

Men's Mental Health: A Focus on Suicide Prevention

Insights from the Men's Mental Health Forum

November 2024



In partnership with:
Movember Institute of Men's Health

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Acknowledgement of Country

NSW Ministry of Health acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of this report.

Acknowledgement of Lived Experience

NSW Ministry of Health acknowledges the individual and collective contributions of those with a lived and living experience of mental ill-health and suicide. Your shared experiences and narratives are vital in shaping our understanding and advancing the conversation on mental health and suicide prevention.

Men's Mental Health: A Focus on Suicide Prevention

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If you, or someone you know, is in a life-threatening situation please seek help immediately by calling Triple Zero (000). For those contemplating suicide or experiencing severe distress, the following helplines are available 24/7:

Lifeline: 13 11 14

13 YARN: 13 92 76

Beyond Blue: 1300 224 636

Suicide Call Back Service: 1300 659 467

NSW Mental Health Line (1800 011 511) offers round-the-clock advice on accessing local specialist mental health services. The NSW Mental Health Line 1800 011 511 is a 24/7 service that can advise you on appropriate local specialist mental health services for you or a loved one.

Foreword

A message from the Minister for Mental Health

Hon. Rose Jackson, MLC, Minister for Water, Minister for Housing, Minister for Homelessness, Minister for Mental Health, Minister for Youth, and Minister for the North Coast

Last year, we lost 936 people to suicide, 730 of them men – accounting for more than three quarters of all suicides in our state. That’s two men every day, each death a preventable tragedy with a lasting impact on family, friends and communities. We must do more to support men’s social and emotional wellbeing.

It was an honour to host the landmark Men’s Mental Health Forum with the Movember Men’s Health Institute at NSW Parliament House. We brought together advocates, experts and those with lived experience to raise awareness, reduce stigma and address the mental health challenges men face, with the goal of lowering suicide rates among men.

Nearly half of those who die by suicide have not had contact with a hospital or mental health service in the year before their death. The Forum highlighted the key social drivers affecting men’s wellbeing and hindering help-seeking behaviour.

While we have made strides in raising awareness and reducing stigma, our work is far from over. We have seen positive changes in how mental health is discussed and addressed, but we must continue to push for comprehensive support systems and services that meet the needs of all men in our communities.

The NSW Government recognises that addressing the social determinants of health that can lead to poor mental health outcomes requires a whole of government approach.

That’s why we’re working to develop suicide prevention legislation to create accountability and strengthen collaboration across our suicide prevention efforts in NSW. Our work is supported by \$143.4 million investment in



Towards Zero Suicides initiatives.

While there are gaps in our mental health system, I am committed to ensuring it is accessible for men’s mental health needs. Most individuals with mental illness are not a danger to themselves or others, yet we must minimise tragic incidents where people hurt themselves or others. By addressing the underlying drivers of distress, we can focus on key points of vulnerability and bolster protective factors to prevent men from reaching crisis.

I am deeply inspired by the resilience of those who have faced mental ill-health. Their strength and stories reinforce the importance of our work and the lives we can save through compassion, collaboration and unwavering dedication.

You will find more details on our commitment to action later in this report. We will be taking steps to implement these recommendations, ensuring that every man in NSW has access to the mental health support he needs. This work is not just a response – it is a promise to continue driving real and meaningful change, starting now.

I want to thank those who attended the Forum, in particular those who shared their lived experiences of mental ill-health and suicide. Your voices are invaluable, and we cannot continue this work without you.

Rose Jackson MLC

Minister for Mental Health

A message from the Global Director, Movember Institute of Men's Health

I would like to extend my sincere thanks to Minister Rose Jackson, the NSW Ministry of Health, and the NSW Government for their leadership in addressing the pressing issue of men's mental health, and for partnering with the Movember Institute of Men's Health to host the inaugural Men's Mental Health Forum.

Suicide remains the leading cause of death among Australian men aged 15-44. Innovative approaches are needed to address this, ensuring our health services can reach, respond to, and retain men at risk of suicide. Last year alone, 730 men in NSW lost their lives to suicide – that's men making up three-quarters of the state's annual suicides. Each one of these deaths was preventable. The fact that we continue to lose two men each day to suicide underscores the urgency for action and the need to rethink how we address men's health.

Movember is committed to breaking down the barriers that prevent men from accessing the support they need. Far too often, men face societal pressures and outdated stereotypes that make seeking help seem like an insurmountable challenge. We must acknowledge that the gender norms influencing how men navigate their health – and how health systems respond to their needs – are contributing factors. It is time to evolve these norms and ensure our healthcare environments are equipped to understand and meet the unique needs of men. The Movember Institute of Men's Health is dedicated to this work, building on a 20-year legacy of research and advocacy to improve the lives of millions of men across NSW and beyond.

While we have made important strides in raising awareness of men's mental health, it is clear that our current mental health systems are still falling short in reaching and supporting men effectively. This is why ongoing collaboration between government, non-government organisations, communities, and health experts is so important.



By working together, we can co-create solutions that provide the necessary support at key points of vulnerability and prevent men from reaching a crisis point.

The insights and discussions from the Forum have strengthened our resolve to push for a future where men's health is prioritised, and our collective efforts translate into real-world outcomes. We owe it to the men in our lives – our partners, fathers, brothers, sons, and mates – to ensure that when they need help, they receive the support they deserve.

I would like to express my sincere thanks to everyone who participated in the Forum, particularly those who shared their lived experiences of mental ill-health and suicide. Your voices are invaluable in shaping the way forward and addressing suicide among men.

