



Submission cover sheet

Inquiry into men's suicide rates

Submission number: 44

Submitter: Suicide Prevention Australia

Date authorised for publication: 9 September 2025



Suicide Prevention
Australia

August 2025

ACT Inquiry into men's suicide rates

Submission

Table of Contents

Executive Summary	3
Recommendations	3
Introduction	4
Background	4
Factors Contributing to Suicide Rates	6
Engagement with medical and health services	6
Risk-taking behaviours, including alcohol and substance use disorders.....	7
Social and Emotional Development.....	7
Relevant trends in educational outcomes and participation rates	8
Other Factors	8
Promoting positive behaviours in boys and men	10
Implementing change across government	10
Investing in grassroots and peer-led initiatives.....	11
Connecting men to the support they need	12
Long-term, tailored bereavement support.....	13
Community capacity building	14
Suicide prevention competency in public agencies.....	15
Guidelines for Emergency Departments	15
Lived experience co-design.....	16

Executive Summary

Suicide Prevention Australia welcomes the opportunity to respond to the Inquiry into men's suicide rates. Research on suicide risk and recovery factors among men has found that men's suicidality is underpinned by the cumulative effect of harms across multiple domains. The harms of alcohol and other drugs, loneliness, isolation, relationship breakdown, bereavement, education disruption, contact with the justice system, employment distress, housing insecurity and homelessness, financial distress and impact of environmental disasters all play a role in increasing risk of suicide in boys and men.

In 2022 Suicide Prevention Australia worked with over thirty experts in male suicide prevention, including lived experience, academic and service provision perspectives to produce a report on [Male Suicide Prevention Principles](#). These principles highlight the need for governments and communities to ensure that supports are co-developed by men, respect and value men's strengths, support men in all their diversity, and ultimately seek to take a situational approach.

The collective findings from this piece of work, alongside Suicide Prevention Australia's work on the [Socio-Economic and Environmental Determinants of Suicide](#), consultations with people with lived experience, and representatives of Suicide Prevention Australia's membership base underpin the recommendations outlined throughout this submission.

Recommendations

Recommendation 1: The ACT to develop and implement a Suicide Prevention Act.

Recommendation 2: The ACT Government should commit to sustained investment in existing grassroots and peer-led services that support men's health, particularly those aimed at reducing suicide risk. This includes dedicated funding streams to support the continuation, growth, and evaluation of community-based initiatives that are already engaging men where they live, work, and socialise.

Recommendation 3: The ACT Government should invest funding into developing a targeted Territory-based Doing It Tough? resource to connect men to the support they need.

Recommendation 4: The ACT Government to invest in targeted and long-term funding for tailored postvention supports for people disproportionately impacted by suicide, including men and boys.

Recommendation 5: The ACT Government to increase access to evidence-based "suicide prevention first aid" training to key members of the community who commonly encounter people at risk via Suicide Prevention Australia's online learning platform, Learnlinc.

Recommendation 6: The ACT Government to introduce competency frameworks across all public-facing agencies to ensure staff can effectively identify and respond to signs of distress.

Recommendation 7: The ACT Government to ensure all emergency departments develop the capacity to implement the Suicide Prevention Guidelines for Emergency Departments

Recommendation 8: The ACT Government to embed lived experience co-design in the development of targeted strategies and supports that promote positive health behaviours among boys and men.

Introduction

Suicide Prevention Australia commends the Committee for the work they are undertaking in examining male suicide in the Australian Capital Territory (ACT) and welcomes the opportunity to contribute this submission.

[Suicide Prevention Australia](#) is the national peak body for the suicide prevention sector. We exist to provide a clear, collective voice for suicide prevention, so that together we can save lives. We have more than 350 members ranging from national household name agencies to small community-based organisations and local collaboratives in every State and Territory; as well as individual service providers, practitioners, researchers, students and people with lived experience. This includes more than 140,000 workers, staff and volunteers across Australia. We believe that through collaboration and shared purpose, we can work towards our ambition of a world without suicide.

Background

Suicide is a complicated, multi-factorial human behaviour and is more than an expression of mental illness. National data indicates that of those who experience suicidal thoughts or behaviours, more than a quarter do not have any mental illness.¹ Even for those with a mental illness it may not be the primary driver of suicide risk. And only half of those who tragically lose their life to suicide each year are accessing mental health services at the time.² Research on suicide risk and recovery factors among men found that men's suicidality is underpinned by the cumulative effect of harms across multiple domains.³ Suicide Prevention Australia has reviewed research across a range of areas and identified 22 socio-economic and environmental factors where research demonstrates strong links to suicide.⁴ Preventing suicide therefore requires a whole-of-government approach that looks beyond the mental health system and addresses the range of issues that can put people at risk of suicide, including harms from drugs and alcohol, environmental disasters, domestic and family abuse, and other factors.

Additionally, in 2022 Suicide Prevention Australia worked with over thirty experts in male suicide prevention, including lived experience, academic and service provision perspectives to produce a report on Male Suicide Prevention Principles.⁵ This report set out 12 core recommendations for governments underpinning 4 key principles:

1. ensure supports respect and value men's strengths
2. take a situational approach
3. support men in all their diversity
4. create through co-design, informed by research and data

¹ Australian Bureau of Statistics. (2020-2022). National Study of Mental Health and Wellbeing. ABS.

<https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>

² Australian Institute of Health and Welfare. (2025). Use of health services preceding suicide. In Suicide & self-harm monitoring [Web article]. Retrieved July 29, 2025, from <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/deaths-by-suicide-in-australia/health-service-use-in-the-last-year-of-life>

³ Bennett, S., Glasgow, U., Zortea, T., Dickson, A., Richardson, C., & Glasgow, U. (2023). Male suicide risk and recovery factors: A systematic review and qualitative meta-synthesis of two decades of research. *Psychological Bulletin*, 149(7–8), 371–417. <https://doi.org/10.1037/bul0000397>

⁴ Suicide Prevention Australia. (2023). Socio-economic and environmental determinants of suicide: Background paper [PDF]. Suicide Prevention Australia. <https://www.suicidepreventionaust.org/wp-content/uploads/2023/08/SPA-SEDS-Background-Paper-August-2023-Designed.pdf>

⁵ Suicide Prevention Australia. (2022, January). Male Suicide Prevention Principles Report [PDF].

https://www.suicidepreventionaust.org/wp-content/uploads/2022/02/SPA_Male-Suicide-Prevention-Report_2022_FINAL.pdf

Suicide Prevention Australia recommends that any work relating to male suicide prevention that is conducted in the ACT utilises the findings and principles set out in the report.

