent forum was held on Friday 2 May 2025 at the Yarramundi Cultural Centre, with more than 50 Aboriginal and Torres Strait Islander community members in attendance. The event featured powerful and insightful presentations from Winnunga, Thirrili, and the Clybucca Aboriginal Group Women’s Mental Health Service. The next Community Forum is scheduled for October 2025.
- Aboriginal and Torres Strait Islander Youth Mental Health Services
 - In accordance with the ACT Aboriginal and Torres Strait Islander Agreement 2019-2028, the ACT Government is committed to ensuring Aboriginal and Torres Strait Islander people experience equity in health and wellbeing outcomes. In 2023, the ACT Government engaged Aboriginal and Torres Strait Islander consultants Yulang Indigenous Evaluation to review ACT Government mental health services available to First Nations people, and to identify approaches to enhance culturally appropriate care. The Yulang Report highlighted significant gaps in mental health service provision for First Nations children and young people (including boys).
 - To address this issue, the 2024-25 ACT Budget allocated \$897,000 in funding over two years to support culturally responsive mental health services for Aboriginal and Torres Strait Islander people, including:
 - \$400,000 to engage a specialist First Nations consultancy and provide support to Aboriginal Community Controlled Organisations to assist with the co-design of a new Aboriginal and Torres Strait Islander youth mental health service;
 - \$200,000 to build the culturally responsive capacity of the mainstream mental health sector; and
 - \$297,000 for a designated Aboriginal and Torres Strait Islander SOGC position over two years to implement these measures, with funding for the full-service model to be brought back in the 2027-28 Budget process.
 - A project officer commenced in the first quarter of 2025 and has undertaken initial conversations with key government stakeholders. Project and procurement planning to support the co-design of Aboriginal and Torres Strait Islander youth mental health service is currently underway.

Lived Experience

In September of 2023, the Lived Experience Team in the OMHW was created in response to the call of “nothing about us without us”. Lived experience includes a lived or living experience of mental ill-health and/or suicidality or suicidal distress.

The Lived Experience Team is facilitating:

- The Lived Experience Leaders Working Group. A knowledge-generator for the Lived Experience Team and also has the scope to define its own priorities and projects.
- Peas in a Pod: a substantive co-design demonstration project, facilitated by the OMHW in partnership with the Director of Lived Experience in Canberra Health Services. Peas in a Pod creates a forum for systems leaders to demonstrate substantive co-design in practice, focused on championing activities that elevate lived and living experience inclusion in mental health and wellbeing systems and services across the ACT.
- The Youth Reference Group. The group consists of approximately 15 members, aged 16-24, who meet monthly to support key initiatives in the community working to enhance the experience of children and young people engaging with the mental health sector.
- Created Spaces to Grow: ACT Peer Workforce Collective Account and Report.

Continuing work to support mental health and suicide prevention in the ACT community

The ACT Government is continuing to progress key projects and activities that will support the mental health and wellbeing of Canberrans and support suicide prevention activities, including:

- The Government is committed to co-design a consumer-centred Mental Health Services Plan which aims to improve integration and care pathways across the service system, including pathways between alcohol and other drugs services and mental health, suicide prevention and postvention, primary health and physical healthcare services. This will also include investigation of options to expand public mental health services for people with intellectual disability, including children and young people. The Mental Health Services Plan is currently under development with a commitment to deliver this plan by the end of 2026.
- The Office of the Chief Psychiatrist is undertaking a review of the ACT *Mental Health Act 2015* and will be engaging with Suicide Prevention Australia to inform the review.
- The ACT Preventive Health Plan 2020-2025 is a whole of government initiative aiming to reduce the prevalence of preventable chronic disease in the ACT and support good health across all stages of life. The plan's 'risky behaviours' priority action area includes strategies addressing alcohol use, tobacco and vaping, sexual health and blood borne viruses. The healthy eating, active living and healthy ageing priority action areas focus on improving health and wellbeing and reducing chronic disease across the life course and for all population groups.
- The ACT Government invests \$16.9 million annually in non-government organisations delivering alcohol, tobacco, and other drug (ATOD) treatment, support, and harm reduction services, addressing the concerning co-morbidity between substance use, mental health conditions, and suicide risk. The Government has invested an additional \$2.1 million in establishing the ATOD and Mental Health Alliance to enhance coordination between mental health and ATOD services. This investment directly addresses risk-taking behaviours identified in the Inquiry's terms of reference and improves service navigation for men with co-occurring conditions.
- The ACT Government is progressing an initiative to address housing and unmet psychosocial support needs for people living with mental illness in the ACT. Housing for Vulnerable People was funded in the 2024-25 Budget to provide tailored psychosocial

