



Submission cover sheet

Inquiry into men's suicide rates

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headspace and yourtown submission to the Inquiry into men's suicide rates

yourtown and **headspace** welcome the opportunity to respond to the Legislative Assembly of the ACT Standing Committee on Social Policy's inquiry into men's suicide rates.

It is well known that suicide is the leading cause of death for young people aged 15-to-24 in Australia. In 2023, over one-third of deaths among Australians aged 15-24 years were due to suicide.¹ It was also the leading cause of child death in Australian in 2023.² Furthermore, suicides among young people are more likely to be associated with suicide clusters than suicide by adults.³

headspace and **yourtown** are extremely concerned about escalating rates of distress among children, young people and families, and are dedicated to preventing deaths by suicide and reducing the associated risks. Every day, we work directly with young people at high risk of suicide. In 2024, close to one quarter (23%) of the young people who received a support service at headspace centres were recorded as experiencing suicidality at some point, 13% of all support services in centres were in relation to suicidality, with support provided in relation to suicidality on 47,764 occasions.

As for young men specifically, in 2024, 21% of young men who received a support service at headspace centres were recorded as experiencing suicidality at some point, 12% of all support services in 2024 in centres were in relation to suicidality, with support provided to young men in relation to suicidality on 12,656 occasions.

In 2024, **yourtown's** Kids Helpline counsellors provided 133,386 responses to children and young people across Australia, 75% of these responses occurred outside of normal business hours of 9am to 5pm Monday to Friday. One-in-six contacts were about suicide-related concerns. Kids Helpline also enacted 4,632 crisis interventions where they engaged with external services (e.g. police, ambulance, domestic and family services, homeless shelters, etc) to provide immediate assistance to children and young people who were at risk of significant harm. The most common reason for these crisis interventions was suicide attempts.

Current thoughts of suicide have been reported in 16.2% of all Kids Helpline counselling contacts from males in the ACT during 2023 and 15.0% in 2024. These proportions are higher than the national rates of current thoughts of suicide from male counselling contacts during

¹ AIHW. (2024). *Deaths by suicide among young people*. Retrieved from: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicide-among-young-people>

² Australian Bureau of Statistics. Causes of Death, Australia, 2022 [Internet]. ABS, Australian Government; 2023 [cited 2023 October 02]. Available from: <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2023>.

³ Hill, N., Spittal, M., Pirkis, J., Torok, M., & Robinson, J. (2020). Risk factors associated with suicide clusters in Australian youth: Identifying who is at risk and the mechanisms associated with cluster membership. *eClinicalMedicine*, 29, 100631

2023 (13.3%) and 2024 (13.5%). Mental health is the most-commonly raised concerns by males contacting from the ACT who have disclosed current thoughts of suicide. Kids Helpline counsellors also record contacts from males seeking support related to suicide in the ACT. While these contacts may or may not be experiencing current thoughts of suicide, the proportions demonstrate elevated concern related to suicidality among males in the ACT over the past two years. Specifically, 14.1% of all counselling contacts provided to males from ACT in 2024 expressed concerns related to suicide. This proportion has increased from 13.3% in 2023 and 9.6% in 2022.

One life lost to suicide is one too many. Urgent and ambitious responses are needed.

Young men are three times more likely to die by suicide than young women (AIHW, 2023). We support a nuanced approach to addressing this alarming rate of preventable deaths by adopting an appropriately gendered approach to preventing deaths by suicide and enhancing engagement of young men in help seeking.

Suicide prevention requires a broad response and shared responsibility – a response that focuses on known protective factors that can support positive mental health and wellbeing, that involves whole communities, and that employs a range of activities across the spectrum of interventions for mental health.

The following provides a summary of recent research by **yourtown** and sets out **yourtown** and **headspace's** recommendations to the Legislative Council on preventing suicidality among young men and boys, based on our research and experiences in delivering services to children, young people and families nationally.

Help seeking among boys

In 2021, as part of a research partnership with Swinburne University, **yourtown** surveyed over 2,500 young males (aged 12-18) about the issues they face, their coping strategies and if/how they seek help for their mental health and wellbeing. The most common issues of concern included coping with stress (92%); school or study problems (90%); depression (85%); or body issues (80%).