Professor Simon Rice

Global Director, Movember Institute of Men's Health

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Introduction and Background

Men's Mental Health Forum: Preventing Suicide

In 2023, more than three quarters (78%) of suspected or confirmed deaths by suicide were men in NSW.¹ To respond to the significant rates of suicide among men in NSW, the NSW Minister for Mental Health, Rose Jackson, in partnership with the Movember Institute of Men's Health, led a Forum on men's mental health and suicide prevention.

The aims of the Men's Mental Health Forum (the Forum) were to:

- facilitate robust discussion on men's suicide and prevention efforts,
- enable the sharing of knowledge, ideas, and strategies to address men's suicide,
- help guide the direction of future suicide prevention initiatives targeting men, and
- encourage networking and collaboration between men's suicide prevention stakeholders.

The Forum was held on 5 August 2024 at NSW Parliament House and attended by 84 participants across 61 mental health and suicide prevention organisations. Participants included people working to support men, researchers, people with lived and living experience, and suicide prevention and mental health advocates. The agenda and speaker bios are at Appendix 1 and 2, respectively.

The Forum provided participants an opportunity to ask questions of the panellists and engage in group problem solving.

Key themes addressed at the Forum included:

- Underlying social drivers leading to men's distress
- Priority communities at risk of suicide
- What's working for men (best practice programs and interventions)
- The future of male suicide prevention

Populations disproportionately impacted by suicide were represented among forum participants including Aboriginal men,GBTQ+ men, veterans, culturally and linguistically diverse men, older men, and young men.

Forum participants were asked to identify what they were hoping to get out of the day. The 176 responses received from 77 participants are detailed in Figure 1.

Participants

84



Organisations

61



Submissions

17



Male suicide has been largely unspoken and as a community we need to recognise and acknowledge the issues

Quote from online submission



Figure 1: Word cloud of 176 participant responses to ‘What are you hoping to get out of today?’

This report presents the findings and recommended actions identified at the Forum, supported by existing evidence and research, to guide future efforts in reducing suicide among men in NSW. The recommendations are informed by the contributions of Forum participants and online submissions. Those unable to attend the Forum were invited to provide written submissions to the NSW Ministry of Health, resulting in a total of 17 submissions that have been incorporated into this report.



Such a powerful day of understanding the key issues, collaborating with others and formulating plans to help solve critically important societal challenges impacting men.

Quote from Participant

Snapshot of men's mental health and suicide

78%

of deaths by suicide in NSW in 2023 were menⁱⁱ.

Total 730 men in NSW

14.8%

of men aged 16-85 years in NSW experienced suicidal thoughts and behaviours in their lifetimeⁱⁱⁱ

23.3%

of men aged 16-85 years in NSW experienced lifetime substance use disorder^{iv}

for 12.7%

of males aged 15-24 years in Australia, suicide is the leading burden of disease^v

15.7%

of men aged 16-85 years in NSW experienced high/very high psychological distress^{vi}

241.1

per 100,000 Aboriginal males in NSW were hospitalised with intentional self-harm, a rate significantly higher than the 47 per 100,000 observed for non-indigenous men^{vii}



Image 1: Greg Inglis speaking at the Men's Mental Health Forum: Preventing Suicide

2

Understanding Distress *Drivers of Distress Among Men*

Drivers of distress and social determinants of health

Mental ill-health and suicidal distress among men are shaped by both personal drivers of distress, such as relationship breakdown or harmful gambling, and broader social determinants of health, like economic instability and social isolation. While these factors are distinct, they interact closely, with social determinants often intensifying the personal distress men experience. Suicidal behaviour, thoughts and attempts can emerge when a series of factors are compounded leading to heightened levels of distress.

A view of a person's life holistically throughout the lifespan is needed if we are to support men in distress including at key points of transition (such as retirement, discharge from military service, unemployment, leaving school and becoming a parent).

Drivers of distress and social determinants of health can include^{viii}

- Contact with the justice system
- Social isolation or loneliness
- Damage to cultural connection
- Harms of gambling
- Harms of alcohol and other drugs
- Family and other relationship dysfunction
- Food insecurity
- Financial insecurity or distress
- Employment distress
- Adverse childhood experiences
- Housing insecurity or homelessness
- Mental ill-health
- Intergenerational trauma
- Impact of environmental disasters and climate change
- Discrimination and stigma
- Educational disruption
- Domestic, family, and sexual violence
- Bullying and harassment
- Chronic pain and health conditions

According to national data, a personal history of self-harm (17.4%), disruption of family by separation and divorce (15.6%), problems in relationship with spouse or partner (13.6%), and problems related to other legal circumstances (10.1%) were the most frequent psychosocial risk factors among male deaths by suicide in 2022.^{ix}

As detailed below, whilst the connection between social determinants, both personal and societal, are clearly connected to suicidal distress, it is important to note that irrespective of how effectively we address the social determinants and improve help seeking uptake, ultimate success will still be reliant upon delivering equitable services to community and supporting people to navigate and easily access care. More information on the social determinants of health can be found at Appendix 3.



Drivers of distress among men are multifaceted and deeply personal, often arising from a combination of psychological, social and environmental challenges. The Forum highlighted a number of key contributors including alcohol and other drugs, damage to cultural connection, child maltreatment, financial distress and gambling, relationship breakdown, loneliness, and social isolation. While these factors play a significant role in shaping men's mental health, they are not exhaustive.

Relationship breakdown

Strong, healthy, and reliable relationships with partners, families, and friends can act as protective factors for suicide. Research undertaken by Relationships Australia identified key pressures impacting relationships to be study or work, mental health, and money problems.^x People experiencing relationship pressures are more likely to have reduced wellbeing and feelings of loneliness, and men were found to be struggling to connect emotionally, socially, and to create strong relationships.^{xi}

A person-centred, whole of person and whole of community approach that considers the societal context the person operates in, including intersectionality, discrimination, and racism, is needed to better support men.