support packages to help people living with mental illness, who are not eligible for the NDIS, to live independently and maintain their housing. This is intended to be based on the successful Housing and Accommodation Support Initiative in New South Wales. This initiative acknowledges the critical relationship between safe, secure and appropriate housing and good mental health. Demographic data, including for men and boys, will be analysed through the course of this initiative.

Veterans

The Royal Commission into Defence and Veteran Suicide refers to institutional drivers within Defence and the Department of Veterans' Affairs (DVA) which contribute to the persistently high rates of suicide and suicidality among serving and ex-serving Australian Defence Force (ADF) members. Its Final Report recommends changes across the 'ecosystem' of agencies and institutions responsible for the health and wellbeing of serving and ex-serving ADF members and their families. Key recommendations are framed around five priority areas representing 'lines of effort' with enabling actions designed to address suicide and suicidality among serving and ex-serving ADF members: prevent harm; intervene early; improve communication, coordination and collaboration; build capability and capacity; and strengthen oversight and accountability.

The ACT Government remains committed to engaging with the Commonwealth and other jurisdictions to respond to the findings of the Royal Commission and to support the reforms required to prevent suicide and improve the mental health and wellbeing of serving personnel, veterans and their families.

There are 17 recommendations from the Royal Commission that have implications for states and territories. The ACT Government has advised the Australian Government that it agrees-in-principle to these recommendations, subject to scoping through the Veteran's Ministerial Council (VMC).

The Australian Government has indicated it will develop a work program in collaboration with states and territories to implement the recommendations requiring joint effort and further work will be undertaken through the Commonwealth, State and Territory Committee (an officials-led working group under the VMC) and the taskforce being established in the Department of the Prime Minister and Cabinet. The HCSD represents the ACT Government on the Commonwealth, State and Territory Committee.

Domestic, Family and Sexual Violence

The Domestic and Family Violence Review operates under the Domestic and Family Violence Review Coordinator, within the HCSD's Domestic, Family and Sexual Violence Office. It is a statutory function established under Part 3 of the Domestic Violence Agencies Act 1986. The Domestic and Family Violence Review Team maintains a register of people who have died in the ACT in the context of domestic and family violence (DFV), including both homicides and suicides, and reports to the Minister for the Prevention of Domestic, Family and Sexual Violence biennially on these deaths. The [first biennial report](#) of the Review was completed in October 2023 and the second biennial report is due to the Minister in October 2025.²⁰

²⁰ ACT Government, 2023, <https://www.act.gov.au/open/domestic-and-family-violence-review-biennial-report-2023>

The purpose of the Domestic and Family Violence Review is to:

- identify preventative measures to reduce family violence
- increase recognition of the impact of, and circumstances surrounding, family violence and gain a greater understanding of the context in which family violence occurs and
- make recommendations for implementation by government, community and the private sector to prevent or reduce the likelihood of family violence.