Key findings around **seeking help** include the following barriers:

- Young men told us that the fear of stigma especially around masculine norms or being judged was a major barrier for seeking help. Being perceived as weak and feeling embarrassed were other common themes that arose.
- When young men feel they will not get adequate support from those around them or feel asking for help will impact others, they are less likely to seek help.
- Young men told us they only reach out when they cannot fix the problem themselves or it is increasingly impacting their daily lives. Many felt their issues were not serious enough to warrant seeking help.
- There is a lack of knowledge around what mental health and wellbeing means, and where young men can find help or resources.
- Young men often felt that a mental health service would not be able to assist them with their needs and concerns. Others told us they had had poor experiences when using a mental health service in the past.
- Young men were more likely to reach out to supports around them before seeking help from a mental health professional. The survey found most young men turn to friends for

support or advice about their personal or emotional problems, followed by their mother, partner, and father.

The study also looked at coping strategies, and found differences in behaviours between young males aged 12-15 and the older teenage cohort aged 16-18:

- Compared to the younger cohort, the older cohort told us they were more concerned about: depression, suicide, alcohol, and drugs. In comparison the younger cohort was more concerned about personal safety.
- The younger cohort was more likely to reach out to their parents. The older cohort, in comparison, was more likely to seek support from their friends and partner.
- When those in the younger cohort were not feeling their best, they were more likely to engage in activities with social connections. This includes: playing games online with others; playing games or sports outside with others; and using social media. In comparison those in the older cohort were more likely to listen to music or go outside by themselves.

Responding to suicide among young people

Responding to suicide among young people requires a different approach than for other age groups, due to different help-seeking behaviours and specific risk factors related to their development stage. For example, it is a time of susceptibility to the onset of mental ill health, a significant risk factor for suicide. Young people are navigating a time of great developmental change with significant emotional, cognitive, social and identity transitions. These factors can heighten vulnerabilities to distress and to suicide contagion behaviour.

This makes demographic-specific approaches to suicide prevention for children and young men essential. As discussed below, these interventions need to address the social, cultural and economic determinants of mental health and suicidal distress. It is also essential that interventions, services and resources for young people are developmentally appropriate and inclusive.

Over the past 5 years there has been an upward trend in suicide related contacts to Kids Helpline from children and young people. However, this rise has been more pronounced across certain demographic groups: those aged 10 to 14; First Nations; and those living in outer regional and remote areas. This highlights the need to adopt specific approaches for different groups and cohorts classified as young people, rather than approaching this group as a homogenous whole.

To effectively reduce suicide risk among children and young people in the ACT, it is essential to implement age-appropriate, strengths-based interventions across schools, youth services, and digital platforms that address early signs of mental ill health and impulsivity. These programs should be inclusive and culturally responsive and co-designed with youth from diverse backgrounds to ensure relevance and impact. Strategic partnerships with services like Kids Helpline, headspace, and ACT Youth Mental Health teams can support real-time crisis outreach tailored to vulnerable cohorts, while broader suicide prevention efforts must actively address social, cultural, and economic drivers of distress through coordinated, community-wide planning. This approach advances goals under the *ACT Suicide Prevention Strategy* for youth-specific and culturally relevant prevention approaches, supports *ACT Health Services Plan 2022–2030* by improving timely access to developmentally appropriate care, and contributes to

outcomes in the *ACT Wellbeing Framework* within domains of Health, Safety, and Relationships for vulnerable children and young people.

Recommendations

The Legislative Council considers the specific needs of boys and young men in its deliberations and in making recommendations for suicide prevention strategies and interventions.

The ACT Government should establish a Youth Suicide Prevention Response Framework tailored to developmental needs, cultural contexts, and risk factors specific to young people aged 10 to 25 with dedicated strategies for priority cohorts including children aged 10–14, First Nations youth, and those living in outer regional or semi-rural ACT communities.

Tailored and responsive suicide prevention pathways for young men at risk

Particular groups of young men and boys have a higher risk of suicide, especially those who are exposed to environmental factors (sometimes intersecting) that contribute to greater risks of discrimination. Some of these risks include being First Nations young men; LGBTIQ+ young men; young men in contact with the justice system; those living in rural and remote areas; and young men in or who have recently left statutory care. Young people who have been exposed to suicide-related behaviour are also at higher risk, as are young people with an experience of mental ill health.⁴

These young people can experience multiple and complex barriers to accessing the care and support they need in times of distress. Suicide prevention strategies – and mental health support more broadly – needs to be appropriately tailored to their needs, to provide accessible, holistic and culturally responsive support when they need it.