Male suicide is a consistently significant issue, with annual rates of suicide deaths showing more than three in four deaths are males.⁶ Nationally, 75% of deaths by suicide over the period 2014-2023 were male, in the ACT the proportion was similar at 72% over the same period.⁷ Across Australia, rates of male suicide increased in both the 55-59 years age group, and the under 20 years age group. Males aged between 40-44 had the highest proportion of deaths due to suicide (9.9 per cent), while those aged 55-59 had the highest age-specific suicide rate (30.9 deaths per 100,000 people).⁸

Each month, the ACT has an average 17 ambulance attendances for suicidal ideation, and ten for suicide attempts.⁹ Across national data, the highest ambulance attendance rates for male suicide ideation were in those aged 25 to 44 years, while for suicide attempts males aged under 25 and between 45 and 64 were the highest groups.¹⁰ The economic cost of suicide on the Australian economy is nearly \$30 billion annually, and the majority of that would be attributable to male suicide,¹¹ a cost of more than \$520 million annually for the ACT.

It is important to note the unique situation of the ACT when it comes to the evidence and statistical data available for suicidality and suicide deaths. Due to the jurisdictional boundaries of the ACT and New South Wales, a large proportion of people will commute into Canberra daily for work, study, and other reasons. In addition, populations across smaller bordering towns are likely involved in the economy, community, and services of the ACT, including both suicide risk and suicide prevention, however may not be captured by ACT data. The ACT also has high proportions of migrants and international students¹², defence personnel and veterans,¹³ all of whom bring varying levels of exposure to suicide risk.

⁶ Australian Bureau of Statistics. (2023). *Causes of Death, Australia*. ABS. <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2023>.

⁷ *ibid*

⁸ *ibid*

⁹ Australian Institute of Health and Welfare. 2025 Suicide and self-harm monitoring. <https://www.aihw.gov.au/suicide-self-harm-monitoring/service-use/ambulance-attendances>

¹⁰ Australian Institute of Health and Welfare. (2025, July 1). Ambulance attendances for suicidal ideation and suicidal and self-harm behaviours. In *Suicide & self-harm monitoring: Service use*. Retrieved July 29, 2025, from <https://www.aihw.gov.au/suicide-self-harm-monitoring/service-use/ambulance-attendances>

¹¹ Productivity Commission 2020, *Mental Health*, Report no. 95, Canberra

¹² Australian Bureau of Statistics. (2022, June 28). *Snapshot of Australian Capital Territory – 2021 Census (Snapshot of Australia series)*. Retrieved July 29, 2025, from <https://www.abs.gov.au/articles/snapshot-act-2021>

¹³ Australian Bureau of Statistics. (2022,). *Service with the Australian Defence Force: Census, 2021 [Web article]*. Retrieved July 29, 2025, from <https://www.abs.gov.au/statistics/people/people-and-communities/service-australian-defence-force-census/latest-release>

Factors Contributing to Suicide Rates

“In my experience, suicide risk among men is not simply about individual distress but accumulates across social silences, systemic failures, and cultural pressures. [...] Emotional expression can be discouraged by gendered norms, while help-seeking is seen as weakness. This is amplified by factors such as childhood trauma, intergenerational loss, unemployment, racism, migration stressors, disconnection from family or country, and the burden of unspoken grief.”

- Suicide Prevention Australia Lived Experience Panel Member

As with all suicide and suicidal risk, male suicide is attributable to multiple and complex factors. Addressing male suicidality has to consider that men who die by suicide are less likely to have had contact with mental health services,¹⁴ or have a diagnosis of mental illness.¹⁵ Suicide Prevention Australia has undertaken work on the social, environmental, and economic determinants of suicide, delineating risk factors for suicidal behaviours.¹⁶ Ultimately, suicide risk is often the result of cumulative drivers of distress.

Engagement with medical and health services

Data indicates that men who die by suicide have fewer contacts with health and mental health systems, meaning there is a need to identify opportunities to intervene outside the health and mental health systems.¹⁷ Whilst not limited to the ACT, research has identified that males often prefer self-reliance over professional support services, which is why some men may not seek help until the point of crisis.¹⁸ For example, despite men being far more likely to die by suicide, there are fewer ambulance attendances for male suicide attempts than for female.¹⁹ In addition, research has highlighted that men’s previous experiences with health systems can impact their approach to help-seeking, with reports highlighted that the type of support offered doesn’t always meet males’ needs and expectations.²⁰ Men who die by suicide are less likely to have had contact with mental health services,²¹ or have a diagnosis of mental illness.²²

There is ongoing debate as to what extent such statistics are affected by fewer presentations, masking of symptoms, diagnostic practices, and gender differences in the level of risk from non-

¹⁴ Clapperton, A., Dwyer, J., Millar, C., Tolhurst, P., & Berecki-Gisolf, J. (2021) “Sociodemographic characteristics associated with hospital contact in the year prior to suicide: A data linkage cohort study in Victoria, Australia” Plos one, 16(6), e0252682 <https://doi.org/10.1371/journal.pone.0252682>

¹⁵ Kolves, K., Potts, B., & De Leo, D. (2015) “Ten years of suicide mortality in Australia: Socio-economic and psychiatric factors in Queensland” Journal of Forensic and Legal Medicine 36, 136-143.