Participant Insights...

Participants at the Forum highlighted the negative impact masculine social norms can have on men's mental health. In Australia, common concepts of masculinities centre on stoicism in the face of adversity and self-reliance, both of which can prevent help-seeking behaviour and men from expressing their emotions. Research has found men are less likely to be chosen for social or emotional support, less likely to communicate openly about their problems, and more likely to feel socially and emotionally lonely.

Forum participants identified that men's experiences of relationship distress are often dismissed or downplayed, and inequities exist in care giving where strategies towards men can typically focus on *'cheering up'* or *'manning up'* rather than compassion.



Damage to cultural connection

Between 2018-2022, the suicide rate among Aboriginal and Torres Strait Islander men in NSW was 34.8 per 100,000 population, compared to 16.1 for non-Indigenous men in Australia.^{xii} Despite this higher rate, connection to culture, Country, and spirituality plays a crucial role as a protective factor against suicide for Aboriginal people.^{xiii}

Australian research examining cultural connectedness and suicide rates among Aboriginal people has found that Aboriginal people in communities with high rates of cultural connectedness had lower rates of suicide.^{xiv} Suicide prevention programs that focus on strengthening connection to culture among Aboriginal people have further been found to be effective in reducing incidence of suicide and self-harm.^{xv}

The trauma experienced by Aboriginal people due to past events (such as colonisation, the Stolen Generations) which resulted in damage and in some communities, total eradication of cultural connection, have had generational impacts on Aboriginal people. This is referred to as intergenerational trauma. One aspect of this trauma is the inability of Aboriginal people to pass down cultural values and practices to younger generations due to having been stripped of their cultural connection, or through the retelling of past trauma.^{xvi}

Reconciliation Australia reported 60% of Aboriginal and Torres Strait Islander people believe Australia is a racist country, and 52% reported experiencing at least one form of racial prejudice in the past 6 months in 2020.^{xvii} Given the 'no' result of the Voice referendum in October 2023, these experiences of racism may have increased among Aboriginal people given the number of media reports of fuelled racism in the lead up to the referendum.^{xviii,xix,xx,xxi,xxii}



You're never going to find out where you're going until you find out where you're from.

Quote from Aboriginal Participant

Participant Insights...

Forum participants raised issues of **racism** and the impact of **intergenerational trauma** on the social and emotional wellbeing of Aboriginal men as key risk factors for suicide. Participants suggested more storytelling and evidence telling through **yarning, trauma-focused and informed initiatives**, increased roles of Aboriginal people in services, and additional pathways to support services outside of clinical settings are needed to support Aboriginal men.



Child maltreatment

Childhood maltreatment plays a significant role in shaping lifelong mental health challenges, with between 21% and 41% of mental ill-health rooted in early adverse experiences. The consequences of such trauma are profound, contributing heavily to suicide attempts and self-harm.^{xxiii} In Australia alone, the burden of child maltreatment is reflected in the loss of 66,143 years of life, predominantly due to suicide.^{xxiii}

A child or young person's exposure to violence against a parent, emotional, physical and/or sexual

abuse are all forms of trauma that can contribute to harmful expressions of masculinity, which are linked to violence against women.^{xxiv} The link between childhood trauma and suicide is particularly stark among young people, where violence, abuse and neglect are strongly associated with higher rates of suicide.^{xxv} The disproportionate impact on Aboriginal children is of critical concern, with these children being placed in out-of-home care at 11 times the rate of their non-Aboriginal peers, highlighting the significant overrepresentation of Aboriginal children experiencing abuse and/or neglect.^{xxvi} There are intergenerational impacts of child maltreatment that indicate children who have contact with child protection services are 10 times more likely to have their own child enter out-of-home care compared to the general population. Additionally, they are 4 times more likely to stay on income support payments for longer periods, reflecting broader socioeconomic challenges, including barriers to stable employment and mental health issues.^{xxiii}

The *National Framework for Protecting Australia's Children 2021-2031* identifies children and young people who have experienced abuse and/or neglect, including those in out-of-home care or leaving home as a priority group. Early intervention when addressing the mental health needs of this priority group is essential to minimising the long-term impacts of chronic disease and adverse health outcomes associated with trauma, which can help break the cycle of psychological and suicidal distress.

Moreover, harmful concepts of masculinity – characterised by aggression, emotional suppression, transphobia, homophobia, dominance and control can drive gender-based violence leading to poor mental health outcomes.^{xxvii} A study undertaken by Jesuit Social Services found men who most strongly agreed with rigid masculine stereotypes (gender roles) were both more likely to have perpetrated violence and more likely to have poor health outcomes themselves (including thoughts of self-harm and suicide).^{xxviii}

Participant Insights...

Forum participants raised the need for **positive role models** for men surrounding health concepts of masculinities to counter the negative stereotypes they are exposed to. Schools were identified as a key place to implement **prevention strategies** to address child maltreatment (e.g. anti-poverty programs), educate on **healthy concepts of masculinity**, and promote positive gender role models.



Alcohol and other drugs

In 2022, 24% of drug induced deaths in Australia were considered intentional, and alcohol use was responsible for 14% of suicides.^{xxix} Men experience a greater amount of total burden of disease from alcohol use.^{xxx} Alcohol use attributable burden was highest among men aged 25–44 due to alcohol use disorders and suicide & self-inflicted injuries.^{xxx} Weekly drinking among men in NSW has increased from 39.3% in 2010 to 46.1% in 2020.^{xxx} Levels of alcohol consumption that pose a long-term risk are slightly higher among adults in regional and remote areas of NSW.^{xxxi}

In 2020-21, the rate of alcohol-related emergency department presentations for males aged 25-64 in NSW was more than twice the rate of females in the same age group. The rate of alcohol-attributable deaths was lowest among persons living in the least disadvantaged areas, and highest



Alcohol still remains a blind spot in our approach for suicide prevention because it remains ingrained in our culture.