To ensure suicide prevention efforts are responsive to the needs of young men at high-risk in the ACT, a targeted strategy should be implemented that prioritises culturally safe engagement, system integration, and lived experience leadership. This includes funding peer navigators from First Nations and LGBTIQ+ communities to foster trust and guide service access, embedding tailored screening and referral pathways into youth justice and statutory care systems, and equipping frontline workers with trauma-informed training. Expanding telehealth and mobile outreach in outer suburban and semi-rural ACT regions will increase timely support, while youth-led advisory panels from priority cohorts will help shape service models that reflect real-world relevance and accessibility. This approach supports the *ACT Suicide Prevention Strategy* by improving access and reducing risk among priority populations, aligns with the *ACT Health Services Plan 2022–2030* by embedding youth-specific and community-informed care pathways, and advances the *ACT Wellbeing Framework* through targeted action in domains of Health, Connection, and Safety for vulnerable young men.

⁴ Robinson, J., Bailey, E., Browne, V., Coz, G., & Hooper, C. (2016). *Raising the bar for youth suicide prevention*. Melbourne: Orygen.

Recommendation

The ACT Government's child and youth suicide prevention efforts should be tailored to the needs of youth cohorts disproportionately affected by suicide, including those who experience multiple and complex barriers to accessing support, including First Nations young men, LGBTIQ+ youth, young men with justice involvement, and those in statutory care. Initiatives should be co-designed with representatives from each priority group and embedded into existing youth, health and justice systems across the Territory.

Community and school-based prevention and postvention are important

Young men have the lowest rates of help-seeking of any demographic groups across the lifespan, and the lowest rates of awareness of available mental health organisations and services. This is particularly pronounced among young LGBTIQ+ men, First Nations young men, and those living in rural and isolated areas.

Communities have a key role in supporting young men, including opportunities to sustain supportive and multiple connections and providing positive role models across areas of the community where young men engage (including sports, gaming, music and arts groups). Diverse role models who can demonstrate that they have come through times of distress and take care of their mental health, can help young men learn that there is support available and help build a sense of hope for the future.

Building the capacity of community to identify and respond to mental health concerns can empower people with a common language and knowledge of the role that they can play in youth suicide prevention.

Education settings are a key platform for the provision of mental health support that engages children, young people, and families along the continuum of intervention for health and wellbeing. Schools are accustomed to supporting students' learning and developmental needs and they also help students to develop resilience, social and emotional health, and confidence in seeking services and treatment. School staff are in a good position to notice changes in behaviour and encourage young people to seek support. For these reasons, schools have long been regarded as suitable environments for implementing suicide prevention initiatives for vulnerable young people.⁵

The suicide of a child or young person can have wide-reaching impacts on friends, students, families, teachers and the broader school community. Worryingly, suicides among young people are more likely to be associated with suicide clusters when compared with suicides among adults.

Given this, community and school-based postvention programs are critical for youth suicide prevention. Coordinated and informed postvention responses can help schools and communities to address the needs of families, friends, students and staff following a suicide, and to put in place plans that proactively reduce the risk of further suicides occurring.

⁵ Robinson J, Cox G, Malone A, Williamson M, Baldwin G, Fletcher K, et al. A systematic review of school-based interventions aimed at preventing, treating, and responding to suicide-related behaviour in young people. *Crisis*. 2013;34(3):164-82

It is vital to consider the role of systemic masculinity norms that discourage help-seeking behaviour and emotional expression among young men. Cultural expectations around strength and self-reliance often prevent men from reaching out for support when they are struggling. Tailored education initiatives and awareness campaigns are needed to challenge these norms and foster environments where vulnerability and emotional honesty are seen as strengths, not weaknesses. These campaigns should be developed in consultation with young men and those with lived experience to ensure messages resonate and have lasting impact.