The second biennial report will contain data and information on homicides and non-homicide/suicide deaths that have occurred in the context of DFV in the ACT between 2020 and 2024. Preliminary analysis of information from this period is indicating that suicides by men can occur in the context of domestic and family violence perpetration, in particular intimate partner violence. Given that more men than women perpetrate DFV and that suicide rates for men are higher than for women, it is not surprising that these two phenomena converge.²¹ Men can use violence in conflict and coercive control.²² While it is important to account for a complex interplay of factors such as substance abuse and mental health issues, research has shown that DFV perpetration is also a unique precursor to suicide.²³ Experiences of DFV should therefore also be considered by the Inquiry as an important factor that may be contributing to higher suicide rates among men and the prevention of DFV as critical to reducing suicide deaths among men.

The ACT Government is committed to working with the sector to address domestic, family and sexual violence (DFSV) in our community – ensuring victim-survivors can get the help they need, and people who use violence are held to account and supported to change. While anyone can perpetrate DFSV and anyone can be a victim-survivor of DFSV, the most prevalent pattern of family violence is violence perpetrated by men against women.

Programs like EveryMan Australia's Invitation to Responsibility offer alternative pathways for men who are not ready to engage in traditional programs, while also supporting victim-survivors. The Domestic Violence Crisis Service also continues to deliver the Room for Change program, working with people who use violence and providing parallel case management support to victim survivors.

With support from the Commonwealth, the ACT Government is piloting innovative perpetrator responses, including supporting Multicultural Hub Canberra's non-violence program for culturally diverse men. Multicultural Hub's Culturally and Linguistically Diverse (CALD) Men's Non-Violence Behaviour trial program commenced in early 2025. The program works with men from culturally and linguistically diverse communities to change and address violent behaviours through individual support and counselling over a 24-week period.

Yeddung Mura, a local Aboriginal Community-Controlled Organisation has been funded to deliver an adapted version of the Caring Dads program. Caring Dads is an evidence-based behaviour change program run over 17 weeks through group-based interventions, helping fathers

²¹ Payne, J. & Morgan, A. (2024). Prevalence of recorded family and domestic violence offending: A birth cohort study. Australian Institute of Criminology.

²² Fitzpatrick, S. J., Brew, B. K., Handley, T., & Perkins, D. (2022). Men, suicide, and family and interpersonal violence: A mixed method exploratory study. *Sociology of Health and Illness*. <https://doi.org/10.1111/1467-9566.13476>

²³ Kafka, J. M. et al. (2022). Intimate partner violence victimization and perpetration as precursors to suicide. *SSM – Population Health*. <https://doi.org/10.1016/j.ssmph.2022.101079>

understand the impact of their behaviour by harnessing their motivation to be good dads. It is being adapted for Aboriginal and Torres Strait Islander fathers in the ACT at risk of, or using, domestic and family violence.

Beyond interventions for people who use violence, the ACT Government supports a range of programs for victim-survivors of DFSV such as crisis response services and case management for which men are eligible. For example, the Canberra Rape Crisis Centre delivers the Service Assisting Males Survivors of Sexual Assault (SAMSSAA).

The ACT Government is also funding specialist programs that support children and young people who have been impacted by domestic, family and sexual violence to heal. The Heartfelt pilot program, delivered by the Australian Childhood Foundation, provides specialised therapeutic support to children aged 5 to 12 and their non-violent parent or carers. In 2024-25, the Government funded an expansion of this program to include individual counselling, psychoeducation for carers, and case management for families with complex needs.

The Solid Ground program, delivered by Canberra Police & Community Youth Club (PCYC), focuses on early intervention and recovery, supporting young people aged 11 to 18 who have experienced violence or are at risk of using violence. An independent evaluation found Solid Ground to be a cost-effective, impactful program that builds protective factors and reduces future risk for children and young people who participate.

Canberra Health Services

Canberra Health Services (CHS) has undertaken a range of activities to address suicide risk and deliver a broad range of public mental health services that can be accessed by boys and men and broader services that provide safe spaces and support.

The CHS 'Initial management, assessment and intervention for people vulnerable to suicide procedure' has been endorsed and will provide clear structure around the role of all CHS staff in responding to people who are suicidal. This procedure is available on the CHS Policy and Guidance Documents Register.

