



Submission cover sheet

Inquiry into men's suicide rates

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TIME TO ACT ON

MALE SUICIDE IN THE **ACT**

Responding to men's suicide rates in the Australian Capital Territory

This report was written in response to the
INQUIRY INTO MEN'S SUICIDE RATES
instigated by the Legislative Committee
for the Australian Capital Territory's
Standing Committee on Social Policy



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MALE SUICIDE IN THE ACT.

Suicide in Australia kills 7 men a day. It is the leading killer of men under 65 (i). 3,214 Australians died by suicide in 2023 (2,419 males and 795 females). Suicide kills three times more men than women. Closing this gap would save the lives of more than 1,600 men a year (i).

Male suicide is more than a mental health issue; it is a complex social issue caused by various social, situational, and contextual factors. According to the Queensland Suicide Register, most people who die by suicide (97.8%) experience at least one recent adverse life event that may have contributed to their death (ii).

In the Australian Capital Territory, one person a week dies by suicide with men accounting for 7 in 10 deaths. From 2019-2023, 265 people died by suicide in the ACT (185 males and 83 females) (iii).

Research shows that men's and women's experiences of suicide are different in several ways. Understanding these differences can help us target suicide prevention initiatives more effectively. For example, men in Australia account for:

- Nearly 6x more suicides linked to legal issues (iv)
- Nearly 6x more suicides linked to drug and alcohol abuse (v)
- 4.5x more suicides in people not in the labour force (v)
- 4x more suicides linked to economic hardship (iv)
- 4x more suicides linked to divorce and separation (iv)
- Nearly 4x more suicides linked to relationship issues (iv)

Suicide in Australian men is more commonly associated with situational stressors linked to work, finances, relationship issues and substance misuse. In contrast, suicide in Australian women is more likely to be linked to self-harm, previous suicidal behaviour and mental health issues.

In a typical year, nearly twice as many women report experiences of suicidality (i.e. thinking about, planning and attempting suicide), compared to men (vi). Female suicides are:

- Nearly twice as likely to be linked to self-harm (iv)
- More than 50% more likely to be linked to anxiety (iv)
- Nearly 25% more likely to be linked to depression (iv)
- Nearly 50% more likely to be linked to previous suicide attempts (vii)

Male suicide is a complex social issue that requires us to wrestle with difficult conversations. For example, men account for 7 in 10 suicides linked to childhood abuse and neglect (viii) as well as half of suicides linked with being a victim of family violence (ix). Yet most support services for victims don't focus on the needs of men and boys.

To be effective, suicide prevention strategies need to take account of the clear differences between male and female suicides, both in terms of the number of deaths and the types of services and programs that are funded.



THE SOCIAL DETERMINANTS OF MALE SUICIDE



1. BOYHOOD EXPERIENCES

Childhood trauma contributes to 1 in 5 male suicides. 70% of suicides linked to childhood maltreatment are male (i).



2. BOYS' EDUCATION

Suicide risk in men with no post-school qualifications is 2.6x higher than male graduates and nearly 6x higher than female graduates (ii).



3. PRIORITY POPULATIONS

The high risk of male suicide is elevated in priority groups, e.g. Indigenous males; men and boys with disabilities and Rural and Remote males (iii).



4. SOCIAL STATUS

Men with the lowest socioeconomic status have the highest suicide risk. The poorest 20% of men record 75% more suicides than the richest men and 4.4x more suicides than the richest women (iv).



8. FATHERHOOD

New dads are twice as likely to experience depression as men in general (ix). Being a single (x) or separated father can double the risk of suicide and suicidality (xi).



7. RELATIONSHIPS

Good relationships protect us against suicide. Men are twice as likely as women to have no family or friends to confide in (viii).



6. MEN'S WORKING LIVES

Men in male-dominated jobs have 3x higher suicide rates than men in gender-neutral jobs (vii). Unemployed men have a higher risk of suicide than employed men (2.5x) and employed women (9.2x) (ii).