¹⁶ Suicide Prevention Australia 2023 Socio-economic and environmental determinants of suicide A Background Paper, <https://www.suicidepreventionaust.org/wp-content/uploads/2023/08/SPA-SEDS-Background-Paper-August-2023-Designed.pdf>

¹⁷ Suicide Prevention Australia. (2022, January). Male Suicide Prevention Principles Report [PDF].

https://www.suicidepreventionaust.org/wp-content/uploads/2022/02/SPA_Male-Suicide-Prevention-Report_2022_FINAL.pdf

¹⁸ Calear A, Batterham P, Christensen H. (2014). Predictors of help-seeking for suicidal ideation in the community: Risks and opportunities for public suicide prevention campaigns. Psychiatry Research. 219(3), 525–530. <https://doi.org/10.1016/j.psychres.2014.06.027>

¹⁹ Australian Institute of Health and Welfare (2021) Ambulance attendances: suicidal and self-harm behaviours <https://www.aihw.gov.au/suicide-selfharm-monitoring/data/ambulance-attendances/ambulance-attendances-for-suicidal-behaviours>.

²⁰ Seidler Z, Wilson M, Toogood N, Oliffe J, Kealy D, Ogrodniczuk J, Rice S. Pilot evaluation of the men in mind training program for mental health practitioners. Psychology of Men & Masculinities 2022; 23, 257– 264. <https://doi.org/10.1037/men0000383>

²¹ Clapperton, A., Dwyer, J., Millar, C., Tolhurst, P., & Berecki-Gisolf, J. (2021) “Sociodemographic characteristics associated with hospital contact in the year prior to suicide: A data linkage cohort study in Victoria, Australia” Plos one, 16(6), e0252682 <https://doi.org/10.1371/journal.pone.0252682>

²² Yeh, H. H., Westphal, J., Hu, Y., Peterson, E. L., Williams, L. K., Prabhakar, D., Frank, C., Autio, K., Elsis, F., Simon, G. E., Beck, A., Lynch, F. L., Rossom, R. C., Lu, C. Y., Owen-Smith, A. A., Waitzfelder, B. E., & Ahmedani, B. K. (2019) “Diagnosed Mental Health Conditions and Risk of Suicide Mortality” Psychiatric services (Washington, D.C.), 70(9), 750–757, <https://doi.org/10.1176/appi.ps.201800346>

mental health risk factors. Regardless of the extent to which suicide attempts by men are less likely to result in hospitalisation or the extent of under-diagnosis of mental illness in men, what these statistics show is that for men there is less opportunity to provide support triggered by a suicide attempt, a diagnosis or a mental health service contact.

Risk-taking behaviours, including alcohol and substance use disorders

Harms of Alcohol and Other Drugs

Data from the AIHW's Suicide and Self-Harm Monitoring System report from 2023 highlights that alcohol and other drug use is one of the top contributing risk factors to years of healthy life lost due to suicide and self-harm in both males and females. The data shows that illicit drug use contributed to 23% of healthy years of life lost due to suicide and self-harm in males.²³ A 2022 review of men's help seeking for depression highlighted that rather than engaging in help seeking, many men used maladaptive coping strategies to manage their depression.²⁴ Strategies included avoidance and escape tactics, social withdrawal, substance abuse, risk-taking behaviour, anger-fuelled conflict and increased work hours in order to cope with their experiences.²⁵

Social and Emotional Development

Loneliness

There is limited Australian research which examines the link between loneliness and suicide. However, Data from Ten to Men: The Australian Longitudinal Study on Male Health found that men who report lacking close friends or relatives were two times more likely to experience suicidal ideation in the past 12 months.²⁶

Isolation

Australian research has identified that social isolation is one of the most common risk factors identified by Australian men who have attempted suicide.²⁷ In addition, an Australian study assessing the impact of isolation for people in regional, rural and remote locations found that between 1997-2000 across Australia there were higher suicide rates for men in rural areas, and this trend was particularly evident for young men.²⁸

Relationship Breakdown

A 2025 Australian study on suicide risk in males identified men experiencing a relationship breakup, separation or divorce are at much higher risk of suicide than their married peers.²⁹ In addition, the study found that separated men under 34 years of age had eight-fold greater odds of suicide than married men.³⁰ Reflecting existing research that highlights the cumulative nature of risk in men, the

²³ Australian Institute of Health and Welfare. (2023) Burden of illness and injury – Behavioural risk factor burden for suicide and self-inflicted injuries – Australian Burden of Disease Study 2022. <https://www.aihw.gov.au/suicide-self-harm-monitoring/risk-factors/illness-injury-burden-disease>

²⁴ Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. (2016).

The role of masculinity in men's help-seeking for depression: A systematic review. *Clinical Psychology Review*, 49, 106–118.

<https://doi.org/10.1016/j.cpr.2016.09.002>

²⁵ Ibid.

²⁶ Australian Government. Australian Institute of Family Studies. (2020). Depression, suicidality, and loneliness: mental health and Australian men. Available from: https://aifs.gov.au/sites/default/files/mediarelease-ttm_insightsmental_health_0.pdf

²⁷ Player MJ, Proudfoot J, Fogarty A, Whittle E, Spurrier M, Shand F, et al. (2015) What Interrupts Suicide Attempts in Men: A Qualitative Study. *PLoS ONE* 10(6): e0128180. <https://doi.org/10.1371/journal.pone.0128180>

²⁸ Caldwell, T. M., Jorm, A. F., & Dear, K. B. (2004). Suicide and mental health in rural, remote and metropolitan areas in Australia. *The Medical journal of Australia*, 181(S7), S10–S14.

²⁹ Wilson, M. J., Scott, A. J., Pilkington, V., Macdonald, J. A., Rice, S. M., Oliffe, J. L., & Seidler, Z. E. (2025). Suicidality in Men Following Relationship Breakdown: A Systematic Review and Meta-Analysis of Global Data. *Psychological Bulletin*.

