



Submission cover sheet

Inquiry into men's suicide rates

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Inquiry into men's suicide rates

Submission from the Australian Institute of Family Studies

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Sensitive Content Warning

AIFS recognises that each of the numbers reported here represents an individual. AIFS acknowledges the devastating effects suicide and self-harm can have on people, their families, friends and communities.

This submission discusses suicide and presents material that some people may find distressing. If you or someone you know is feeling depressed or suicidal, please contact one of the following services:

- In an emergency, call 000
- Lifeline www.lifeline.org.au ph. 13 11 14
- Kids Help Line (5-25 years) www.kidshelpline.com.au ph. 1800 55 1800
- MensLine Australia www.mensline.org.au ph. 1300 789 978

Introduction

The Australian Institute of Family Studies (AIFS) is a statutory agency, established in 1980 under the Family Law Act 1975. Its purpose is to provide robust and independent evidence that informs policy and practice and drives positive outcomes for children, families and their communities.

This submission draws from the following AIFS reports based on *Ten to Men* data (unless otherwise indicated):

- Mental health of Australian males: depression, suicidality and loneliness (*Ten to Men* Insights report #1, 2020; [Ten to Men Insights Report: Chapter 1 Mental health of Australian males: depression, suicidality and loneliness](#))
- Social connectedness among Australian males (*Ten to Men* Major Report, 2021; [Social connectedness among Australian males | Australian Institute of Family Studies](#))
- Mental health care needs and access among Australian men: A data linkage study (*Ten to Men* Insights report #2, 2022; [Ten to Men Insights Report: Chapter 2 Mental health care needs and access among Australian men: A data linkage study](#))

Ten to Men: The Australian Longitudinal Study on Male Health is a nationwide, representative longitudinal study of the health and wellbeing of Australian boys and men. *Ten to Men* was established in 2012 as a priority action item in the [National Men's Health Policy 2010](#) (2010; Department of Health, Disability, and Ageing). More information about *Ten to Men* can be found at [Ten to Men | Australian Institute of Family Studies](#).

This submission outlines key findings from published reports (AIFS and others) in respect of male suicide which have used *Ten to Men* data. Where possible, the findings have been grouped in line with the factors included in the Terms of Reference for this Inquiry. This submission then notes the need for evidence- and trauma-informed approaches to address those who have experienced adverse childhood events, along with better understanding the challenges facing men over the life cycle that may increase the risk of suicidality. Following this is a discussion on recent developments in measurement of depression for males (with depression the strongest predictor of suicidality) which have been incorporated in *Ten to Men*. Recommendations are then provided for consideration by the Committee.

Findings from published reports using Ten to Men data

Engagement with medical and health services

Based on *Ten to Men* data, around 3 in 10 Australian men accessed a Medicare-funded mental health service over 9 years of follow-up between 2012–2021; 33% were prescribed a mental health medication over that same period (*Ten to Men*, 2022).

Men with moderate to severe depressive symptoms are more likely to access health services, **but three in four men with significant symptoms do not access mental health care** (*Ten to Men*, 2022).

Among specific groups of Australian men examined in *Ten to Men*, **younger men (18–24), employed men, and men from CALD backgrounds** are less likely to access mental health care, even when experiencing depressive symptoms (*Ten to Men*, 2020).

When asked about their help-seeking preferences, around one-quarter of Australian men said they would be likely or very likely to seek help from a mental health professional if they experienced an emotional or personal problem. **Almost 25% said they would not seek help from anyone** (*Ten to Men*, 2020).

Many Australian males are not accessing professional support. While over 80% of men with depression, anxiety and/or any suicidality in the past year had seen a General Practitioner (GP), **only around 40% had seen a mental health professional**.

Barriers to health service usage for men with mental health symptoms include stigma, low mental health literacy, and traditional masculine norms discouraging help-seeking (*Ten to Men*, 2022).

Expanded telehealth during COVID-19 maintained mental health service access for men with clinically-significant depression symptoms (*Ten to Men*, 2022). However, **digital literacy** and **access** remain barriers for significant proportions of men with significant depressive symptoms with need for mental health services (*Ten to Men*, 2022).