Quote from Participant

in the most disadvantaged areas.^{xxx}

Among drug and alcohol treatment services in NSW in 2020, alcohol was the primary drug of concern for 39.9% of treatment services provided, accounting for the largest proportion of drug and alcohol treatment.^{xxx} The primary drug of concern among Aboriginal people was amphetamine type stimulants (26.5%) and opioid use (26.5%).^{xxx} Research into illicit drug use among young Australians found young adult men experience higher overall drug use across each drug type, accounting for majority of the increase in drug use between 2016-19.^{xxx} Nationally, cocaine use is rising among male young adults from 4% in 2013-14 to 7% in 2020-21.^{xxx}

A key challenge identified at the Forum was the siloing of sectors (e.g. mental health and alcohol and other drugs) which can result in men being turned away when seeking help due to eligibility criteria for either mental health, or drug misuse. This fragmentation forces GPs and psychologists to address complex cases involving both substance misuse and suicidal distress, often without adequate support from specialised services. The difficulty in navigating the mental health system, both for consumers and clinicians, highlights the need for increased collaboration between sectors. Ensuring that no one is turned away when seeking help requires a more integrated approach, where services work together to provide comprehensive support for men.

Participant Insights...

Participants at the Forum highlighted the need for strategies to support men that are **holistic in nature** to address the range of factors leading to alcohol and drug misuse. Participants shared that men can turn to alcohol and other drug use as an escape when challenges or distress occurs due to social, environmental, cultural, or economic factors. Participants noted that underlying mental health concerns are a recurring factor seen by treatment service providers among men seeking help for alcohol and other drug issues, and that treatment programs should focus on **integrating people back into the community** rather than separating them from community to receive treatment. **Early intervention** for alcohol and other drug use concerns is needed in points of distress relating to key risk factors such as relationship breakdown, injury, or job loss.



Case Study: The Glen

The Glen is a residential drug and alcohol rehabilitation centre on the Central Coast of NSW, serving both Indigenous and non-Indigenous men and women from across Australia, with approximately 60-70% of their clients being Aboriginal. All staff members have a lived experience and are former clients of The Glen, which helps create a culturally safe space for those seeking to address their alcohol and drug issues. The centre provides a strong sense of belonging and emphasises the importance of reintegrating men back into their community. Recognising the significant role mental health plays in substance use, The Glen views the loss of cultural connection as a key contributor. As a result, reconnecting clients with culture is a central component of their program.

Financial distress and harmful gambling

NSW data reports that among people receiving gambling counselling, 36.3% had thoughts of suicide (70.7% of which were men) and 10.3% had attempted suicide (67.3% of which were men).^{xxxiv} Nationally, death by suicide has been associated with receiving income support payments. Between 2011-2021, rates of death by suicide are highest among those who received the Disability Support Pension among people aged 16-65 years.^{xxxv}

For people aged 16-45 years, those receiving unemployment payments had the highest number of deaths by suicide.^{xxxv} Age-standardised suicide rates among males and females who received unemployment payments are higher than rates among their Australian comparison populations.^{xxxv}

Suicide rates are the highest among people living in the lowest socioeconomic areas, and age-standardised suicide rates have increased over time. In 2022, the suicide rate for people living in the lowest socioeconomic areas was more than twice that of people living in the highest socioeconomic area (18.4 deaths per 100,000 population and 8.2 deaths per 100,000 population respectively).^{xxxvi}

Participant Insights...

Forum participants reported that trauma, anxiety, and depression can lead to gambling among men, and the shame, stigma, and **financial debt worsens the distress**.



Loneliness and social isolation

In 2022, 18% of males aged 15-65+ experienced social isolation and 16% experienced loneliness in Australia.^{xxxvii} For the same period, young males aged 15-25 experienced more social isolation and loneliness than females in Australia, and 1 in 5 males experienced loneliness.^{xxxvii} This highlights a significant concern, particularly among young men.

Loneliness is significantly associated with experiences of depression and suicidality among Australian men,^{xxxviii} and social isolation has been linked to suicide.^{xxxix} The Royal Australian and New Zealand College of Psychiatrists identifies loneliness and poor social-connectedness as modifiable risk factors for suicide, suggesting that improving social connections could be a key intervention point^{xl}

Participant Insights...

Participants at the Forum raised the importance of understanding the **intersections between social determinants** and how they can **compound** to cause **distress** for men. For example, experiences of loneliness can be a trigger for men to engage in harmful alcohol and other drug use, relationship breakdown and separation from children or spouses can trigger feelings of loneliness and social isolation, and retirement and unemployment can trigger loneliness and social isolation due to men's social lives commonly revolving around the workplace. Supports for men should be **holistic and seek to address a range of factors** that may be contributing to poor mental health outcomes.



Research undertaken by the Mental Health Commission of NSW found almost half of NSW residents reported experiencing feelings related to loneliness, with those experiencing mental health issues reporting more experiences of loneliness compared to those who did not report a mental health issue.^{xii}



Case Study: Mentoring Men

Mentoring Men is a registered Australian charity providing free long-term one-to-one life mentoring for men who are going through some challenges or changes in their life. Research undertaken into the impact of reducing loneliness among men through their mentoring program found upon entering the program, almost 80% of mentees were experiencing loneliness. The program has been effective in reducing loneliness as 68% of mentees exhibited a decrease in their loneliness score over time, 39% reported an increased ability to cope with change, and 79% felt more positive and optimistic about their future.



We say men need to access support more, but is the support available appropriate?

