

16 July 2025

Mr Thomas Emerson MLA  
Chair, Standing Committee on Social Policy  
ACT Legislative Assembly  
GPO Box 1020  
Canberra ACT 2601

Email to: [lacommitteessp@parliament.act.gov.au](mailto:lacommitteessp@parliament.act.gov.au)

Dear Chair,

## **Re: Inquiry into Men's Suicide Rates**

*About the Royal Australian and New Zealand College of Psychiatrists*

[The Royal Australian and New Zealand College of Psychiatrists \(RANZCP\)](#) is the peak body representing psychiatrists in Australia and New Zealand. As of May 2025, the RANZCP Australian Capital Territory (ACT) Branch has 97 Fellows and 43 doctors training to be psychiatrists. Our response to this inquiry is informed by consultation with ACT members.

### *Introduction*

The RANZCP ACT Branch thanks the Standing Committee on Social Policy for undertaking the Inquiry into Men's Suicide Rates. Suicide is a major public health concern with devastating impacts across society, and males are 3 times more likely to die by suicide than females [1]. In the ACT, deaths by suicide per 100,000 persons are around 5.6 for females and 19.4 for males [2].

We note that the [ACT Mental Health and Suicide Prevention Plan 2019-2024](#) is out of date. Under the [National Mental Health and Suicide Prevention Agreement](#), the Australian Government and the ACT Government are jointly responsible for updating the plan. This is critical to ensuring an ongoing strategic approach to suicide prevention in the ACT by coordinating government and community-based efforts. In addition, the absorption of ACT Health by the Community Services Directorate presents an opportunity to ensure the plan prioritises the social determinants of suicide.

### *Medical and Health Services*

Psychiatrists are central to suicide prevention and responding to attempted suicide. As noted in the RANZCP's [Position Statement on Trauma-Informed Practice](#), as medical specialists, psychiatrists provide trauma-informed mental healthcare to individuals who have attempted or are at risk of suicide. This support is critical, given most people who die by suicide have not recently accessed care [3]. However, in clinical practice psychiatrists can only assess risk, not predict suicide [4].

Suicide prevention also requires a focus on the social determinants of health. As noted in the RANZCP's [Position Statement on Suicide Prevention](#), suicide is not always associated with mental illness, and when it is, social factors are likely to also be involved. Suicide is linked to economic deprivation, social exclusion, inequity, marginalisation, trauma, and discrimination. Psychosocial risks include separation, family violence, loss of a family member, legal or financial problems, homelessness, unemployment, and disability or chronic health conditions. Non-clinical community services are critical to addressing these issues through health promotion and social supports.

Equity in mental health service provision across the ACT will mean Canberrans who are

experiencing mental illness or psychological distress, and who have attempted or are at risk of suicide, get the same mental healthcare regardless of where in the city they live. In the RANZCP ACT Branch's [Pre-Budget Submission 2025-26](#), we asked the ACT Government to ensure the new Northside Hospital has the same mental health facilities as those at Canberra Hospital, including a short stay mental health unit (SSMHU) and a high dependency unit (HDU). SSMHUs provide crisis assessment and treatment to individuals following a suicide attempt [5]. HDUs provide a more secure environment to monitor individuals with an ongoing risk of suicide [6].

Involuntary mental health treatment may be indicated in some situations where there is mental illness or disorder as defined in the *Mental Health Act 2015*, associated with suicidal ideation or intent. In our Pre-Budget Submission 2025-26, we asked the ACT Government to invest in resources to enable psychiatrists to involuntarily treat individuals who present at the emergency department (ED) of North Canberra Hospital (formerly Calvary Public Hospital Bruce). While this provision already exists at Canberra Hospital, and for North Canberra Hospital inpatients, individuals at high risk of suicide who present to the North Canberra Hospital ED cannot be detained, and may be able to leave, if they wish, despite the threat they pose to themselves.

Aftercare is important for preventing suicide in those recovering from an attempt. They require ongoing care and support to treat mental illness and address the social determinants of suicide [7].

#### *Alcohol and Substance use Disorders*

There is a strong connection between suicide and substance use disorders. Alcohol is a recorded factor in 17.8% of suicides [1]. Screening of individuals by alcohol and other drug (AOD) services is critical to identifying suicide risk in people with substance use disorders [8]. We therefore welcome the ACT Government's recent investment in AOD services at the Watson Health Precinct.


#### *Defence Force Service Members and Veterans*

Australian Defence Force (ADF) service members and veterans have a high suicide risk. As the RANZCP's [Submission to the Royal Commission into Defence and Veteran Suicide](#) notes, the suicide rate for male ADF veterans is 14% higher than for civilian men. Suicide prevention among this cohort requires tailored mental healthcare to treat post-traumatic stress disorder, anxiety, depression and other conditions, as outlined in the RANZCP's [Position Statement on the Mental Health of Veterans and Defence Force Service Members](#).

For further information or to discuss the above in further detail, please contact Monique Hodson-Smith, Policy and Advocacy Advisor, RANZCP ACT Branch via [Monique.Hodson-Smith@ranzcp.org](mailto:Monique.Hodson-Smith@ranzcp.org).

Yours sincerely,

Dr Denise Riordan



Chair, RANZCP ACT Branch Committee

#### **References**

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