The CHS Suicide Prevention Health Hub page is now live on the CHS Intranet page for all staff. This page has been designed to provide details on how staff can assist consumers, including a list of available support services, referral options, and a flowchart outlining the escalation points in CHS.

The Suicide Prevention Assessment Tool (SVAT) was revised and has been improved. It is embedded in the Digital Health Record (DHR) and is used across MHJHADS. A clinical audit has been implemented to identify areas where additional SVAT training may be needed. Training was developed and rolled out to support use of the revised SVAT. Additional training from the NSW Health Education Training Institute commenced in May 2025. This training includes three modules:

- Improving engagement with people who may be suicidal
- Assessment and formulation with a person who may be suicidal and
- Safety planning and counselling to reduce access to means.

CHS has developed a standard safety plan for use across MHJHADS for consumers to complete with a clinician to identify how they can manage distress and suicidal thoughts in the future. It incorporates the use of a consumer form and the option to use the Beyond Blue app.

CHS has collaborated with tertiary education providers to improve discharge processes for tertiary students including the Safety and Student Information form, which provides a link for students to their tertiary education provider's wellbeing/support pages.

Minds Together resources and posters have been distributed to display in MHJHADS program areas, WiCs, community centres and the emergency departments. Minds Together will offer train the trainer later in the year to upskill staff in providing support for carers.

CHS public mental health services that provide support include:

- Child and Adolescent Mental Health Services (CAMHS)
 - CAMHS provides free, public support for residents of the ACT who are experiencing moderate to severe mental health difficulties impacting their psychosocial functioning and relationships. All teams undertake Safety Planning with clients to address high risk behaviours, self-harm and suicidal ideation.
- Adult Community Mental Services (ACMHS)
 - Provide a range of interventions to support suicide risk among men including triage, assessment, crisis intervention, ongoing treatment, care coordination, therapy, and case management.
 - Services are provided across a range of locations, including by phone, telehealth, community health centres, outreach into people's homes and other community settings, and in-reach into hospital settings.
 - ACMHS has a close partnership with the Canberra Hospital, University of Canberra Hospital and North Canberra Hospital mental health services to ensure integrated patient-centred care pathways exist across inpatient and community treatment settings. ACMHS services that support people, including men at risk of suicide, include:
 - Access Mental Health (AMH) – available 24 hours, 7 days per week for people who have concerns about their own or someone else's mental health.
 - Home Assessment and Acute Response Team (HAART) – HAART provides urgent mental health assessment, intervention and treatment for people with serious mental health concerns and/or at risk of suicide.
 - Police Ambulance and Clinician Early Response (PACER) – responds to, assesses, and helps people of all ages experiencing a mental health crisis in the community. This is a collaborative partnership with ACT Policing, ACT Ambulance Service and Canberra Health Services.
 - Step-Up-Step-Down (SUSD) – residential mental health program that aims to prevent relapse and to help people in recovering from an acute episode of mental illness. The two residential facilities in the ACT are delivered in partnership with Stride and Well Ways.