Over recent decades, schools have also become recognised as important sites for postvention,⁶ which involves responding to the mental and physical health and wellbeing of students and staff, both immediately following a suicide and in the longer term.

headspace initiatives aim to increase understanding of mental health and wellbeing and support schools to prepare for, and respond and recover, from suicide:

- headspace supports schools Australia-wide with the Mental Health in Education Program and the Be You schools program (run in partnership with Beyond Blue and Early Childhood Australia). These programs equip young people, their parents, educators and the broader school community with knowledge, skills and tools to support young peoples' mental health and build the support structures needed so they can seek help when they need it.
- headspace Schools and Communities provide evidence-based training, information and resources, and intensive support that assists secondary schools, TAFE, and universities across Australia to prepare for and recover from suicide. This is achieved through delivery of evidence-based gatekeeper training using the Skills based Training on Risk Management (STORM) approach and workshops that focus on: building staff capacity and knowledge around issues of suicide; developing school policies and procedures around suicide; developing an Emergency Response Plan; and assembling and managing Emergency Response teams. The University Mental Health and Postvention Support Program provides mental health and suicide postvention guidance to all Australian universities and their staff through workshops, suicide postvention support and policy review.

Kids Helpline aims to improving young people's understanding of mental health and wellbeing while assisting schools in managing situations involving suicide, such as providing emotional support to affected students, organising outreach efforts, and facilitating communication with mental health professionals. Our approach spans universal prevention efforts and targeted postvention support, delivered through three interlinked initiatives: Kids Helpline's counselling service, Kids Helpline @ School, and the My Circle peer support platform.

- Kids Helpline is a free, confidential 24/7 counselling for 5–25 year olds that offers immediate emotional support, safety planning, warning-sign resources and help-seeking guidance to prevent crises, as well as tailored grief and trauma counselling, specialised loss resources, self-care advice and local referrals to support recovery after suicide.
- Kids Helpline @ School delivers interactive digital workshops led by trained counsellors within schools, focusing on emotional literacy, coping strategies and mental health

⁶ Robinson J, Cox G, Malone A, Williamson M, Baldwin G, Fletcher K, et al. A systematic review of school-based interventions aimed at preventing, treating, and responding to suicide-related behaviour in young people. *Crisis*. 2013;34(3):164-82; Hazell P, Lewin T. An evaluation of postvention following adolescent suicide. *Suicide Life Threat Behav*. 1993;23(2):101-9; Poijula S, Dyregrov A, Wahlberg K, Jokelainen J. Reactions to adolescent suicide and crisis intervention in three secondary schools. *Int J Emerg Ment Health*. 2001;3(2):97-106

awareness, and provides downloadable prevention resources and comprehensive support such as crisis protocols, communication plans, debriefing practices, reintegration approaches and trauma-informed tools to assist schools following a suicide event.

- My Circle is a moderated online peer support community for young people aged 12 to 25, offering anonymous forums where users can safely discuss sensitive topics such as suicidal thoughts, self-harm, and mental health. In addition to these forums, the platform provides self-guided resilience programs to build coping skills, direct links to counsellors for early intervention, dedicated grief support spaces, professionally moderated group sessions to foster connection, postvention toolkits to aid recovery after a crisis, and peer mentoring to encourage empathy, growth, and resilience.

There is also a need for greater regulation and accountability for media outlets when reporting on youth suicide, as well as balanced communication campaigns from trusted sources. The recently released Mind Frame Youth Guidelines serve as an essential reference for responsible media coverage of youth suicide, with both Kids Helpline and Headspace contributing their expertise to its development.

Recommendation

The Legislative Council should consider ways to boost suicide prevention in education and community settings, including through the use of postvention as prevention.

Mental health services require adequate resourcing to effectively respond to suicide risks

It is essential that when young men do seek support, they find services that are accessible, affordable, engaging, male friendly and helpful.

Research indicates that a substantial proportion of individuals who die by suicide have already been in contact with healthcare services. Nearly 30% were under specialist mental health care at the time of their death,⁷ ⁸ while up to 80% consulted a primary care provider in the year beforehand and 44% within the last month.⁹ Ensuring mental health services are sufficiently funded, comprehensively integrated, and equipped with proactive screening and streamlined referral protocols is essential to convert these critical contact points into effective opportunities for suicide prevention.

headspace's research demonstrates that suicidality is common for help-seeking young people, regardless of the severity of their mental health concerns, and needs to be routinely assessed and incorporated into the young person's treatment plan.¹⁰

⁷ Hill, N. T. M., Too, L. S., Spittal, M. J., Robinson, J., & Pirkis, J. (2021). Suicide by young Australians, 2006–2015: A cross-sectional analysis of national coronial data. *Medical Journal of Australia*, 214(3), 133–139. <https://doi.org/10.5694/mja2.50876>

⁸ Stene-Larsen K, Reneflot A. (2019). "Contact with primary and mental health care prior to suicide: A systematic review of the literature from 2000 to 2017". *Scand J Public Health*. 47:9–17. 10.1177/1403494817746274

⁹ Stene-Larsen K, Reneflot A. (2019). "Contact with primary and mental health care prior to suicide: A systematic review of the literature from 2000 to 2017". *Scand J Public Health*. 47:9–17. 10.1177/1403494817746274

¹⁰ Albrecht, et al

Service providers need to be skilled and equipped in carefully and deliberately asking about suicidality, noting that some young people (such as those from a multicultural background) may take more time to disclose suicidality.

