



Inquiry into men's suicide rates

Answer to question taken on notice

Asked by: Mr Thomas Emerson MLA

Addressed to: Minister for Mental Health

In relation to: Aftercare services to support individuals following a suicide attempt and or crisis

Hearing: 28 November 2025

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Transcript provided: 3 December 2025

Answer Due: 10 December 2025

Ms Danielle Nagle took on notice the following question(s):

THE CHAIR: Aftercare, before I hand to Miss Nuttall, you mentioned the commitment through the national agreement to the objective of achieving universal aftercare services to support individuals following a suicide attempt and or crisis. I have heard from the family of a young man whose life was recently tragically lost to suicide, they described aftercare as non-existent and said that there was no contact from anyone to the young man or his family after his attempts. Why am I getting that feedback?

Ms Nagle: I am sorry to hear that. I think that there is always room to improve and I think that the programs like Minds Together is actually—that is—we have recently refunded that is actually a really good example of that service being made available and I think that there is—the other part that we also recognise that there is a space for youth and so we have actually asked the Youth Coalition to lead a co-design for a youth aftercare service for young people aged 12 to 25 during suicidal crisis and so they have commenced that and that process as well.

THE CHAIR: So do we have data on the number of people who are engaged, you know, the promise is kind of universal aftercare, are engaged and receiving that, people who are not, I am just trying to understand the, I suppose, the gap between the reports I am getting and the numbers of programs and so on that I am hearing from officials.

Ms Nagle: Yes, sure. I do not have the numbers of how many people are engaged in those services or have been engaged in those services and we can certainly take that on notice and get those. I think that sometimes it is about—and it is the work that we do to try and get the message out to people about the services that are available. We have started—we have a collaborative as well which includes over 50 organisations who are involved in suicide prevention in some form across the ACT and part of the work that they do is actually to work with other organisations and to make sure that those organisations and people in—who would come across these people are able to actually make those referrals and are aware of what is available.

THE CHAIR: So if you are taking that on notice how many engaged with the service or have been engaged. Can you also take on notice, and I do not know how the data would be tracked, but people who have presented to a Canberra Health Service would of some kind, having made it an attempt, a suicide attempt. I guess, I am trying to get a proportion of people who have made an attempt and have then received aftercare support.

Mr Aloisi: I think we can take the question on notice. But I would just point out it is challenging with the data because the way things are coded into our—into the digital health record and how it is based on the international classification for diseases. So the way it is actually classified in our system might not necessarily indicate whether there has been an attempt or not. It does not include the specificity of that.

So you might look in the actual file and give you all that information about an attempt but the way it is actually coded in the system my sense is we do not have that level of granularity in being able to extract that data because if a person, for example, could be coded as presenting with depression or an acute psychosis and a suicide attempt might actually be part of that presentation or suicidal ideation might actually be part of that presentation as well. So it is the way it is coded in the system I think we would have challenges providing that data, but happy to take that on notice.

Ms Nagle: We would be able to provide the numbers of accessing the services for the ones that ACT government funds, just to clarify.

MS RACHEL-STEPHEN SMITH MLA: The answer to the Member's questions is as follows:

Aftercare services to support individuals following a suicide attempt and or crisis

The ACT Government funds a range of aftercare services to support people following a suicide attempt or suicidal crisis. These include services funded directly by the ACT Government and services funded under its component of the joint Commonwealth and ACT Government Mental Health and Suicide Prevention Bilateral Agreement to identify, develop and implement services towards a Universal Aftercare model (the Commonwealth also funds an existing aftercare service under its component of the Bilateral Agreement).

- Thirrili Ltd (ACT Government-funded service – outside of the Bilateral Agreement):
 - Provides culturally appropriate suicide prevention, early intervention, and aftercare for Aboriginal and Torres Strait Islander communities in the ACT.
 - Last formal report (up to June 2025): 15 ongoing clients (nine females, six males), majority referred from Canberra Hospital.
 - Next formal report due: end of January 2026.
 - Thirrili has advised that since August they have received additional referrals to provide support to three bereaved families impacted by suicide.
 - Thirrili has experienced staffing challenges during this period and is now fully recruited, which may influence future referral numbers.

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- Minds Together (ACT Government-funded services under its component of the Bilateral Agreement):
 - Free online and face-to-face training for families, friends, and carers supporting someone in suicidal distress or following a suicide attempt.
 - Online program is active and accessible to all Canberrans.
 - Since its commencement in mid-December 2024, 30 people have participated in the online program (as of 3 December 2025).
 - The next formal report is due at the end of January 2026.
 - Face-to-face training is currently in train-the-trainer phase, with full delivery anticipated early in 2026.
- Roses in the Ocean (ACT Government-funded services under its component of the Bilateral Agreement)
 - Establishing a Peer Companion in Community Program to provide a peer-based, non-clinical workforce of trained and supported community members with lived experience of suicide.
 - Currently setting up an office, recruiting staff, and engaging stakeholders.
 - Operations are expected to commence in 2026.
- Youth Coalition (ACT Government-funded services under its component of the Bilateral Agreement):
 - Leading co-design of a future youth aftercare service model for young people aged 12-25 during suicidal crisis and/or following suicidal distress.
 - There are 4 codesign streams:
 - Aboriginal and Torres Strait Islander young people
 - LGBTQIA+ young people
 - Young people from culturally and linguistically diverse (CALD) backgrounds
 - “Open” Youth Lived Experience | youth population.
 - May involve enhancing existing services or introducing new approaches.
 - Funding options will be considered once the model is finalised.
 - Service design model report expected by June 2026.
- Commonwealth-funded service under its component of the Bilateral Agreement: The Way Back Support Service (TWBSS)
 - TWBSS is the ACT’s existing aftercare service, funded by the Commonwealth via the Capital Health Network (CHN).
 - Provides non-clinical, practical and emotional support for people following a suicide attempt, as part of the goal of achieving Universal Aftercare.
 - Data on service activity is held by CHN and cannot be provided by the ACT Government.

Presentations to Canberra Health Services following a suicide attempt

Data about ambulance attendances for suicidal ideation and self-harm behaviours, and hospitalisations for intentional self-harm are published by the Australian Institute of Health and Welfare.

Extracts of the published data for the ACT are presented in Table 1 and 2 below. The full suite of published data about hospitalisations for self-harm and ambulance attendances for suicidality and self-harm is available [here](#).

Table 1: Number and crude rate of intentional self-harm hospitalisations for males, Australian Capital Territory, 2019-20 to 2023-24

Measure	2019-20	2020-21	2021-22	2022-23	2023-24
Number	183	161	159	174	196
Crude Rate (per 100,000 population)	84.2	72.7	70.8	76.3	85.1

Table 2: Average monthly number of ambulance attendances in the ACT for suicidal ideation and self-harm behaviours 2021 to 2024

Year	Self Injury	Suicidal Ideation	Suicide Attempt	Suicidal Ideation and Suicide Attempt
	Value	Value	Value	Value
2021	44	106	67	172
2022	36	78	58	136
2023	42	83	48	131
2024	35	93	50	143

Notes

Average monthly rates are calculated by averaging the monthly rates for each year (i.e. for each year: summing the available monthly rates and dividing by the number of months for which data are available).

Emergency data held does not allow for reporting on presentations for suicide and self-harm due to data collection being focussed on principal diagnosis. This principal diagnosis reflects the acute need for care, for example, it might be the injury associated with a suicide attempt or self-harm rather than the intent.

Approved for circulation to the Standing Committee on Social Policy



Signature:

Date:

11/12/25

By the Minister for Mental Health, Rachel Stephen-Smith MLA