- **Adult Inpatient Mental Health Services (AIMHS)**
 - AIMHS is operational 24 hours a day, 365 days a year and provides opportunity for extended clinical observation, crisis stabilisation, mental health assessment and intervention. Staff work in close collaboration with Community Recovery Services, Community Mental Health Teams, private Psychiatrists, families and carers, General Practitioners (GPs) and community agencies to deliver high quality, timely and appropriate care for people presenting to the ED who require extended stay or brief admission for mental health treatment and care.
- **Aboriginal Liaison and Cultural Specialist Services**
 - Provides support to Aboriginal and Torres Strait Islander people and their families in healthcare settings and other relevant services. These services aim to improve access to care, ensure cultural safety, and promote positive health outcomes for Aboriginal and Torres Strait Islander people. This includes providing mental health support.
 - MHJHADS prioritises high risk groups of people for assessment and management, including Aboriginal and Torres Strait Islander people and LGBTQIA+ consumers.
- **Way Back Support Service**
 - Supports people in the first few months following a suicide attempt. The service can assist by providing encouragement and support in the first few months following attendance at hospital; helping with hospital discharge and safety plans; supporting connection with a GP and other services to assist recovery.
- **Walk-in Centres**
 - CHS Walk-in Centres (WiCs) provide frontline support for consumers with mental health conditions. The WiC Mental Health Clinical Treatment Protocols are designed to support patients presenting with psychological distress or an exacerbation of a known mental illness, offering structured referral pathways and assessment tools to guide appropriate intervention and ongoing management.
 - The WiC screening tools enable a scalable approach to risk assessment, to inform timely and appropriate intervention and planning. Management options may include care provided by the WiC with GP follow-up, or referral and consultation with CHS Mental Health services.
 - All patients presenting in acute mental distress will be referred to an appropriate community or hospital-based service via Access Mental Health and the general intake line for MHJHADS services including adult, CAMHS, older persons and community.
 - The ACT Government is committed to introducing advanced practice mental health nurses and mental health nurse practitioners in the ACT's WiCs. Specially trained nurses will provide treatment and a safe space that supports people with their physical and mental health needs. This means more mental health services in the community for extended hours, taking the pressure off emergency departments and providing an accessible option for people who don't need to be in hospital.

- **New Parenting Support**
 - CHS provides comprehensive childbirth education to pregnant people and their support persons, including men. These sessions include information on antenatal and postnatal mental health, recognising that both birthing people and their partners may experience perinatal depression and anxiety.
 - CHS's midwifery model of care is person-centred, with a focus on the woman or pregnant person during the antenatal and postnatal periods. After the birth, care transitions to a family-centred approach, guided by the Family Partnership Model, which supports collaborative, strength-based care to promote the wellbeing of the entire family unit.
 - CHS maternity promotes awareness of resources such as the Centre of Perinatal Excellence (COPE) and follows the 2023 Australian Clinical Practice Guideline: Mental Health Care in the Perinatal Period. These guidelines support clinician education, early screening, and intervention, and explicitly address the mental health needs of fathers and non-birthing parents.

Canberra Institute of Technology (CIT)

CIT provides general mental health support/suicide prevention supports for all students, including through:

- counselling other student support services;
- class visits to advertise support services;
- visits to student accommodation to talk about services;
- training with the Residential Advisors around responding to crisis; and
- participation along with CIT Students Association in events such as:
 - Tradies Month
 - Mental Health Month event run by the counsellors and
 - referrals to relevant external support providers.

CIT participates in the ACT Tertiary Education Providers Suicide Partnership group four times a year to brainstorm steps forward and initiatives to prevent suicide in tertiary institutions.

CIT also has a range of supports to assist all staff such as an Employee Assistance Program (EAP), useful staff resources on psychosocial hazards and how they can impact the health and wellbeing of individuals, information on creation of a positive workplace culture and general resources to assist managers and staff.

Education Directorate

The Education Directorate approach to mental health is prevention and early intervention is focused on working with schools to:

- raise awareness about mental health

- promote good mental health and wellbeing habits and
- support the return to positive mental health, when necessary.

The [Clinical Practice team](#) practitioners and qualified staff in ACT public schools provide services or referrals which support learning, participation, mental health and wellbeing.

The Wellbeing in Schools program places social workers in some public schools and provides senior youth workers and youth work practitioners to support school-based youth workers. Social workers help students and families; enable linkages with appropriate community organisations; strengthen responses to critical incidents using a holistic support model; proactively implement specialist support plans involving students, families and schools that re-engages students with their learning.

Youth workers provide one-on-one support to students to increase their participation in learning; link young people to community services and supports; facilitate small group programs that promote wellbeing and positive behaviour, as well as running drop-in sessions and events.