Services also need a 'no wrong door' approach, as adopted by headspace and Kids Helpline. As young males often do not seek help or access services as they fear being judged or not taken seriously, they require a system that is able to recognise and respond to their multiple and holistic needs at any point of entry. An integral part of ensuring that there is no wrong door to accessing support and care services is training adults who are in contact with young males to identify and respond to the needs of those experiencing suicidal ideation.

Although the ACT Government and PHN fund gatekeeper training programs and youth navigation tools, they have yet to put in place a territory-wide "no wrong door" framework that embeds proactive suicide screening and holistic responses at every service entry point across sectors such as housing, employment, justice, health, and education. Implementing a "no wrong door" approach is vital to ensure that young people encounter consistent risk assessment, immediate support and seamless referral pathways wherever they first seek help. This can assist in reducing service fragmentation, breaking down access barriers, and enabling timely, coordinated care.

These approaches reinforce the ACT Government's whole-of-government mental health and suicide prevention approach (central to the ACT Mental Health and Suicide Prevention Plan and the Towards Our Vision framework) by emphasising cross-sector collaboration, co-design with lived experience, and the integration of prevention, early intervention and culturally inclusive supports across education, housing, employment and health services. They also mirror existing youth navigation tools, gatekeeper training programs and targeted outreach for LGBTIQ+ and First Nations communities, underscoring the Territory's commitment to accessible, stigma-free care. Embedding a "no wrong door" philosophy across these sectors ensures that every point of contact acts as a gateway to timely, tailored support, closing service gaps and preventing individuals from slipping through the cracks.

Recommendations

The ACT Government should establish a "no wrong door" mental health framework, aimed at young males, across primary, youth and community services. This involves funding targeted training in proactive suicidality screening, gender- and culture-sensitive care, and routine suicide assessment integrated into all treatment plans.

Concurrently, the Government should co-design outreach campaigns with LGBTIQ+, First Nations and rural young men to tackle stigma, reduce cost barriers and boost awareness of free, accessible supports.

Embedding family inclusive approaches into youth suicide prevention

Families and peers have a vital role to play in youth suicide prevention. They are a critical source of support for many children and young people accessing support for mental health and suicidal distress, particularly those from isolated or marginalised groups. As **yourtown's** research found, young men are likely to reach out to their mothers for support when distressed (see above).

However, many families do not understand suicidality, do not know how to best provide support, and often feel overlooked by the mental health system. This may be particularly relevant in refugee and migrant communities.

To effectively support the needs of children and young people, the mental health system and any broader suicide prevention activities need to build the capacity of parents, families and friends to support their young people and children. This work needs to be informed by the perspectives of parents and families with lived experience of supporting children and young people who are experiencing suicidal ideation, harnessing their insights to guide effective support.

Investment in family education and support is critical for a range of reasons. Parents are well positioned to be a child or young person's most trustworthy and reliable support, through times of distress and while a child or young person may be accessing mental health services. It's also important to help parents and caregivers to understand how the family environment can contribute to positive mental health and wellbeing.

A comprehensive, family-inclusive approach is essential to reducing youth suicidality among young men in the ACT. This strategy should prioritise accessible suicide literacy programs for parents and caregivers to foster understanding and compassionate response skills. It should also include a lived experience advisory panel to guide resource development, training, and support services that reflect the realities of diverse families. Funding for peer-led support networks and community initiatives can nurture connection, shared learning, and long-term emotional support. Embedding family-inclusive care within youth mental health services and school wellbeing programs ensures that families play an active role in treatment and recovery. Additionally, educating families on how home environments affect suicidality—and equipping them with tools to create safer, more nurturing spaces—can make a lasting difference. Trusted and credible resources are vital to empowering parents with accurate, evidence-based information and practical guidance. When families can rely on well-informed support, they are better equipped to respond confidently, reduce stigma, and actively contribute to their child's wellbeing and recovery.¹¹