Quote from Participant



3

Intersectional Support *Meeting the Needs of Diverse Men*

Responding to the needs of diverse men

While men are a priority population disproportionately impacted by suicide, there are many layers to an individual's identity and men may identify with other population groups at risk of suicide and poor mental health outcomes. This intersectionality of identities can increase overall risk of suicide for the individual as they may experience multiple life stressors unique to their identities. For example, factors such as stigma, discrimination or disadvantage based on race, ethnicity, gender, disability, nationality, sexual orientation, and geographic location can further heighten risk of distress among men.

Participant Insights...

Participants at the Forum noted that diversity of identities with lived experience need to be included in co-design of policies and services that seek to support men.

Participants highlighted the value of adopting informal and non-clinical approaches to supporting men, noting the high value peer workers provide in having **'a mate who can relate'**. Calls for investment and expansion of the peer workforce was a central theme throughout the Forum across all areas, including incentives for men to join the peer workforce. A key barrier to men undertaking peer work are societal concepts of masculinity wherein men should be the financial provider for their family.



People that are disproportionately impacted by suicide and poor mental health outcomes include but are not limited to:

- Aboriginal people die by suicide at more than twice the rate of non-Aboriginal people.^{xlii}
- People with a personal history of self-harm – A history of self-harm is the most commonly identified suicide risk factor for males and females in all age groups.^{xliii}
- People bereaved by suicide – Suicide bereavement is identified as a risk factor for suicide.^{xliv} It is estimated that five immediate family members and up to 135 individuals can be exposed to the impact of an individual's suicide.^{xlv}
- People with diverse gender and sexual orientation – Lifetime prevalence of suicide thoughts ranged from 64% among cisgender men, to 90% among non-binary people and 91% among trans men.^{xlvi}
- Young people – Suicide is the leading cause of death among Australians aged 15-24.^{xlvii}
- Veterans and defence personnel – The rate of suicide among ex-serving men is 31.2 per 100,000 population, the rate among men in reserve is 13.6 per 100,000 population, and the rate among permanent status men is 12.8 per 100,000 population.^{xlviii}
- People living in regional, rural or remote areas – Experience higher rates of suicide than those living in major cities.^{xlix}
- People with disability – Die by suicide at a rate three times greater than the general population.^l
- Older people – Males aged over 85 years had the highest age-specific suicide rate in 2022 (32.7 per 100,000 population).^{li}
- Culturally and linguistically diverse communities - Face unique and compounding factors that can expose them to risk of suicide and poorer mental health outcomes.^{lii}

- Men who have experienced childhood abuse and neglect – Abuse and neglect during childhood is a leading behavioural risk factor contributing to the burden of suicide and self-inflicted injuries in both males and females.^{liii}

Men living in regional, remote, and rural NSW face challenges in accessing support services due to limited availability and geographic distance of travel required to reach them. Participants suggested that a multifaceted approach is needed to meet these needs, including establishing more Safe Havens, diversifying referral pathways – such as increasing self-referral and mobile roaming services – and expanding the mental health workforce in regional, rural, and remote areas. This approach would help address the limited choice of service experienced among the regions that can act as a barrier to help-seeking.

Participant Insights...

Participants suggested that targeting support to men could benefit from adopting the model of Aboriginal Community Controlled Health Organisations (ACCHOs) which takes a holistic definition of health to **encompass the social, emotional and cultural wellbeing** of the whole community in which each individual is able to achieve their full potential as a human being. ACCHOs are a primary health care service initiated and operated by the local Aboriginal community to deliver holistic care to Aboriginal communities. A trauma-informed approach is critical to supporting Aboriginal men due to intergenerational trauma experienced by Aboriginal communities.



Participants expressed that community-controlled organisations who deliver tailored programs to their communities are effective in reaching and supporting men, however noted that community-controlled organisations require further resourcing and **longer-term contracts to provide continuity of care** to their communities.

Points of transition from military service are a risk factor for men, particularly when the discharge has been involuntary.^{liv} Supports are needed to transition back into the community for ex-serving men. Participants highlighted supporting ex-serving men to gain employment after leaving military service is an effective way to strengthen protective factors for suicide such as sense of purpose, sense of belonging, and financial security. Participants highlighted the work NSW Government currently does through provision of the Veterans Employment Program (Program) which assists veterans to find meaningful employment. The Program has seen 2722 veterans employed into new roles since its launch in 2016.^{lv}

People of diverse sexualities and gender experience high levels of suicidality.^{lvi} Suicidal ideation was experienced in the past 12 months by 46.4% of cisgender men, 73.1% of trans men, 69.8% of non binary people, and 77.3% of trans women across the age group of 14-21 years.^{lvii} Among the same age group, suicidal ideation was experienced in the past 12 months by people who identify as pansexual (67.4%), queer (62.4%), bisexual (59.2%), asexual (54.6%), and gay (47.3%).^{lvi}

Participants at the Forum identified key protective factors forGBTQA+ boys, men, and non-binary people, to include parental acceptance, gender affirming healthcare, and positive gender roles.

It is vital that we can develop a robust healthcare ecosystem that can respond to men in all their diversities and needs. In doing so, it won't just benefit men, it will have a profoundly positive impact across every community in NSW.

4

What We Heard *Recommendations from the Forum*

Recommendations

As we move from discussion to action, the following recommendations serve as a roadmap for targeted and effective suicide prevention strategies. By addressing the drivers of distress and enhancing support for men, we can make significant strides in reducing the devastating impact of suicide across our communities.