School psychologists focus on supporting learning, social, emotional and behavioural concerns. They may screen individual students for risk when concerns are identified, and they work with the student and their parents/carers to address concerns or refer to appropriate support services.

A variety of group interventions are delivered in public schools by the school psychology service, which help students manage and regulate emotions, achieve goals and improve relationships. These interventions are based on Acceptance and Commitment Therapy (ACT) and Dialectical Behavioural Therapy (DBT). Groups that equip parents/carers to support their child who experiences anxiety or challenging behaviour are also offered.

The central Allied Health Service (Allied Health Assistants, Occupational Therapists, Physiotherapists, Social Workers and Speech Pathologists) help students learn, access and participate at school and improve their wellbeing and life skills.

In ACT public high schools, school youth health nurses provide advice and referrals to public and community health services. Some schools also choose to employ student wellbeing officers, who may hold counselling qualifications. These positions can be funded through the [National Student Wellbeing Program](#).

Schools may also engage community providers such as Menslink to run programs with a focus on good mental health, including specifically for boys and young men, when they identify a need in their school cohort.

Schools utilise the training, planning and response resources offered by [Be You](#) in relation to [suicide prevention and response](#). Be You postvention care is also available to schools and school communities in the case of an incident.

Applied Suicide Intervention Skills Training (ASIST) is delivered to school-based staff and central teams who provide services to students.

Since 2020 schools in the ACT (government, Catholic and Independent) have participated in Youth Aware Mental Health (YAM). The program delivers evidence-based suicide prevention activities that can be supported by schools.

By partnering with HCSD, the Education Directorate raises awareness and promotes good mental health and wellbeing to students, families and staff through events, school communication channels and social media including promoting Question Persuade Refer (QPR) and MindMap.

ACT Education recognises the role schools and school communities have in suicide prevention and will continue to work with key partners and stakeholders in the ACT to achieve change.

Justice and Community Safety Directorate

ACT Corrective Services (ACTCS) is dedicated to identifying and supporting detainees at risk of suicide or self-harm through harm minimisation and integrated care.

ACTCS' Detainees at Risk of Suicide or Self Harm Policy mandates mental health assessments within 24 hours of admission, with immediate placement in the Crisis Support Unit (CSU) for after-hours arrivals. The CSU provides enhanced support through collaboration between ACTCS and Justice Health Service (JHS)/Custodial Mental Health Service (CMHS), aiming to ensure safety, provide appropriate care, enable optimal functioning, empower detainees, and facilitate transitions to general or specialised units.

ACTCS staff must act on any indications of risk, and JHS or Winnunga staff must inform correctional officers if they observe risks.

ACTCS works collaboratively with JHS, which offers comprehensive primary health services, while the CMHS team provides mental health screenings, assessments, and interventions for moderate to severe illnesses. JHS also delivers a 3.5-hour 'Suicide and Self Harm awareness (SASH)' class during custodial recruit training, with biennial online refreshers for staff.

Winnunga provides culturally appropriate health services to Aboriginal and Torres Strait Islander detainees, offering GP services, nursing staff, and consulting rooms. Eligible clients are referred to Winnunga during initial health assessments, with weekly handover meetings and participation in multidisciplinary team meetings to ensure continuity of care.

The ACTCS Supports and Interventions Unit (SIU) supports detainees with mild to moderate mental health needs and disabilities, managing the Assisted Care Unit (ACU), providing counselling, supporting complex behaviours, and facilitating various programs. Among the programs available to detainees which address mental health are:

- Peer Mentor Program: seeks to enhance the wellbeing and self-efficacy of participants whilst challenging anti-social attitudes and providing detainees with transferrable skills. Peer Mentors provide pro-social modelling, encourage participation and engagement, and assist with practical tasks.
- EQUIPS Addiction: aims to address the addictive behaviour of eligible offenders and to provide participants with a pathway to support services for addictive behaviours.
- EQUIPS Aggression: a cognitive-behavioural therapy (CBT)-based program designed to increase participants' ability to manage difficult life events and minimise aggressive

behaviour with modules focusing on identifying emotions and values, aggression management, and self-management planning.

