



Submission cover sheet

Inquiry into men's suicide rates

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Submitter: St Vincent de Paul CG

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The Secretariat
Standing Committee on Social Policy
ACT Legislative Assembly
GPO Box 1020
Canberra ACT 2601

LACommitteeSP@parliament.act.gov.au

05 August 2025

Dear Committee,

RE: SUBMISSION IN RESPONSE TO INQUIRY INTO MEN'S SUICIDE RATES

INTRODUCTION

The St. Vincent de Paul Society Canberra/Goulburn (the Society) welcomes the opportunity to make a submission as part of the Inquiry into men's suicide ratesⁱ. As a registered charitable not for profit organisation, we operate in the Australian Capital Territory and surrounding southern and western regional areas of New South Wales. We are a member-based lay Catholic organisation that has been assisting people experiencing poverty and disadvantage in the region since 1895.

We seek to address social injustice within our community and have tailored our program delivery around empathy and compassion. We seek to shape a more just and compassionate society by working to address the causes of poverty and injustice, with a focus on prevention and early intervention.

OUR APPROACH

Everyone in our community should be able to live a fulfilling life. Ensuring that all have access to health services irrespective of life conditions and locations should be a matter of priority for all. The Society believes in the social principles of dignity of the human person and solidarity. This is why we blend professional and social contact in our programs with the aim to foster positive social relationships that enables people living with mental health conditions or diagnosis to receive the support they require in a manner that enables them to thrive.

The Society supports a Housing First approach. A safe and secure home is a critical first step to overcoming the disadvantages that many face in our community. Fundamentally, we believe that access to adequate, safe, secure, and affordable housing is a basic human right.

Our range of programs therefore centre on providing accommodation for those experiencing or at risk of homelessness. Individuals and families at risk of, or experiencing homelessness are referred to our specialist homelessness services, where our specialist teams provide case management, support services, and referrals to other support agencies. Wraparound services that provide support for everyday essentials, disaster relief, health and wellbeing are also administered through our range of programs.

The Society’s mental health programs combine companionship with psychosocial support approaches. Our Compeer programⁱⁱ, for example, models this companionship approach by connecting an adult living with a mental illness diagnosis (Compeer participant) to an adult volunteer in the community (Compeer volunteer). This aims to develop and foster a one-on-one friendship. The program promotes social inclusion and the reduction of stigma by supporting friendships that are built on mutual trust, respect and understanding.

STATISTICAL OVERVIEW

The prevalence and occurrence of suicide among men in the Australian Capital Territory (ACT) is well captured in publicly available data and statistics. In the ACT in 2019, the suicide rate for males (19.4 deaths) was more than three times higher than that of females (5.6 deaths) per 100,000 personsⁱⁱⁱ. The age-standardised death rates in the ACT follow a familiar pattern and report a higher incidence of suicide among males than females^{iv}.

Sex, Age-standardised death rates (Australian Capital Territory)		2019	2020	2021	2022	2023
Males	Rate	19.2	16.5	21.3	15.4	10.6
Females	Rate	np	9.9	np	8.1	np

* ABS 2023. *Intentional self-harm (suicide)(Australia)*

* np – not available for publication

Nationally, suicide was the 11th leading cause of death for males and the highest ranked external cause of death in males in 2023. In the same year, males were around three times more likely to die by suicide than females. Males accounted for 75.3% of deaths by suicide (2,419 deaths), while females accounted for 24.7% (795 deaths). The median age at death for men who died by suicide was 45.8 years^v.

Suicide and intentional self-harm are complex issues and can have multiple contributing factors^{vi}. Mental ill health is identified as one of the multifaceted causes to suicide ideation and self-harm^{vii}. Research suggests that many people attempting suicide have long-term mental and physical health and social problems^{viii}. This aligns with the definition of suicidal ideation as thinking about or formulating plans for suicide. The definition highlights that ideation exists on a spectrum, and it moves from intensity, beginning with a general desire to die that lacks any concrete method, plan, intention, or action and progressing to active suicidal ideation, which involves a detailed plan and a determined intent to act on the ideas^{ix}.

As of 2021, 9 percent of people in Australia report being told by a doctor or nurse that they have a mental illness^x. A considerable proportion of Australians (43 percent) report experiencing mental illness at some time in their life^{xi}. The Society acknowledges not everyone presenting to specialist homelessness services do so for mental health support. However, what we have observed in the delivery of our range of frontline services is that mental ill health is often an underlying or secondary issue that our frontline workers need to be aware of when supporting anyone who presents to us for assistance.

OUR OBSERVATIONS FROM A FRONTLINE SERVICES PERSPECTIVE

The Society supports this inquiry's goal to understand the factors behind suicide rates among men in the ACT. From the frontline services perspective, our teams have observed and identified the following need within the ACT:

- The need for a Cross Sector Safety Planning Module Within The ACT: Presently, the mitigation measures for clients presenting to frontline services that express suicide ideation during working hours include, reporting to police or calling for an ambulance. Outside of work hours, frontline teams encourage clients to reach out to appropriate services for support. Our teams observe that, for the community sector, and for frontline services, there is currently no standardised or accessible safety plan template for reported incidents of suicide by ACT Health.
- The need for more Funding for Homelessness to Undertake Outreach Programs: Generally, most specialist homelessness services, inclusive but not limited to frontline services and transitional properties, are not funded to engage in outreach services for clients who engage with their respective programs. In the absence of mental health specialists or outreach teams, programs are limited in the type of initial support they can offer to clients presenting with mental health issues or suicidal ideation.
- The need for trust building engagement with Mental Health Services: A rhetoric of mistrust exists among rough sleepers concerning mental health services. This has been observed to be a key ongoing concern with clients. This significantly impedes uptake of mental health support services as part of their case management plan.