<https://doi.org/10.1037/bul0000482>

³⁰ Ibid.

study further found that risk of suicidality after a breakup was further heightened in men by factors such as unemployment, pre-existing mental health conditions and social isolation.³¹

Bereavement

Men who have been bereaved by suicide have been found to report higher elevated risk of suicide and mental health related outcomes. Research highlighted that men's experiences are significantly impacted by gender-specific factors including cultural norms and coping strategies.³² Traditional gender roles and internal beliefs associated with shame, stigma and vulnerability relating to distress may contribute to men not accessing postvention support.³³

Relevant trends in educational outcomes and participation rates

Education Disruption

The AIHW's data on education and employment as risk factors for suicide found that across 2011-2017, the estimated suicide risk for males is higher than females at all levels of educational attainment.³⁴ In addition, data further identified that among males with only secondary school or no education, the cumulative suicide risk is 3.5 times higher than among females with the same level of educational attainment.³⁵ In particular, males with no education or only secondary school education are twice as likely to die by suicide compared to males with a university degree.³⁶

Other Factors

Adverse Childhood Experiences

Data by the AIHW shows that in 2019, abuse and neglect during childhood was the leading risk factor contributing to the burden of suicide.³⁷ It was linked to 33% of female suicide deaths and 24% of suicide deaths in males aged 5 and above. Further research has found that Australian men are more likely to experience childhood physical abuse (8.3%) than sexual abuse (3.6%).³⁸

Contact with the Justice System

An Australian study found that nearly 64% of Indigenous males in custody experienced lifetime suicidal ideation, and over half had attempted suicide.³⁹ AIHW data shows that problems related to legal circumstances is a frequently occurring psychosocial risk factor in coroner-certified suicide deaths in Australia.⁴⁰ This is a common risk factor for males aged 25-54 and connected with more than 10% of suicide deaths. Over six times as more male suicides are linked to legal circumstances compared to female suicide deaths.

³¹ Ibid.

³² Andriessen, K., Logan, N., Ball, S.-A., De Goey, T., Currier, D., & Krynska, K. (2025). Men's experiences of suicide bereavement: A qualitative study of psychosocial impacts and coping. *Frontiers in Public Health*, 13. <https://doi.org/10.3389/fpubh.2025.1613951>

³³ Ibid.

³⁴ Australian Institute of Health and Welfare. (2025). Education and employment — social and economic factors [Web page]. Retrieved from <https://www.aihw.gov.au/suicide-self-harm-monitoring/risk-factors/social-economic-factors/education-employment>

³⁵ Ibid.

³⁶ Australian Institute of Health and Welfare . (2022). Education, and employment as risk factors for suicide. Available from: Education & employment as risk factors for suicide - Australian Institute of Health and Welfare (aihw.gov.au)

³⁷ The Australian Institute of Health and Welfare. 2021. The health impact of suicide and self-inflicted injuries in Australia, 2019. Available from: The health impact of suicide and self-inflicted injuries in Australia, 2019, Summary - Australian Institute of Health and Welfare (aihw.gov.au)

³⁸ 29 Australian Bureau of Statistics. (2021-22). Personal Safety, Australia. ABS. <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release>.

³⁹ Shepherd, S.M., Spivak, B., Arabena, K. et al. Identifying the prevalence and predictors of suicidal behaviours for indigenous males in custody. *BMC Public Health* 18, 1159 (2018). <https://doi.org/10.1186/s12889-018-6074-5>

⁴⁰ The Australian Institute of Health and Welfare. (2023). Psychosocial risk factors and deaths by suicide. Available from: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/behaviours-risk-factors/psychosocial-risk-factors-suicide>

Employment Distress

The AIHW have published data which shows that for males of working age in Australia who are between 25-54 years and are not employed, the risk of suicide is nearly three times greater compared to males who are employed.⁴¹ In addition, AIHW data further shows that men who are not engaged in the labour force are over four times as likely to die by suicide compared to women not in the labour force. Research has also found that for Australian men psychosocial job stressors such as low job control, job insecurity, and unfair pay is linked to greater likelihood of experiencing suicidal ideation.⁴²

Housing Insecurity and Homelessness

Data from the AIHW shows that problems related to housing and economic circumstances is a common risk factor for men aged 35-64 and linked to 9% of suicides within this age group. Data further identified that suicide in males is four times more likely to be associated with economic and housing circumstances compared to female suicide deaths.⁴³

Financial Distress

Among young Australian males, research finds that there was a marked increase in the occurrence of suicide in low socioeconomic areas between 1979 and 2013.⁴⁴ This finding is supported by further research which found that risk of suicide among males in lower socioeconomic groups is greater compared to those in the highest socioeconomic group.⁴⁵

Impacts of Environmental Disasters

Qualitative research undertaken to explore men's experiences following the Black Saturday bushfires shows that several experienced suicidal thoughts following the disaster or knew of others who died by suicide they believed was a result of the disaster experience or the additional pressure of the aftermath.⁴⁶ In addition, a study which estimated the number of suicides attributable to drought under climate change scenarios found an increase in deaths among rural men aged 10-29 and 30-40.⁴⁷ A study undertaken in New South Wales further found that between 1970 and 2007 the risk of suicide for rural males aged 30-49 increased by 15% when the drought index rose from the first quartile to the third quartile.⁴⁸

⁴¹ Australian Institute of Health and Welfare. (2022). Education, and employment as risk factors for suicide. Available from: Education & employment as risk factors for suicide - Australian Institute of Health and Welfare (aihw.gov.au)

⁴² Milner, A., Currier, D., LaMontagne, A. D., Spittal, M. J., & Pirkis, J. (2017). Psychosocial job stressors and thoughts about suicide among males: a cross-sectional study from the first wave of the Ten to Men cohort. *Public health*, 147, 72–76. <https://doi.org/10.1016/j.puhe.2017.02.003>

⁴³ Australian Institute of Health and Welfare. (2023) Suicide & self-harm monitoring. Psychosocial risk factors and deaths by suicide. Available from: Psychosocial risk factors & suicide - Australian Institute of Health and Welfare (aihw.gov.au)

⁴⁴ Too LS, Law PCF, Spittal MJ, Page A, Milner A. Widening socioeconomic inequalities in Australian suicide, despite recent declines in suicide rates. *Social Psychiatry and Psychiatric Epidemiology*. 2018 Sep;53(9):969-976. DOI: 10.1007/s00127-018-1527-9. PMID: 29713729.

⁴⁵ Taylor, R., Page, A., Morrell, S., Harrison, J., & Carter, G. (2005). Mental health and socio-economic variations in Australian suicide. *Social science & medicine* (1982), 61(7), 1551–1559. <https://doi.org/10.1016/j.socscimed.2005.02.009>

⁴⁶ Zara, C., Parkinson, D., Duncan, A., & Joyce, K. (2016). Men and disaster: Men's experiences of the Black Saturday bushfires and the aftermath. *Australian Journal of Emergency Management*, 31(3), 40-48.