Community Engagement and Grassroots Initiatives

1. **Invest in grassroots local community-led initiatives** that focus on building community connection, emotional intelligence and mental health literacy among men. Focus on building the evidence for what works for men.
2. **Fund community-controlled organisations** that are well-positioned to target support to diverse men and deliver community-led approaches. Where possible extend contract lengths to ensure continuity of care.
3. **Encourage local community groups to conduct community audits** to identify local male peers who could become champions of men's social and emotional wellbeing in their communities, fostering connections with men at risk of suicide or mental ill health.
4. **Enhance interventions that reduce loneliness and social isolation among men.**

Workforce Development and Support

5. **Strengthen the peer workforce** to support men's mental health, reduce stigma, increase help-seeking behaviour, and improve mental health literacy. This could include initiatives to:
 - a) Grow the peer workforce
 - b) Improve accessibility of pathways for men to become peer workers.
 - c) Provide incentives to retain and sustain peer workers in the profession through training, career pathways, and job sustainability.
6. **Invest in training, capacity building and education in suicide prevention** for communities, frontline workers and clinicians including targeted approaches for men.
7. **Encourage existing NSW Government funded service providers** to review their practices to ensure they are culturally safe and accessible for diverse men.

Early Intervention and Education

8. **Support the provision of evidence-informed early intervention and prevention approaches in schools** that promote positive masculinities, role models, social and emotional wellbeing, and early mental health literacy among boys and young men. These approaches should aim to be universally accessible across NSW.
9. **Promote emotional intelligence workshops for new dads** within their local communities, incorporating various cultural perspectives and focusing on healthy relationships (similar to antenatal classes for expectant mothers).

Access to Support and Service Delivery

10. **Expand access to support services for men outside of clinical settings**, recognising that clinical settings can be a barrier. This may include providing services through sporting clubs, Safe Haven models tailored to men, local community activities and workplaces.

11. **Develop a robust online service directory** specific to men’s mental health support that includes community activities and workshops, filterable by demographics (e.g., age, diversity, geographic location).
12. **Promote early intervention strategies at key transition points** (e.g., relationship breakdown, unemployment, retirement) that are accessible through services outside of traditional mental health settings to prevent men from reaching a suicidal crisis due to compounding risk factors. Strategies should consider healthy masculine behaviours among men and tailor content to young men, middle-aged men, and older men.

System and Policy Changes

13. **Review mental health and suicide prevention services** through a male-gendered lens to identify barriers to help-seeking, considering the diverse needs of men through an intersectional approach.
14. **Support a whole-of-government approach to suicide prevention** that seeks to break down silos and strengthen cross-government responses addressing the social determinants of health that lead to suicide.
15. **Ensure policies, programs, and services are co-designed** with input from men who have lived experience of mental ill-health, suicide, and those who care for them.



Case Study: Movember – Men in Mind

Men in Mind is an online professional training program for mental health professionals. The interactive, modular program is targeted to ensure mental health care professionals have a better grasp of the complexities of men’s mental health, suicide, and its link with masculinities to deliver care that engages, motivates, and connects with male clients.

The program has been shown to improve practitioners’ confidence and competence to engage and respond to help-seeking men. Men In Mind has been effectively integrated into suicide prevention policy, including the Tasmanian Suicide Prevention Strategy.



Image 2: Cam Merchant speaking at the Men's Mental Health Forum: Preventing Suicide

Next Steps in Focus: NSW Government's ongoing and future strategic initiatives for men's mental health and suicide prevention

Men's Mental Health and Suicide Prevention Small Grants Program

Part of NSW Government's commitment to drive down suicide rates among men has included allocation of a total of \$400,000 as part of a grants program for community organisations to deliver grassroot, targeted initiatives, up to \$50,000 is available per organisation for the purpose of supporting men's mental health and suicide prevention.

Suicide Prevention Legislation

Introducing suicide prevention legislation is a commitment of the NSW Government. The drivers of distress that can lead to suicide extend beyond mental ill-health and require action from all areas of government to meaningfully drive down suicide rates. Legislation is one of many tools the government will use to strengthen NSW's whole of government approach to suicide prevention. The legislation will focus on reducing suicide among priority groups disproportionately impacted by suicide, including men.

Suicide prevention legislation aims to embed the voices of people with lived and living experience of suicide and enable cross-portfolio responsibility and accountability for suicide prevention in NSW.

Potential elements of an NSW Act include:

- State-based suicide prevention plan
- Agency-based action plans
- Suicide Prevention Council
- Suicide prevention capacity building
- Data collection and sharing
- Consideration of suicide impact in policy decisions

NSW Men's Health Framework

The [NSW Men's Health Framework](#) has been developed in collaboration with key stakeholders. It provides the latest evidence on the most prevalent health issues for men and boys, as well as which groups are most at risk.

Strategic Framework for Suicide Prevention in NSW 2022-27

The [Strategic Framework for Suicide Prevention in NSW 2022-27](#), developed by the Mental Health Commission of NSW adopts a whole-of-government and whole-of-community framework, focusing on prevention, early intervention, aftercare support for people after suicide attempt, and post-suicide support for people bereaved or impacted by suicide. NSW Government agencies are required to regularly report on their activities that aim to reduce suicidal distress and lives lost to suicide as part of the Strategic Framework. This Framework focuses on key priority population groups disproportionately impacted by suicide, such as Aboriginal people and men.

NSW Government agencies were asked to report on activities and commitments that drive work in the area of suicide prevention. The year 1 report can be seen [here](#).

NSW Inquiry into Loneliness

In August 2024, an NSW Parliamentary Inquiry was launched to look at impacts of loneliness to identify steps for the NSW Government and community to take to reduce its prevalence and impacts.^{lviii}

NSW Inquiry into equity, accessibility and appropriate delivery of outpatient and community mental health care in NSW

Following a recent Parliamentary Inquiry into the accessibility and delivery of mental health care in NSW, several key recommendations were made to improve support for people experiencing mental health challenges, including men at risk of suicide. The inquiry highlighted the importance of addressing not just the availability of services, but also the broader social and environmental factors that influence mental health, such as housing, employment, and education. A central theme was the need for better coordination between services, easier access to care, and more flexible service models that meet the diverse needs of the community.