Risk-taking behaviours

Previous research using the *Ten to Men* dataset has shown that for Australian men:

- Harmful or hazardous alcohol consumption (as measured by the WHO Alcohol Use Disorders Identification Test (AUDIT) tool) was associated with a **38% increased risk of suicidal ideation** (thoughts about suicide), even after adjustment for other suicide-related factors (Currier, Spittal, Patton, & Pirkis, 2016).
- **When combined with stressful life events**, harmful or hazardous alcohol consumption led to a threefold-increase in the risk of suicidal ideation, higher than either factor alone (Currier, Spittal, Patton, & Pirkis, 2016).
- Using a validated measure of conformity to masculine norms, men who scored higher on the risk-taking domain of this measure, reported a **30% increased risk of suicidal ideation** (Tyler et al., 2022).

Social and emotional development

Loneliness and low social support are strongly associated with suicidality. Previous research using the *Ten to Men* dataset has shown:

- Loneliness was significantly associated with experiences of depression and suicidality among Australian men, above and beyond area-level socio-economic disadvantage and unemployment (*Ten to Men*, 2020).
- Men who reported high levels of loneliness were found to be at around twice the risk of suicidal ideation and planning (*Ten to Men*, 2020).
- Around one-quarter of Australian men experience low levels of self-perceived social support across their lifetime (*Ten to Men*, 2021).
- Older age, satisfaction with personal relationships, and conformity to masculine norms were all independently associated with low social support (*Ten to Men*, 2021).
- Social life events can have significant and potentially long-term impacts on men's social connectedness. In general, economic-type events (e.g. loss of job) and relationship-type events (e.g. loss of partner, dispute with family member) impact the social support of younger and older men, respectively (*Ten to Men*, 2021).
- There is a two-way relationship between low social support and depression: However, experiencing depression has a greater influence on levels of social support over time than social support does on depression (*Ten to Men*, 2021).

Community engagement

Data from *Ten to Men* highlight the importance for Australian boys and men on maintaining community engagement and participation (*Ten to Men*, 2021).

- Men who engaged in community-based activities (e.g. volunteering, coaching a sports team, or working with a church or neighbourhood) were more likely to have **higher social support and positive wellbeing**.
- Community service involvement increases with age, however the **benefit on positive wellbeing is consistent across all age groups**.

Other considerations

Based on *Ten to Men* data, men in some priority population groups may be more likely to experience suicidality than men not in these groups. For example, **Aboriginal and/or Torres Strait Islander men** were twice as likely as non-Indigenous men to report recent suicidal thoughts and more than three times as likely to report a suicide attempt in their lifetime (Armstrong et al., 2017). **Non-heterosexual men** were found to be at a 48% increased risk of any suicidal ideation in the past year (as at 205/16) compared to heterosexual men (*Ten to Men*, 2020). And **men from CALD backgrounds** were found to be at a 69% reduced risk of any suicidal ideation in the past year (as at 205/16), compared to men not from CALD backgrounds (*Ten to Men*, 2020). This is not to say that having this characteristic is itself linked to suicidality, rather that the experiences of men in these priority populations is having an impact on their suicidality.

Further, men who were **currently separated (but not divorced)** were found to be at a 71% increased risk of any suicidal ideation in the past year (as at 205/16). There was no significant association observed for divorced men (*Ten to Men*, 2020).

While men residing in a middle or higher area of **disadvantage in Australia** (based on the SEIFA Index of Relative Disadvantage) were found to be at a 32% and 25% increased risk of any suicidal ideation in the past year (as at 205/16), compared to men residing in areas of low disadvantage (*Ten to Men*, 2020).

Providing trauma-informed care for those with adverse childhood experiences

There is strong evidence of a link between adverse events during childhood and the increased risk of suicide in adulthood. However, there is currently a lack of trauma-informed interventions that account for gender differences in providing appropriate care. Such interventions require high-quality evidence to provide targeted care to a diverse range of men.