⁴⁷ 55 Hanigan IC, Chaston TB. Climate Change, Drought and Rural Suicide in New South Wales, Australia: Future Impact Scenario Projections to 2099. *International Journal of Environmental Research and Public Health*. 2022; 19(13):7855.

⁴⁸ Hanigan IC, Butler CD, Kokic PN, Hutchinson MF. Suicide and drought in New South Wales, Australia, 1970-2007. *Proc Natl Acad Sci U S A*. 2012 Aug 28;109(35):13950-5. doi: 10.1073/pnas.1112965109. Epub 2012 Aug 13. PMID: 22891347; PMCID: PMC3435226

Promoting positive behaviours in boys and men

Implementing change across government

Meaningful promotion of positive behaviours in boys and men requires government and community to consider its role across all domains of suicide prevention, including health promotion, prevention, intervention and postvention. The *UK All-Party Parliamentary Group on Issues Affecting Men & Boys* released a report in 2022 on reducing male suicide, calling for a “whole system” approach. The report detailed evidence that suicide prevention cannot be viewed purely through a mental health lens, iterating that a solutions-based approach must address underlying causes of male suicide including relationship breakdown, employment, workplace culture, finance and bereavement.⁴⁹

Suicide prevention legislation is a key lever to ensure a whole-of-government approach to suicide prevention. Accompanied by targeted plans to address suicide, these are important tools in ensuring a cross-government approach. Distress and risk factors span multiple portfolios, including Treasury, Justice, Housing, Transport, and Health. Socio-economic and environmental determinants of suicide need to be core to a government’s approach to suicide prevention, with funding and policy to address the social, economic, health, occupational, cultural, and environmental factors involved. An Act is necessary to ensure decision-makers across Government are united in working to prevent suicides. Legislation and cross-government plans can ensure clear shared and individual accountability and focus agencies on practical and measurable steps to reduce and prevent suicide.

Several international case studies demonstrate how a whole-of-government approach is essential to driving reform and coordinated action to address rates of suicide. In 2006 Japan, recognising the urgent need to drive down the nation’s high suicide rate, passed legislation to organise the machinery of government to coordinate suicide prevention strategy and activities.⁵⁰ Japan has since seen a significant, progressive decline in its suicide rate, with 2018 marking the ninth consecutive year of decrease in the nation’s suicide rate and the first time since 1978 the total number of suicides in Japan had fallen below 21,000.⁵¹ Similarly, the Republic of Ireland has a whole of government approach to suicide prevention and has also seen a progressive decline in its suicide rate. Ireland reports the rate of suicide in 2016 was 9.2 per 100,000, compared with 11.8 per 100,000 in 2008.⁵²

In November 2021, South Australia became the first Australian jurisdiction to pass a *Suicide Prevention Act*. More recently, New South Wales undertook consultations in preparation for the development of an Act, with the Bill currently under consideration by NSW Parliament. A key aspect of the South Australian and New South Wales legislation includes mandating government departments develop suicide prevention plans that address how the agency can reduce the risk of suicide. Given that a number of the following recommendations operate across portfolios, a Suicide Prevention Act in the ACT could require Directorates to produce suicide prevention plans that embed these recommendations. As such, a Suicide Prevention Act could further be an effective mechanism for implementing the below recommendation across government.

⁴⁹ All-Party Parliamentary Group on Issues Affecting Men and Boys. (2022). Tackling male suicide: A ‘whole system’ approach [Report]. Retrieved from <https://www.equi-law.uk/wp>

⁵⁰ World Health Organization. (2018). National suicide prevention strategies: progress, examples and indicators [PDF]. World Health Organization. <https://iris.who.int/bitstream/handle/10665/279765/9789241515016-eng.pdf>

⁵¹ Ministry of Health, Labour and Welfare. (2019). Suicide statistics: Trends and analysis based on 2018 data. (from the Reiwa-1 edition White Paper).

⁵² National Office for Suicide Prevention. (2019). Annual Report 2018 [PDF]. Health Service Executive. <https://www.drugsandalcohol.ie/31003/1/nosp-annual-report-2018.pdf>

In addition, these laws embed the need to develop state-wide plans on suicide prevention. Broader instruments such as plans addressing mental health and suicide prevention, or health generally may fail to recognise that men are at substantially higher risk of suicide and that targeted initiatives to address this are required. For example, the ACT's Mental Health and Suicide Prevention Plan (2019-2024), 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. A male suicide prevention action plan, either as part of a suicide prevention plan or as a stand-alone instrument, could address this gap.

Recommendation 1: The ACT to develop and implement a Suicide Prevention Act.

Investing in grassroots and peer-led initiatives

Action 4.2a from the National Suicide Prevention Strategy 2025-2035 (the National Strategy) calls on addressing loneliness and social exclusion in Australia. Underpinning this action, the National Strategy recommends that programs that build social connectedness and belonging and improve relationships should be implemented and evaluated.⁵³ Included within this is funding for community-based programs and initiatives focused on reducing loneliness among groups disproportionately impacted by loneliness and isolation, including men.

"Peer-led spaces, storytelling, culturally grounded yarning circles, strengths-based mentoring through trusted community figures can all help men feel seen without shame.

- Suicide Prevention Australia Lived Experience Panel Member

Grassroots and peer-led services are vital in reaching men at risk of suicide, particularly because they are embedded within local communities and have strong contextual knowledge of where and how to connect with men who may not otherwise engage with formal systems. These peer-led services are often initiated and sustained through local grants and community investment; however, government resourcing could significantly strengthen their reach and impact. Establishing funding mechanisms to support innovation and research supports the implementation of Principle 4 of the Male Suicide Prevention Principles which highlights that services and supports should be created with lived experience and informed by research and data.⁵⁴

Across the ACT, a range of grassroots and peer-led services are actively supporting men's mental health and wellbeing. Collectively, these services can play a critical role in reaching men early, reducing stigma, and providing support in the environments where men feel most comfortable. Local services include:

- Men's Sheds – providing safe, inclusive spaces for men to build social connection and purpose through hands-on activities and peer support.⁵⁵
- I Got You – offering peer-led mental health first aid and suicide prevention support tailored for men, particularly in workplace and high-risk settings.⁵⁶

⁵³ Ibid.