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RECOMMENDATIONS

The programs run by St. Vincent de Paul Society Canberra/Goulburn (the Society) support a wide range of individuals and families who come to us in vulnerable situations. Our frontline teams provide both professional and social support to help people get back on their feet. Unfortunately, we are not funded to provide outreach and assertive mental health services in our frontline services. This is a significant limitation in our portfolio of services.

1. **Recommendation 1: Properly Fund Outreach and Assertive Worker Roles for the Street to Home Program:**
 - The addition of mental health outreach and assertive outreach caseworker roles into our frontline teams, particularly our Street to Home Program, will make a significant impact on that service and across the frontline services we deliver.
2. **Recommendation 2: Increased Funding for Specialist Homelessness Services for Mental Health Support**
 - Fund and establish mental health and suicide prevention specialist roles within specialist homelessness services in the ACT.
 - Develop and deliver bespoke training and templates to assist frontline staff who come in contact with suicide or mental health related incidents in line of duty to properly debrief.
3. **Recommendation 3: Improved Safety Planning for Specialist Homelessness Services**
 - Institute a Cross Sector Safety Plan in the ACT: A Mandatory Reporter Guide, similar to the NSW Mandatory Reporter Guide^{xii} will be useful for the cross-section of case managers and officers working in frontline homelessness services across the ACT. Such a resource will provide context-specific information and enable frontline actors to better safety plan with clients that present to them.
4. **Recommendation 4: Eliminating the Barriers to Accessing Mental Health Support Services**
 - Improve access to mental health support services for men who live a transient lifestyle and require mental health support. This can be done by addressing the barriers of:
 - Limited bulk-billed GP who provide mental health services
 - Accessibility to public transport
 - High upfront cost to access mental health professionals.
 - Fund and deliver trust-building initiatives that address the misconception or misrepresentation of mental health services in and among men at risk of or experiencing homelessness.
 - Fund and deliver an educational campaign that addresses the stigma around mental health.

CONCLUSION

Frontline specialist homelessness services play a valuable role in supporting men experiencing hardship and homelessness in the ACT. However, as discussed above, the sector is in need of significant investment and support to be better equipped to take on this important and complementary role alongside those working directly in mental health and suicide prevention.

Thank you for considering our submission. We look forward to your response.

Kind regards,



Lucy Hohnen, Chief Executive Officer
St Vincent de Paul Society Canberra/Goulburn



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- ⁱ Standing Committee on Social Policy. [Inquiry into men's suicide rates](#). Legislative Assembly for The Australian Capital Territory. Accessed on July 09, 2025.
- ⁱⁱ St Vincent de Paul Society Canberra/Goulburn. [Compeer Program](#). Vinnies Website. Accessed August 05, 2025.
- ⁱⁱⁱ ACT Health Chief Health Officer's Report 2020. [Healthy Minds](#). ACT Government Website. Accessed April 15, 2025
- ^{iv} Australian Bureau of Statistics (2023), [Causes of Death, Australia](#), ABS Website, accessed 31 July 2025.
- ^v Australian Bureau of Statistics (2023), [Causes of Death, Australia](#), ABS Website, accessed 31 July 2025.
- ^{vi} Australian Institute of Health and Welfare (2024) [Australia's health 2024: in brief](#), AIHW, Australian Government, accessed 29 May 2025 (Page 32)
- ^{vii} Harmer, B., Lee, S., Rizvi, A., & Saadabadi, A. (2025). Suicidal ideation. In *StatPearls*. StatPearls Publishing. <http://www.ncbi.nlm.nih.gov/books/NBK565877/>
- ^{viii} Han, B., Crosby, A. E., Ortega, L. A., Parks, S. E., Compton, W. M., & Gfroerer, J. (2016). Suicidal ideation, suicide attempt, and occupations among employed adults aged 18-64 years in the United States. *Comprehensive psychiatry*, 66, 176–186. <https://doi.org/10.1016/j.comppsy.2016.02.001>
- ^{ix} Han, B., Crosby, A. E., Ortega, L. A., Parks, S. E., Compton, W. M., & Gfroerer, J. (2016). Suicidal ideation, suicide attempt, and occupations among employed adults aged 18-64 years in the United States. *Comprehensive psychiatry*, 66, 176–186. <https://doi.org/10.1016/j.comppsy.2016.02.001>
- ^x Australian Institute of Health and Welfare (2024) [Mental Health: Prevalence and impact of mental illness](#). AIHW Website. Accessed April 15, 2025
- ^{xi} Australian Bureau of Statistics (2020-2022), [National Study of Mental Health and Wellbeing](#), ABS Website, accessed 17 December 2024.
- ^{xii} NSW Communities and Justice Directorate. [NSW Mandatory Reporter Guide](#). NSW Government. Accessed on July 09, 2025.