- EQUIPS Domestic and Family Violence: a CBT-based intervention that addresses behaviour through examining abusive behaviours, core beliefs, emotions, victim impact, relationship skills and self-management planning.
- Real Understanding of Self Help (RUSH) – facilitated by Winnunga: a Dialectical Behaviour Therapy (DBT) program that addresses distress tolerance, emotional dysregulation, interpersonal effectiveness and mindfulness which has been found to be effective in reducing stress, depression and anxiety for detainees with high levels of distress, emotional disturbance and/or difficulties with communication and interpersonal skills.
- SMART Recovery (Inside Out): a psycho-educational program tailored to the need of people in custody that assists with problematic behaviours such as AOD, smoking, gambling, food etc. The program uses CBT and motivational tools and techniques to build skills and make informed decisions.
- Solaris Therapeutic Community: a closed entry residential program for detainees at the AMC who identify as men and have alcohol and other drug dependency issues where participants can explore and establish change within a social and personal context.
- Yarning Circles delivered by Yeddung Mura with Elders.
- Parenting programs, playgroups and in-visits supports. ACTCS also holds Family Days quarterly (on average) providing opportunities for detainees to connect with their children.

ACTCS recently released its Suicide Prevention Framework (Framework), which was developed through comprehensive research and consultation across staff, detainees, advocacy groups, experts in trauma and mental health professionals. It emphasises that suicide prevention is a shared responsibility and how a person-centred outlook, strengthening protective factors and appropriately addressing risk factors is key to a proactive approach towards suicide prevention. The Framework has six areas of focus: safe environment, timely support, collaboration, continuity of care, incident management, and trauma-informed care.

Community Initiatives in Support of Vulnerable People

ACT Policing is dedicated to supporting activities and services which assist in preventing suicide in the ACT community. All mental health incidents require a compassionate and measured response where the welfare of the individual is paramount. Additionally, police must consider wider community safety and the safety of any co-residents or family where an incident is occurring.

ACT Policing has continued to support the following organisations to deliver community-based programs:

- Menslink to continue supporting young men in the Canberra region through provision of free counselling, volunteer mentoring, and education programs.
- Canberra PCYC to deliver the Project 180 youth-at-risk program.
- ACT Policing also provides funding to Everyman.

The Mental Health, Emergency, Ambulance and Police Collaboration (MHEAPC) brings together ACT Policing, ACT Ambulance Services, North Canberra Hospital, ACT Mental Health, Justice Health

and Alcohol and Drug Services, and the Canberra Hospital Emergency Department, to promote better outcomes for people living with mental illness or disorder. MHEAPC is also responsible for the Enhanced Mental Health Training Program and the Police Ambulance and Clinician Early Response (PACER) capability and works to provide greater support for first responders when managing people in crisis or presenting with challenging behaviours.

The PACER Model is an innovative model of care which provides a rapid, therapeutic response to people in acute mental health crisis in the ACT. PACER provides an integrated model that brings together police, paramedics, and mental health clinicians to support the safe assessment and treatment of people experiencing acute mental health crisis in the community. The primary objectives of PACER are to:

- Reduce demand on police, ambulance, emergency departments and acute inpatient services by providing mental health assessments, treatment, care, and support in the community.
- Improve health outcomes for mental health consumers and maintain their dignity by utilising a health platform to deliver acute mental health services to the community.
- Provide less restrictive care by reducing the use of restrictive measures such as the use of emergency apprehension provisions under the Mental Health Act 2015.