⁵⁴ Suicide Prevention Australia. (2022, January). Male Suicide Prevention Principles Report [PDF].

https://www.suicidepreventionaust.org/wp-content/uploads/2022/02/SPA_Male-Suicide-Prevention-Report_2022_FINAL.pdf

⁵⁵ Australian Men's Shed Association. (n.d.). About AMSA. Australian Men's Shed Association. Retrieved July 28, 2025, from <https://mensshed.org/about-amsa/>

⁵⁶ I Got You. (n.d.). The story behind I Got You. Retrieved July 28, 2025, from <https://igotyou.org.au/pages/about-us>

- Menslink – delivering counselling, mentoring, and education programs for young men aged 10-25, promoting help-seeking and emotional resilience.⁵⁷

Evidence from some evaluations indicates that peer-led and community-based models can be highly effective.⁵⁸ However, more research is needed to identify the most impactful services and the funding models that best support them. The South Australian suicide prevention networks and South Australian Suicide Prevention Community Grants Scheme are a good example of how government resources can facilitate communities to provide effective grassroots supports.⁵⁹

Many grassroots services lack the capacity to seek funding proactively which means governments should not rely solely on communities applying for grants. Instead, governments should play an active role in identifying, engaging, and supporting these services. This inclusion would further support government efforts to implement Principle 1 of the Male Suicide Prevention Principles that ensures supports respect and value men’s strengths, by both planning funding to ensure that the overall support system effectively engages with men and ensuring grassroots and peer-led services are appropriately resourced and enhanced.⁶⁰

In addition, addressing the needs of men and boys will require transparency and action on the extent to which services reach males. This may involve ensuring all bodies funding suicide prevention undertake independent gender impact assessments when commissioning services, to ensure suicide prevention initiatives are targeting and reaching males at risk. And based on evidence, taking action to require existing services that aren't reaching many men to seek to improve their engagement, as well as balancing this with targeted funding for services that are designed and expected to reach more men and boys.

Recommendation 2: The ACT Government should commit to sustained investment in existing grassroots and peer-led services that support men’s health, particularly those aimed at reducing suicide risk. This includes dedicated funding streams to support the continuation, growth, and evaluation of community-based initiatives that are already engaging men where they live, work, and socialise.

Connecting men to the support they need

Consultations across the sector have repeatedly highlighted the increased need for ‘meeting men where they’re at’ in the context of reducing distress and engaging men in help-seeking behaviours. Investing in non-traditional and non-health related opportunities to engage men is essential to suicide prevention efforts.

The *Doing it Tough?* program was a collaboration project between Suicide Prevention Australia, Australian Men’s Health Forum, health professionals, research experts, people with lived experience, and support groups, targeted at reducing risk and increasing support for men in NSW. The online directory connected men in NSW who were looking for support with addiction,

⁵⁷ Menslink. (n.d.). What we do. Retrieved July 28, 2025, from <https://menslink.org.au/what-we-do/>

⁵⁸ Suicide Prevention Australia. (2022). Male suicide prevention principles: Report. Suicide Prevention Australia. ** Retrieved from https://www.suicidepreventionaust.org/wp-content/uploads/2022/02/SPA_Male-Suicide-Prevention-Report_2022_FINAL.pdf

⁵⁹ Preventive Health SA. (n.d.). South Australian Suicide Prevention Community Grants. In Engage with us: Grants & funding. Retrieved July 28, 2025, from <https://www.preventivehealth.sa.gov.au/engage-with-us/grants-funding/south-australian-suicide-prevention-community-grants>

⁶⁰ Suicide Prevention Australia. (2022, January). Male Suicide Prevention Principles Report [PDF].

https://www.suicidepreventionaust.org/wp-content/uploads/2022/02/SPA_Male-Suicide-Prevention-Report_2022_FINAL.pdf

relationship issues, financial difficulties, abuse, job related challenges and mental health, with over 150 local groups and community organisations.⁶¹

Guiding men through from the first steps of seeking support, the program allows men to access community-led programs in their area. Making the program available in the ACT would ensure that all men at risk of suicide would have access to support. In addition, the service would enable men to decide for themselves what type of support is appropriate to their need, from local men's groups to online resources or specialists. Funding would enable the collation of services, roll out and administration of the site, and the support required to ensure regional coverage of resources and programs. Further to this, taking this situational approach aligns with Principle 2 of the Male Suicide Prevention Principles by facilitating more effective promotion of existing supports.⁶²

Recommendation 3: The ACT Government should invest funding into developing a targeted Territory-based Doing It Tough? resource to connect men to the support they need.

Long-term, tailored bereavement support

Research consistently shows that people who have lost someone to suicide are at an increased risk of suicide⁶³, with men less likely to seek help and more likely to engage in riskier coping mechanisms such as substance use or social withdrawal.⁶⁴ Under the current National Mental Health and Suicide Prevention Agreement (NMHSPA) and accompanying bilateral schedule, targeted postvention bereavement counselling delivered by Standby: Support After Suicide remains inaccessible for people who are bereaved within the ACT.

StandBy is an accessible and responsive postvention service delivering timely, compassionate, and tailored suicide bereavement support to all Australians. This includes flexible support options, via phone, online, and face-to-face services, to meet individual needs and preferences.⁶⁵ In addition, StandBy conducts proactive outreach to individuals and communities known to be impacted by suicide, including many male-dominated industries, to reduce barriers to accessing support. Currently, funding for StandBy in the ACT does not allow for a dedicated Regional Coordinator, which limits proactive advocacy efforts.

Only jurisdictions where their respective state or territory government committed to co-funding postvention alongside the commonwealth have access to these enhanced service offerings. Currently, New South Wales, Queensland, Victoria and Northern Territory have access to this service. A clear inequity in access to postvention support exists in the ACT, with those in other surrounding jurisdictions being able to access a higher level of support.