5. CRIMINAL JUSTICE SYSTEM

Men and boys are at higher risk of contact with the Criminal Justice System. 95% of suicides in custody (v) and over 90% of prison-leaver suicides are male (vi).



9. THE SYSTEM

The problem of male suicide arises within a system of policy and funding that overlooks the health and social issues facing men and boys.



10. SUPPORT SERVICES

While 3 in 4 suicides are men, most suicide prevention services are more effective at reaching women at risk of suicide (xii).



11. RISKY BEHAVIOUR

Men are at a greater risk of using alcohol and drugs at harmful levels than women. More than 80% of suicides linked to alcohol or drug use are male (i).



12. MALE SUICIDE

3 in 4 suicides are men. Men and boys of all backgrounds are at higher risk of suicide than their female peers (iii).

CHALLENGING STEREOTYPES SAVING LIVES

The public narrative around male suicide is dominated by the simple gender stereotype that men don't get help and men don't talk.

Yet research consistently finds that up to 9 in 10 men who die by suicide, had been in contact with frontline services (i)(ii). Too often, the suicide prevention system misses opportunities to help men at risk.

At the same time, our collective failure to focus on the needs of men and boys, re-enforces the stereotype that men don't need help. Our research consistently finds that while 3 in 4 suicides are men, up to 4 in 5 beneficiaries of Government-funded suicide prevention programs are women (iii).

To address this imbalance, the Australian Men's Health Forum recommends all bodies funding suicide prevention undertake independent gender impact assessments before commissioning services, to ensure suicide prevention initiatives are targeting and reaching men at risk.

In the ACT's Mental Health and Suicide Prevention Plan (2019-2024) (iv), men are mentioned once, at the end of a list of 6 groups at "potentially higher risk". There is no apparent commitment in the Plan to develop targeted approaches for men at risk of suicide, or any structures in place to guide, oversee and monitor action.

In contrast the ACT Government names "improving the mental health and wellbeing of women and girls" as a Government priority in its Health Services Plan (2020-2030) (v). To support this commitment, the ACT has

a 10-year Women's Plan (2016-2026) (vi), supported by a Minister for Women, an Office for Women, a Ministerial Advisory Council and a series of shorter-term action plans monitored by annual reporting.

The high and disproportionate rates of male suicide in Australia have persisted for decades and require new thinking that looks beyond simple gender stereotypes. Rather than focus on the individual myth that "men don't get help", it's time to focus on our collective resistance to giving men help.

Male suicide prevention requires a new approach that looks beyond mental health to address the social factors that impact the wellbeing of men and boys "from womb to tomb", placing them at increased risk of suicide throughout life.

This includes a focus on the way we raise boys and the importance of male mentors and role models; boys' educational outcomes; the support we give to fathers (particularly new dads, single dads and separated dads); men's economic wellbeing and working lives; mateship and men's social bonds; approaches to violence prevention that include support for male victims; men's experiences of the legal and criminal justice systems; men and boys' mental health and men's access to male-friendly support services.

Moreover, male suicide prevention needs to account for the needs of men in all their diversity, including the nine priority populations identified in the National Men's Health Strategy.