In response, the NSW Government has committed to implementing many of these recommendations. A whole-of-government approach is being adopted to address the broader social determinants of mental health. Key actions include expanding peer support programs and creating more accessible, non-clinical spaces like Safe Havens, where men in distress can seek help. NSW Health is also working to make mental health services easier to navigate by improving referral pathways and ensuring that men can access the right services at the right time. These efforts will help strengthen suicide prevention strategies and ensure men across the state receive the care and support they need.

NSW Peer Workforce Framework

The NSW Government is finalising the NSW Peer Workforce Framework, a key initiative under several strategic plans, including *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*, *the NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022*, and *the NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025*. This Framework will provide clear guidance for peer workers, managers, and employers, outlining the roles, training and education requirements, supervision needs, and workplace supports for peer workers employed in NSW Health services. By providing a structured approach to supporting peer workers, the Framework will ensure these vital roles are embedded effectively across all service settings.

Peer workers play a unique and powerful role in mental health care, particularly in suicide prevention, by drawing on their own lived experience to support others. For men, who we know can face stigma around seeking help, peer workers can offer valuable, non-judgmental support that can encourage engagement with services earlier. As part of NSW's broader commitment to strengthening mental health and suicide prevention efforts, the Peer Workforce Framework will help ensure that men have access to peer-led support across the state.

Universal Aftercare Service Enhancements for Men

In 2022, the NSW and Australian Governments committed \$121.3 million (2022-26) to fund universal aftercare services in NSW under the Bilateral Mental Health and Suicide Prevention Schedule. Universal Aftercare aims to improve outcomes for people experiencing suicidal crisis, with a focus on high-risk priority groups, including men. Six organisations will be commissioned in 2025 to enhance aftercare services for priority groups at greater risk of suicide, including men. Specific statewide capacity building activities will enhance mainstream universal aftercare services' ability to meet the needs of men and improve service accessibility, ensuring cultural responsiveness and better support for men's recovery.

Zero Suicides in Care

The Zero Suicides in Care (ZSiC) initiative aims to transform NSW public mental health services to reduce suicides and suicide attempts among people accessing community and inpatient mental health care. Total funding from the NSW Government over the period June 2019 to June 2023 was \$14.3m and a further two years of funding of over \$12.3 million has been committed to continue this work to June 2026. All ZSiC resources were designed and produced in consultation with both clinicians and people with lived experience of suicide, including men.

Suicide Care Pathway

The development of the NSW Health Suicide Care Pathway, provides a framework for comprehensive identification, assessment, intervention and transition of care for all individuals, including men, who enter NSW Health facilities with suicidal ideation and suicidal behaviours.

The Minister's Commitment

Throughout the Men's Mental Health Forum, we listened intently to the voices of men who have experienced mental ill-health and have a lived and living experience of suicide, as well as the experts, advocates, and community members who stand beside them. Their insights, stories, and experiences underscored the urgent need for change and action. The recommendations in this report have given us a clear direction. We have heard these calls for help, and we acknowledge the need for meaningful action. In response, we will address these recommendations and provide an update in the coming months.

Our aim is to ensure that men's mental health services are accessible, effective, and designed with their unique needs in mind. We are not only expanding peer support programs and developing new pathways to care, but also reshaping the way mental health care is delivered — creating more holistic, flexible, and community-based options. These initiatives, including the upcoming Peer Workforce Framework, are critical steps towards making sure that every man in NSW, no matter his background or situation, can find the support he needs before reaching crisis point.

We know the statistics, but behind every number is a story of loss, of missed opportunities for support, and of families and communities left grieving. Our work is about turning these stories into action, ensuring that the lessons learned from this forum and from those who have bravely shared their lived experience are translated into real, tangible change. We are committed to doing more than just listening — we are committed to delivering the support that men deserve. Together, with the voices of our community guiding us, we are determined to build a stronger, more responsive system of care that prevents suicides and supports the mental wellbeing of all men in NSW.

6

Appendices



MEN'S MENTAL HEALTH FORUM: PREVENTING SUICIDE

AGENDA

DETAILS: 9:00am - 3:30pm on Monday 5th August 2024
NSW Parliament House, 6 Macquarie St, Sydney NSW 2000
Facilitated by Dr Zac Seidler, Global Director of Men's Health Research

9:00am	Registration opens Arrival - tea & coffee
9:30am	Welcome to Country by Michael West Opening address by Minister for Mental Health Keynote remarks from Professor Simon Rice, Greg Inglis & Cam Merchant
10:10am	Panel discussion - Theme 1: Underlying social drivers of men's mental health <ul style="list-style-type: none">• Prof Maree Teesson, Professor and Centre Director, The Matilda Centre for Research in Mental Health and Substance Use• Alice Russell, Financial Counsellor, Wesley Mission• Lucinda Grummitt, Postdoctoral Research Fellow, The Matilda Centre for Research in Mental Health and Substance Use• Elisabeth Shaw, CEO, Relationships Australia NSW• David Helmers, Executive Officer, The Australian Men's Shed Association Small group discussions & sharing points with the room
11:10am	Morning tea break
11:40am	Panel discussion – Theme 2: Priority communities <ul style="list-style-type: none">• Sam Rodgers, Community Health Promotion Officer, ACON• Darren Black, Military Veteran and CEO, SuperFriend• Matthew Trindall, Director, Aboriginal Mental Health, Ministry of Health• Glenn Cotter, Lived Experience Peer Worker Support Coordinator, The Healthy Communities Foundation Australia Small group discussions & sharing points with the room
1:00pm	Networking lunch
1:40pm	Panel discussion - Theme 3: What's working for men <ul style="list-style-type: none">• Gary Sanderfield, Chief Business Officer, Disaster Relief Australia• John Ogier, Head of Training and Development, Mentoring Men• Steve Morris, Operations Manager, The Glen Centre• Chris Lockwood, CEO, Mates In Construction