Recognising the intersectional nature of suicide risk, additional postvention considerations must be paid to Aboriginal and Torres Strait Islander peoples. Investment into targeted and long-term postvention support should in addition, extend to ensuring men and boys across the ACT have access to culturally considered care. Thirilli's expertise in delivering community-led, trauma-informed support following a suicide or critical incident plays a vital role in preventing further loss,

⁶¹ Doing it Tough (n.d.). [About Us Doing It Tough Support](#)

⁶² Suicide Prevention Australia. (2022, January). Male Suicide Prevention Principles Report [PDF].

https://www.suicidepreventionaust.org/wp-content/uploads/2022/02/SPA_Male-Suicide-Prevention-Report_2022_FINAL.pdf

⁶³ Pitman, A. L., Osborn, D. P. J., Rantell, K., & King, M. B. (2016). Bereavement by suicide as a risk factor for suicide attempt: A cross-sectional national UK-wide study of 3,432 young bereaved adults. *BMJ Open*, 6(1), e009948.

<https://doi.org/10.1136/bmjopen-2015-009948>

⁶⁴ Logan, N., Kryszynska, K., & Andriessen, K. (2024). Impacts of suicide bereavement on men: a systematic review. *Frontiers in public health*, 12, 1372974. <https://doi.org/10.3389/fpubh.2024.1372974>

⁶⁵ StandBy Support After Suicide. (n.d.). What we do. StandBy Support After Suicide. Retrieved July 23, 2025, from <https://standbysupport.com.au/what-we-do/>

promoting healing, and addressing grief in ways that are culturally appropriate and support the social and emotional wellbeing of First Nations communities.⁶⁶

Recommendation 4: The ACT Government to invest in targeted and long-term funding for tailored postvention supports for people disproportionately impacted by suicide, including men and boys.

Community capacity building

People experiencing suicidal distress interact with diverse sectors of the community. It is a critical moment when a person discloses their distress or suicidal thoughts for the first time, so it is vital to build suicide prevention skills and knowledge throughout the community. This can include everyone from clinicians to frontline service workers and teachers, along with members of the broader community who often provide informal support, such as pharmacists or barbers.

In addition, training of key public-facing service staff such as first responders can play a vital role in ensuring that people experiencing suicidal crisis, or those who have been bereaved by suicide, are provided with compassionate, trauma-informed care. When men bereaved by suicide are referred to postvention services by a trusted first responder, such as police, it can help reduce the stigma associated with seeking support and build trust in the service. Formalised referral pathways between first responders and postvention providers are key to facilitating early engagement among men following a suicide loss.

A range of effective and evidence-based short training courses exist that provide critical basic skills in identifying suicide risk and referring safely. Such “suicide prevention first aid” training equips recipients with the capacity to detect the signs someone may be experiencing a mental health or wellbeing issue, the confidence to refer them to external support, and the capacity to secure crisis support for someone who may be at risk of suicide. With appropriate evidence-based suicide prevention training, these connectors within communities are capable of having a conversation with a patient, customer, student or neighbour and provide vital assistance to help reduce their risk of suicide.

In addition, implementation of first aid training for key community members aligns with Action 6.2b of the National Suicide Prevention Strategy (the Strategy) that identifies a need to build upon previous Brief Support trials to strengthen the ability of services such as sports clubs, Men’s Sheds, and social support agencies to compassionately recognise and respond to suicidal distress.⁶⁷

Implementing community capacity building initiatives supports governments to take a situational approach (Principle 2 of the Male Suicide Prevention Principles) to suicide prevention in boys and men by ensuring that connector training is available to those who encounter men at risk.⁶⁸ To facilitate this, Suicide Prevention Australia has designed and piloted an online suicide prevention learning platform that brings together a range of existing evidence-based resources to help upskill and equip the community. Learnlinc is an ongoing and supported learning-based platform for individuals to identify learning needs, fulfil learning goals, and apply that learning to suicide prevention. It was created in collaboration with experts in suicide prevention and suicide prevention training to provide a space for individuals and organisations to identify and access a variety of existing learning resources. Learnlinc already provides subscribers with links to a range of existing

⁶⁶ Thirrili Ltd. (n.d.). About us. In Thirrili. Retrieved July 29, 2025, from <https://thirrili.com.au/about-us/>

⁶⁷ National Suicide Prevention Office. (2025). The National Suicide Prevention Strategy 2025–2035. National Mental Health Commission. Retrieved July 23, 2025, from <https://www.mentalhealthcommission.gov.au/sites/default/files/2025-02/the-national-suicide-prevention-strategy.pdf>

⁶⁸ Suicide Prevention Australia. (2022, January). Male Suicide Prevention Principles Report [PDF]. https://www.suicidepreventionaust.org/wp-content/uploads/2022/02/SPA_Male-Suicide-Prevention-Report_2022_FINAL.pdf

courses, as well as providing learning structures to help embed course content, and a large library of free resources drawn from organisations with specialist expertise. One method of increasing access to suicide prevention training and resources in the community would be to provide free access to Learnlinc to key community members along with “credit” to undertake their choice of existing evidence-based suicide prevention course. More information is here:

<https://www.suicidepreventionaust.org/learnlinc>

Recommendation 5: The ACT Government to increase access to evidence-based “suicide prevention first aid” training to key members of the community who commonly encounter people at risk via Suicide Prevention Australia’s online learning platform, Learnlinc.

Suicide prevention competency in public agencies

Throughout the Territory Government, many roles are public facing, particularly in directorates where distress can be encountered on a regular basis, including Communities, Health and Education. The impacts of this work, affect both the public, and public sector employees. It is critical to ensure these workers are embedding suicide prevention practices into their dealings with members of the public and in their own workplaces.

In collaboration with members and stakeholders, Suicide Prevention Australia developed [Suicide Prevention: A competency framework](#) to enhance and build capacity, and capability, of the non-clinical suicide prevention workforce to respond to people experiencing suicidal thoughts and behaviours. The Framework is informed by, and brings together, knowledge experts in workplace suicide prevention and suicide prevention training. The Framework provides a starting point for employers and staff to consider what they need to know to promote wellbeing and intervene effectively to reduce distress and suicidal behaviour in their workplace.