Ten to Men has included validated measures to assess the level and impact of adverse childhood events experienced by Australian men which may be used to provide evidence-informed interventions across a range of outcomes. Data collected on these measures is anticipated to be part of the wave 5 data release (anticipated October 2025).

Understanding the challenges facing Australian males over the life cycle

The increased risk of suicide for men is heightened at critical life transitions. This includes the early adolescent years which is a sensitive period for young men navigating their sense of identity and belonging.

There is also an urgent need to better understand the contemporary situational factors that influence adolescent development in a rapidly changing online and social environment for Australian males.

Longitudinal studies such as *Ten to Men* are ideally placed to take a life course approach to identifying these contemporary challenges to inform policy development and evidence-informed interventions.

Measuring depressive symptoms in men

Clinically significant depressive symptoms remain the strongest predictor of suicidality in men (*Ten to Men*, 2021). However, it is known that traditional diagnostic tools for depression often fail to capture male-specific symptoms, leading to under-diagnosis and missed opportunities for early intervention. Men may express depression through externalising behaviours such as anger, substance use, or risk-taking, which are not always recognized as signs of depression.

Recently, the Male Depression Risk Scale (MDRS; Herreen, Rice, Zajac, 2022) has been developed to help address these issues. *Ten to Men* has recently included the MDRS (in combination with traditional depression screening tools) to help improve early detection and interventions for male mental health issues and suicidality. Data collected using the MDRS will be available in the release of wave 5 data for *Ten to Men* (anticipated October 2025).

Furthermore, *Ten to Men* has also recently included a culturally-adapted version of the Patient Health Questionnaire – 9 (aPHQ-9) to explore further the higher rates of suicidal ideation

observed in Aboriginal and Torres Strait Islander males (Armstrong et al., 2017). Data based on this tool will also be available in the wave 5 data release for *Ten to Men*.

Recommendations

Based on the material referenced in this submission, AIFS provides the following recommendations for consideration in relation to men's suicide rates in Australia.

Improve early identification and outreach

- Implement routine mental health screening using updated tools adapted for men in primary care, employment services, and community settings, especially during key life transitions (e.g., unemployment, relationship breakdown, retirement).
- Develop targeted outreach programs for high-risk groups, including young men, men in male-dominated industries, non-heterosexual men, Aboriginal and Torres Strait Islander men, and men with disabilities.

Expand and diversify access to mental health services

- Build the reach of telehealth and digital mental health services with a focus on accessibility and digitally excluded populations.
- Embed mental health professionals in non-traditional settings (e.g., workplaces, sporting clubs, Men's Sheds, community centres) to reach men who do not engage with traditional health services.

Promote social connectedness and community participation

- Support organisations to develop and deliver culturally appropriate social engagement initiatives for Aboriginal and Torres Strait Islander men and men from CALD backgrounds.

Support men through life transitions

- Provide targeted support for men experiencing unemployment, relationship breakdown, or retirement, including access to counselling, peer support, and employment services.
- Develop transition programs for young men leaving home or school, focusing on building social networks and resilience.

Enhance Support for Men with Disabilities

- Ensure mental health and social programs are accessible to men with disabilities, including physical, cognitive, and psychosocial disabilities.
- Promote inclusive employment practices and support men with disabilities to enter and remain in the workforce, recognising the link between employment, social connectedness, and mental health.

Other references

Armstrong G, Pirkis J, Arabena K, Currier D, Spittal MJ, Jorm AF. Suicidal behaviour in Indigenous compared to non-Indigenous males in urban and regional Australia: Prevalence data suggest disparities increase across age groups. *Aust N Z J Psychiatry*. 2017 Dec;**51(12)**:1240-1248.

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Getting it Right Collaborative Group. Getting it Right: validating a culturally specific screening tool for depression (aPHQ-9) in Aboriginal and Torres Strait Islander Australians. *Med J Aust*. 2019 Jul;**211(1)**:24-30.

Herreen D, Rice S, Zajac I. Brief assessment of male depression in clinical care: Validation of the Male Depression Risk Scale short form in a cross-sectional study of Australian men *BMJ Open* 2022;**12**:e053650

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