This approach is strategically aligned with the: *ACT Health Services Plan 2022–2030* by advancing community-based and family-inclusive care models that reduce reliance on acute services; *ACT Suicide Prevention Strategy* by addressing priority areas of early intervention, supporting priority populations, and building protective networks; and the *ACT Wellbeing Framework* by enhancing domains of Relationships, Health, and Safety by empowering families to be active partners in youth mental health and suicide prevention. The actions would: increase suicide literacy and confidence among families supporting young men at-risk; improve engagement of young males with early intervention services through trusted family relationships; strengthen protective factors within home environments, reducing suicide risk

¹¹ Black Dog Institute. (2023). *Resource to support parents to recognise and respond to mental health problems and suicide risk in their children*. <https://www.blackdoginstitute.org.au/research-projects/resource-to-support-parents/>

and improving emotional resilience; and improve system navigation and integration of families into ACT mental health and wellbeing supports.^{12 13 14 15}

Recommendation

The Legislative Council should explore how the ACT Government can invest in and embed family-inclusive suicide prevention programs that are informed by the lived experience of parents and families who have supported children and young people through suicidal ideation. These programs should be integrated across youth mental health services, community networks, and schools to build the capacity of families (particularly parents and caregivers) to support young men experiencing suicidal distress.

Addressing the social determinants of suicide

Research consistently indicates that suicidal distress is complex and has multiple causes. Contributing factors include social determinants, such as disengagement from or disruption to education and employment, insecure housing and homelessness, cost of living pressures, and experiences of trauma, abuse and discrimination.¹⁶

Our experience in providing care and support for young people and families indicates that young people who are disengaged from study or work, those who are looking for work, and those without stable accommodation are also at higher risk of suicidal distress than other service users. headspace's research indicates that young people in unstable accommodation were at highest risk of suicidality during their episode of care at a headspace service.¹⁷ This can be due to a variety of factors, including cost of living challenges, family or caring issues, poor mental health, or their unemployment status and sense of worth.

Addressing the social, economic and cultural factors is critical to help people before they reach a point of suicidal crisis, which makes a whole-of-government approach to suicide prevention essential. This means providing a broad response that addresses exclusion and inequalities; improves the availability of accessible, high quality mental health and health care; and provides prevention programs, gatekeeper training and postvention support across schools, TAFEs and universities. Improving collaboration between mental health services, housing providers, employment agencies, and educational institutions will be key in addressing suicidality as an interconnected issue. Integrating suicide prevention efforts into existing support systems (such as career pathways programs, transitional housing services, and youth drop-in centres) can help young men access assistance in a more timely, holistic and stigma-free manner.

¹² Australian Institute of Family Studies. (2022). *Family-inclusive approaches when working with young people accessing mental health support*. <https://aifs.gov.au/resources/short-articles/family-inclusive-approaches-when-working-young-people-accessing-mental>

¹³ Ridani, R., Draper, B., & Calear, A. (2016). *An evidence-based systems approach to suicide prevention: A guide for Australian communities*. Black Dog Institute. <https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/an-evidence-based-systems-approach-to-suicide-prevention.pdf>

¹⁴ Calear, A. L., Batterham, P. J., & Christensen, H. (2016). *Sources of Strength Australia Project: Understanding attitudes to suicide and literacy in young people*. Life in Mind. <https://lifeinmind.org.au/research/research-updates/understanding-attitudes-to-suicide-in-young-people>

¹⁵ Orygen. (2019). *We're in this together: Family inclusive practice in youth mental health services*. <http://www.orygen.org.au/Orygen-Institute/Policy-Areas/Government-policy-service-delivery-and-workforce/Service-delivery/We-re-in-this-together/Orygen-We-re-all-in-this-together-2019>

¹⁶ Suicide Prevention Australia, 2023, *Socio-economic and environmental determinants of suicide: Background paper*, available at: [SPA-SEDS-Background-Paper-August-2023-Designed.pdf](#) (suicidepreventionaust.org)

¹⁷ Albrecht, et al

Coordinated efforts like these provide continuity of care and reduce the risk that a young person might fall through the cracks during periods of instability or transition.