This framework is general and can be applied to any organisation or workplace. Using this as a basis a number of industry specific frameworks have been created, including for universities, the health sector, mining (in development) and volunteer firefighting (in development). To support efforts to build capacity on responding to suicide risk, Government should fund the development of industry-specific competency frameworks in high-risk areas of government services. Building on the Suicide Prevention Australia Framework this can provide a tailored approach to build on the evidence of ‘what works’ regarding the knowledge and skills required for workforces in suicide prevention across diverse settings.

Recommendation 6: The ACT Government to introduce competency frameworks across all public-facing agencies to ensure staff can effectively identify and respond to signs of distress.

Guidelines for Emergency Departments

Recognising that many men experiencing distress may not have previously engaged with any health services, hospital emergency departments may be the first point of contact for men in their formal help seeking journey. Hospital Emergency Departments are often the first point of contact for someone in suicidal crisis, and the support and treatment provided has a significant impact on their risk of attempting or dying by suicide in the future. Suicide Prevention Guidelines can help Emergency Departments to deal more effectively and compassionately with suicidal behaviours.

Implementing Emergency Guidelines within the North Canberra Hospital Emergency Department the ACT will build a strong and consistent process, which assists both staff and utilising the service. Two examples of relevant guidelines are: *Suicide Prevention: A Competency Framework for the Health*

*Sector*⁶⁹ and the *Guidelines for integrated suicide-related crisis and follow-up care in Emergency Departments and other acute settings*.⁷⁰ These Guidelines provide the health system with tools to better equip and support staff, ensuring adequacy of care that is compassionate and respectful to every person in suicidal crisis who presents to the emergency department and other acute settings.

As with broader community capacity building, implementing suicide prevention guidelines for emergency departments takes a situational approach (Male Suicide Prevention Principles, Principle 2) by ensuring that better referral pathways exist for men experiencing distress by resourcing collaboration and coordination between support providers.⁷¹

Recommendation 7: The ACT Government to ensure all emergency departments develop the capacity to implement the Suicide Prevention Guidelines for Emergency Departments

Lived experience co-design

Any targeted strategies for reducing suicide in boys and men must be informed by the insights and lived experience of men who have experienced suicidal distress, survived suicide attempts, been bereaved by suicide or supported others through suicide risk. Action 7.3a in the National Suicide Prevention Strategy 2025-2035 (the Strategy) recommends a comprehensive review of men's engagement with existing support options for people with suicidal thoughts and behaviours.⁷² Further to this, the Strategy proposes that the findings resulting from this review should form the foundation for a co-design process to develop new models to better meet the needs of men.⁷³

“[...] a service needs to be creative on how it engages and to understand with empathy the target group of men and use imagination and respect. Validation on how a man is feeling and empathy fo[r] the traditional barriers is important to build into any service delivery.”

- Suicide Prevention Australia Lived Experience Panel Member

To achieve this at a state level, targeted commitment to a lived experience co-design approach that ultimately supports men in all of their diversity, and embeds their experiences across the creation, implementation and evaluation of initiatives aimed at promoting positive health behaviours in boys and men is required (Male Suicide Prevention Principles, Principle 3).⁷⁴

This includes not only increasing access to mental health services but also designing gender and context-specific pathways to support emotional expression, help-seeking, and meaningful social connection. Co-design processes should be inclusive of diverse and intersectional male experiences, including those of Aboriginal and Torres Strait Islander men, LGBTQIA+ men, culturally and linguistically diverse men, men with disabilities, and men in rural or disadvantaged communities.

⁶⁹ https://www.suicidepreventionaust.org/wp-content/uploads/2023/09/2300905-SPA_Compentency-Framework-Healthcare_v2.pdf

⁷⁰ https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/delphi-guidelines-clinical-summary_web.pdf

⁷¹ Suicide Prevention Australia. (2022, January). Male Suicide Prevention Principles Report [PDF].

https://www.suicidepreventionaust.org/wp-content/uploads/2022/02/SPA_Male-Suicide-Prevention-Report_2022_FINAL.pdf

⁷² National Suicide Prevention Office. (2025). The National Suicide Prevention Strategy 2025–2035. National Mental Health Commission. Retrieved July 23, 2025, from <https://www.mentalhealthcommission.gov.au/sites/default/files/2025-02/the-national-suicide-prevention-strategy.pdf>

⁷³ Ibid.

⁷⁴ Suicide Prevention Australia. (2022, January). Male Suicide Prevention Principles Report [PDF].

https://www.suicidepreventionaust.org/wp-content/uploads/2022/02/SPA_Male-Suicide-Prevention-Report_2022_FINAL.pdf

Implementation should involve partnering with existing men's groups, peer-led initiatives, and local suicide prevention networks to facilitate engagement and leadership. For example, peer-led design workshops could inform the development of localised outreach models, drop-in hubs for social connection, or digital campaigns that reflect the language and values of men in the ACT. These initiatives should be supported by training and resourcing to build capacity in lived experience leadership and ensure ethical, sustainable participation.

Recommendation 8: The ACT Government to embed lived experience co-design in the development of targeted strategies and supports that promote positive health behaviours among boys and men.

Acknowledgements Statement

Suicide Prevention Australia acknowledges the unique and important understanding provided by people with lived and living experience. This knowledge and insight is critical in all aspects of suicide prevention policy, practice and research. Advice from individuals with lived experience helped guide the analysis and recommendations outlined in this policy position.

As the national peak body for suicide prevention, our members are central to all that we do. Advice from our members, including the largest and many of the smallest organisations working in suicide prevention, as well as practitioners, researchers and community leaders is key to the development of our policy positions. Suicide Prevention Australia thanks all involved in the development of this policy position.

If you or someone you know require 24/7 crisis support, please contact:

Lifeline: 13 11 14

www.lifeline.org.au

Suicide Call Back Service: 1300 659 467

www.suicidecallbackservice.org.au

For general enquiries

02 9262 1130 | policy@suicidepreventionaust.org | www.suicidepreventionaust.org