To further enhance PACER's capacity, ACT Policing is working with partner agencies on an operational framework known as 'Correct Agency, Right Engagement' (CARE). The CARE model is aimed at ensuring that the right agency responds to health-related calls, rather than police being the default first responder where there is a concern about a person's physical or mental health. This recognises that people requiring medical support should be treated by those who have the requisite training and resources, while avoiding the inadvertent stigmatisation and criminalisation of those experiencing a medical crisis. The approach recognises that police can have a significant impact on a person where there may be mental health considerations.

The intended outcomes of the CARE Model are:

- Improved responses to mental health-related incidents and putting the care of the person first.
- Enhanced multi-agency and partnership responses to mental health-related incidents.
- Reduction of inappropriate police attendance at mental health-related incidents.
- Enhanced police capacity to deliver on core operational duties and associated performance measures.
- Improved relationships between police and public, including increased community satisfaction with policing services.

Additional support programs include the Recidivist Offender Multi-Agency Round Table (ROMART) initiative, where ACT Policing works collaboratively with external agencies such as ACT Corrections on a wholistic response to persistent recidivist offenders.

To complement MHEAPC, PACER and CARE, ACT Policing's Family Violence and Vulnerable People portfolio has a total of 28 Liaison Officers (LO) providing dedicated support to the following vulnerable cohorts:

- Criminal Justice Diversion
- Disability Justice

- Education
- First Nations
- LGBTQIA+
- Multicultural
- Seniors
- Youth

ACT Policing's LOs contribute to education and awareness campaigns across all vulnerable cohorts, including the provision of referrals to appropriate mental health support and preventive programs.

Transport Canberra and City Services Directorate (TCCS)

TCCS undertakes the following activities within the directorate that support positive health behaviours and improve suicide outcomes for boys and men, as well as others in the community:

- International Day Against Homophobia, Biphobia, and Transphobia (IDAHOBIT) day event.
- Movember- an awareness campaign to take on mental health, suicide, prostate cancer and testicular cancer.
- R U OK? Day.
- The Blue Tree Project - supporting mental awareness, in collaboration with the Office for Mental Health and Wellbeing.
- Directorate-wide communication activities include a health and wellbeing section in every fortnightly edition of the TCCS Connections newsletter where different topics are covered and every article includes information about the Employee Assistance Program (EAP).

Other related issues

While the focus of this Inquiry is on men, the ACT Government encourages the Committee to recognise LGBTQIA+ communities as priority cohorts in policy and responses to suicide. There is a growing body of evidence showing that trans men, non-binary people, and cisgender gay, bisexual, and queer men experience disproportionately high levels of psychological distress, suicidality, and barriers to accessing support. It is imperative to understand that these outcomes are not due to individual vulnerabilities, but are the cumulative impact of structural and social inequalities, particularly chronic exposure to discrimination, rejection, violence, and institutional erasure.

The Capital of Equality Strategy (2024-2029) is the whole-of-government commitment to achieving LGBTQIA+ equality in the ACT. While not confined in its scope to mental health, the work under the Strategy includes a range of activities that contribute to the improved mental health and wellbeing. This includes the following:

- Access to gender-affirmation for trans and gender-diverse people (which is recognised as a core determinant of health and wellbeing for this group and buffers against the negative consequences of discrimination).
- Support for projects aimed at improving wellbeing, connections and equality for LGBTQIA+ people through the Capital of Equality Grants Program and funding for LGBTQIA+ community-controlled organisations (which are associated with improving wellbeing through peer-led socialisation opportunities build community connection and have protective mental health effects).

Conclusion

The ACT Government continues to work with the Australian Government and local organisations to support suicide prevention, intervention, postvention and aftercare activities and services, as well as mental health and wellbeing supports for boys and men.

The ACT Government is continuing its priority focus on multifaceted approaches to suicide prevention in the ACT. Directorates and agencies strive to support an evidence-based suicide prevention system that: acts to prevent suicidal distress; strengthens access to the support system; and is sustained by work across governments, sectors beyond health, service providers, and communities. Through these collective efforts, the Government aims to prevent suicidal distress, suicide attempts and death by suicide in ACT.