These approaches align closely with the ACT Government's existing suicide prevention and wellbeing strategies. The call for a whole-of-government suicide prevention strategy that addresses social determinants mirrors the ACT Mental Health and Suicide Prevention Plan's emphasis on cross-sector collaboration and tackling underlying social and economic factors as part of the broader "Towards Our Vision" framework for mental health and wellbeing in the Territory. Similarly, co-designing campaigns with young men echoes the ACT's youth-led approaches that leverage lived experience to shape services and promote help-seeking. Embedding targeted education within existing gatekeeper programs builds on the Territory's commitment to accessible, stigma-free training across schools, TAFEs and universities.

Recommendation

The Legislative Council notes that the current unacceptably high rates of death by suicide will continue and likely increase without a comprehensive whole-of-government approach to addressing the social determinants contributing to suicides amongst young men.

The ACT Government should adopt a whole-of-government suicide prevention strategy that tackles the social determinants of mental health (such as disengagement from education/work, housing instability and cost-of-living pressures) through coordinated cross-sector support (including housing, employment and education services) and integrated mental health care pathways.

The ACT Government should concurrently fund and co-design with young men targeted education campaigns to challenge harmful masculinity norms and promote help-seeking, ensuring interventions are accessible, stigma-free and reflective of lived experience.

headspace and **yourtown** welcome the opportunity to explore these ideas with you in further detail. Should you require further information about any issues raised in the submission, please do not hesitate to contact Tracy Adams, CEO of **yourtown** via email at advocacy@yourtown.com.au.

About headspace

headspace is the National Youth Mental Health Foundation, providing early intervention mental health services to 12 to 25 year olds. **headspace** has 163 services across Australia in metropolitan, regional and remote areas, and offers online and phone support services and digital resources through eheadspace. **headspace** provides multidisciplinary care for mental health, physical health, alcohol and other drug use, and work and study needs.

Our integrated services provide the holistic, multi-faceted support that is a necessary component of a responsive service system model. This includes:

- **headspace centres:** the **headspace** network of services are youth-friendly, integrated service hubs, where multidisciplinary teams provide holistic support across the four core streams.
- **community awareness:** guided by local youth reference groups and centre staff, Community Awareness Officers at each **headspace** centre work locally to build mental health literacy, reduce stigma, encourage help-seeking, identify local needs and ensure young people know they can access help at **headspace**.
- **digital mental health programs and resources:** **headspace** uses its digital platform to make a range of information and supports accessible to young people, parents and carers, professionals and educators.
- **eheadspace:** our virtual service provides safe, secure support to young people and their family and friends from experienced youth mental health professionals via email, webchat or phone. There are also online group sessions led by clinicians or peers, focused on the big issues facing young people and their family and friends.
- **headspace regional telephone counselling service:** **headspace** offers integrated holistic teleweb support for students in eligible schools in regional Victoria (locations more than 50km from a **headspace** centre).
- **headspace campaigns:** campaigns focus on stigma reduction, building mental health literacy and encouraging help seeking, while ensuring young people know **headspace** is a safe and trusted place they can turn to in order to support their mental health.
- **headspace in schools and universities:** Through evidence-based mental health promotion, prevention, early intervention and postvention services, **headspace** delivers key initiatives designed to support the mental health and wellbeing of school communities. This includes:
 - **Be You** – a mental health and wellbeing initiative for learning communities. In particular, **headspace** can support secondary schools to prepare for, respond to and recover together where there has been a death by suicide.
 - **Mental Health Education Program** – this program provides free mental health education workshops for schools
 - **University support program** – this provides training and education opportunities to Australian universities to build their capacity and confidence to engage in conversations about mental health and wellbeing
- a range of programs for First Nations young people, and projects to improve the cultural safety of **headspace's** services, including:

- **Cultural supervision pilot** where Aboriginal or Torres Strait Islander supervisors provide cultural supervision for non-Indigenous clinicians, to develop their knowledge, skills, insight and wisdom in how to support and care for both young people, and themselves, in the cultural context of working with community.
- **First Nations Community connection project** providing support to centres to connect with local First Nations communities, enhance community engagement, outreach and collaborative activities and increase access by First Nations young people
- **Our Way Our Say** culturally safe social and emotional wellbeing training resources for young people in Darwin schools, developed by an Aboriginal Cultural Advisory Council of key Aboriginal leaders from the Darwin community, in partnership with **headspace** National.
- **Yulara and Mutitjulu service expansion** from **headspace** Alice Springs, established by the Central Australian Aboriginal Council in partnership with **headspace** National, and funded by the Northern Territory PHN. The expansion required innovation of the **headspace** Model to meet the needs of the young people and families in the remote communities of Yulara and Mutitjulu.
- **Yarnspace** – a safe, anonymous online group for First Nations young people to yarn and connect, moderated by First Nations peer workers.
- **vocational supports: headspace** centres provide integrated mental health and vocational support to young people to help them remain engaged in work and study, including implementing Individual Placement and Support (IPS) in **headspace** centres. In addition, **headspace** provides vocational support via:
 - **headspace Work and Study Online** (hWS) is a national digital program that provides integrated mental health and vocational support via the phone, video conferencing, online messaging and email. hWS works closely with young people across their work/study journey from identifying work/study goals to maintaining a work/study placement, typically for a period of around three months.
 - **headspace Career Mentoring** connects young people aged 18 to 25 years living with mental health challenges with industry professionals to meet fortnightly over a period of six months via video conferencing and/or the phone to enhance a young person's employment and career opportunities.

About yourtown

yourtown is a trusted provider of services for young people, with a focus on mental health and wellbeing, parenting and early childhood development, long-term unemployment, prevention of youth suicide, child protection, and support for those experiencing domestic and family violence. **yourtown** has evolved to helping hundreds of thousands of young people each year through a range of service offerings, supporting them through many difficult challenges.

Our services

- Kids Helpline, providing professional counselling and support to 5–25-year-olds across Australia since 1991
- Kids Helpline @ School and Kids Helpline @ High School, which delivers early intervention and prevention programs through primary and secondary schools
- My Circle, a confidential, private, online peer support network for 13–25-year-olds to share information and build coping skills
- Mental health service/s for children aged 0-11 years old and their families, with moderate mental health needs.
- Employment, education, and social enterprise programs to help long term unemployed young people re-engage with education and/or employment
- Domestic and family violence refuge, accommodation, and therapeutic supports for women and their children, including post-refuge support
- Accommodation and therapeutic supports for young parents and their children at high risk
- Parentline, a telephone and online counselling and support service for parents and carers in the Northern Territory and Queensland
- Young Parents Program providing parenting support to help with child development, life skills and health and wellbeing activities in safe, supportive environments.

Kids Helpline

yourtown's Kids Helpline is Australia's only free and confidential 24/7 phone and online counselling service for any young person aged 5 to 25. It offers children and young people a range of care options that are right for their needs and circumstances. Our commitment to being there anytime, and for any reason, has meant that we have responded to more than 8.9 million contacts from children and young people nationally in the 34 years since our service was first established, whilst also providing tens of millions of self-help interactions via our website and social channels.

In 2024, our Kids Helpline counsellors responded to 133,386 contacts from children and young people across Australia, including 4,632 crisis responses for children and young people at imminent risk of harm.

Family and Domestic Violence Refuge and Transitional Housing

yourtown's refuge offers supported accommodation for up to 12 weeks. A specialised team provides women and children with a safe and welcoming environment and creates

opportunities for mothers to re-build self-concept and experience control and empowerment over their lives. The wrap-around care also includes linking with transitional housing and community outreach programs for women and children exiting refuges. Transitional housing is a vital steppingstone for women and children moving towards long term, safe and sustainable independent living in the community. **yourtown's** transitional housing offers a safe and supportive environment for 6 – 12 months, with support for legal and financial matters, accessing pre-employment support, and helping children into school.

Children and Families

yourtown provides accommodation and intensive individualised support to vulnerable young parents and their children through our San Miguel service. For over 40 years, San Miguel has provided a place to call home for vulnerable and at-risk families.

Employment Services

For over 20 years **yourtown** has been delivering specialist youth employment services. Our employment services programs, including Transition to Work, Skilling Queenslanders for Work, and Get Back in the Game provide young people with training to expand their options and help them find sustainable employment.

Social Enterprises

yourtown has worked with young people and employers to break down barriers to sustainable employment for more than 20 years. As a leader in work-based enterprises we provide young people at risk of long-term unemployment paid jobs in the following areas: construction, landscaping, and asset maintenance to help their transition to open employment.

Parentline

Parentline offers free confidential phone and webchat counselling and support for parents and carers of children in Queensland and the Northern Territory. It offers a safety net for families by providing support when it is most needed. This includes after hours and weekends, where families feel isolated and where local services are unavailable.