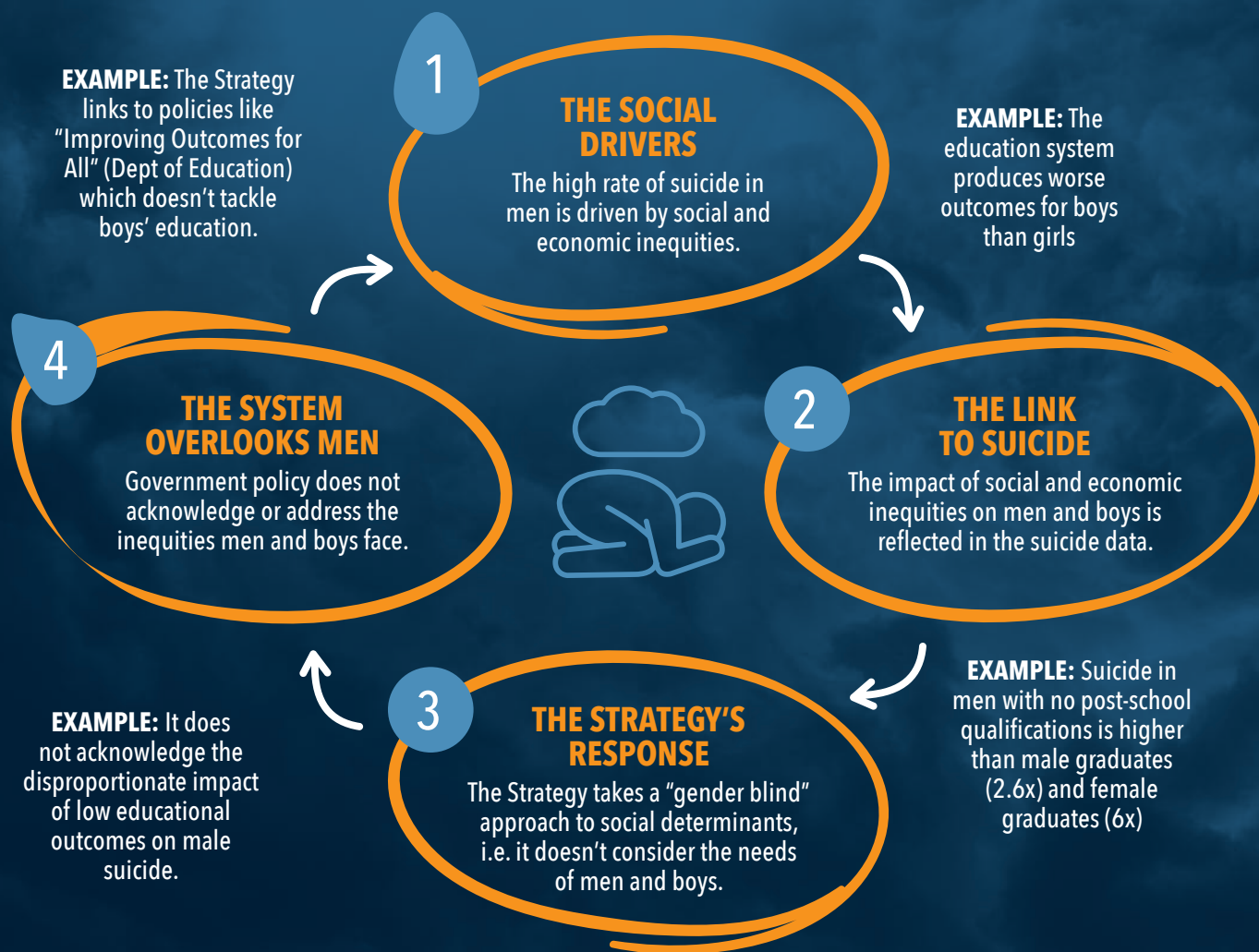
MEN AND BOYS MISSING IN ACTION

In 2020, the PM's National Suicide Prevention Advisor called on Federal, State and Territory Governments to "commit to priority actions for male suicide prevention" and incorporate these actions in the National Suicide Prevention Strategy (i).

The latest Strategy (2025-2035) places a strong focus on the social determinants of suicide. It acknowledges that disproportionate rates of suicide in groups like men are driven "by disparities in social and economic circumstances" (ii).

The Strategy is designed to operate in concert with existing Government strategies that aim to address these social determinants of suicide. Most of these existing strategies do not consider the specific needs of men and boys.

Just 3 of the Strategy's 117 actions specifically mention men or men's services (ii). As such, the National Suicide Prevention Strategy has not been designed to work for the men and boys at greatest risk of suicide.



TIME TO ACT ON MALE SUICIDE

AMHF welcomes the Inquiry into men's suicide rates and recommends that the ACT develops a Male Suicide Prevention Action Plan that looks beyond men and boys' mental health to include a focus on the broad range of social factors that are drivers of male suicide.



NO MAN LEFT BEHIND

www.amhf.org.au/suicide