CHANGING THE FACE OF MEN'S HEALTH

MOVEMBER®

-
- James Lolicato, Chief Business Officer, The Man Cave

Small group discussions & sharing points with the room

2:45pm

Group activity & discussions - Theme 4: Future of male suicide prevention

3:20pm

Summary reflections by Minister for Mental Health

3:30pm

End of event

Appendix 2: Speaker Bios

Speakers at the Men's Mental Health Forum

The Hon. Rose Jackson, MLC, Minister for Water, Minister for Housing, Minister for Homelessness, Minister for Mental Health, Minister for Youth, and Minister for the North Coast – Forum host, opening and closing address.

Greg Inglis – Keynote

The Goanna Academy (est. 2020) is representative of Greg's life after football - showing his commitment to giving back to the community and improving the mental health outcomes of Australians. The Academy gives Greg the opportunity to share his personal journey and own battles with mental illness with the ambition to inspire and influence others - especially within his own culture, the Indigenous community. The Goanna Academy programs were designed to help end the stigma surrounding mental health and improve social capacity to identify, talk about, and manage mental health for all Australians - in particular at-risk groups such as Regional Males, Youth, and First Nations communities. The Goanna Academy is the first accredited & Indigenous-owned mental health education provider in Australia.

Cam Merchant – Keynote

From achieving a childhood dream of playing professional cricket in Australia, New Zealand, UK and many more international destinations to finding love against all odds on the hit reality TV show Married at First Sight in 2019 where he met his now wife. Cam is an international speaker, mental health ambassador, mentor, performance coach to young males and presenter for Gotcha4Life and well-being and mental health programs where it is his personal mission to engage, educate and empower those who may be struggling with a challenge, create good self care habits and self awareness to improve their own mental fitness and wellness so they too can lead the life they truly are proud of and desire.

Prof. Simon Rice, Global Director, Movember Men's Health Institute – Keynote

Simon is the Global Director of the Movember Men's Health Institute. Prior to this, he established and led the Young Men's Mental Health Research Program at the Centre for Youth Mental Health (University of Melbourne) – building it to be the most productive men's mental health research team globally. He continues to remain highly active in men's mental health research. Simon also co-founded the Elite Athlete Mental Health Research Program at the Centre for Youth Mental Health.

Dr. Zac Seidler, Global Director of Men's Health Research, Movember Men's Health Institute – Facilitator

Dr Zac Seidler is a clinical psychologist, researcher and leading men's mental health expert. He currently holds dual roles as Global Director of Men's Health Research at Movember and Senior Research Fellow with Orygen at the University of Melbourne. Zac has dedicated his academic and professional career towards further understanding men's mental health and masculinity. His ultimate goal is to help reduce the staggering rates of male suicide and domestic violence worldwide.

Prof. Maree Teesson, Centre Director, The Matilda Centre – Panellist

Distinguished Professor Maree Teesson AC is Director of the Matilda Centre and an NHMRC Leadership Fellow at the University of Sydney. Maree is a Former National Mental Health Commissioner (2018-2021), an Australian Academy of Health and Medical Sciences Fellow, a Fellow of the Australian Academy of Social Sciences, and a Fellow of the Royal Society of New South Wales. Maree has made a major contribution to Australia's health and medical research effort in the field of mental health and substance use. In particular, she is known nationally and internationally for her research on the comorbidity between mental health and substance use disorders.

Dr. Lucinda Grummitt, Research Associate, The Matilda Centre - Panellist

Dr Lucinda (Lucy) Grummitt is a postdoctoral researcher at the Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney. Her research focuses on understanding and addressing childhood adversity and trauma as a risk factor for mental ill-health and substance use problems.

Elisabeth Shaw, CEO, Relationships Australia NSW – Panellist

Elisabeth is the CEO of Relationships Australia NSW and a clinical and counselling psychologist. She has over 25 years experience specialising in relationship and family safety issues. Elisabeth is a Fellow of the Australian Psychological Society, having been recognised for her contribution to the profession of psychology, and a member of the APS Counselling and Clinical colleges. She is endorsed by AHPRA as a clinical and counselling psychologist. She is a clinical member of the Australian Association of Family Therapy, and in 2019 was recognised by the Association with a distinguished contribution award.

David Helmers, CEO, Men's Shed Association – Panellist

David has dedicated his career to the development of the Australian Men's Shed Association. The idea of creating an Association to represent Men's Sheds collectively and to freely share information between sheds was conceived of at the National Conference in 2007. An estimated 3,000 Men's Sheds operate in 12 different countries based on this uniquely Australian concept. David continues to peruse the development of Men's Sheds. He advocates for social health and the prevention of social isolation that many men are vulnerable to following the loss of employment.

Alice Russell, Financial Counsellor, Wesley Mission – Panellist

Alice is a compassionate and caring financial counsellor who specialises in assisting people impacted by their own gambling or the gambling of others. She has an unwavering commitment to providing empathetic and encouraging support to those facing challenges related to gambling harm.

Darren Black, CEO, SuperFriend – Panellist

Darren is a former Army Officer and UN Peacekeeper with over 20 years experience as a CEO of purpose led not-for-profit organisations. He joined SuperFriend as the CEO in September 2022. Prior to SuperFriend, Darren was the CEO of OZHELP Foundation – an industry focused Mental Health and Suicide Prevention organisation that focuses front line support services on high-risk male dominated industries such as Construction, Mining, Transport and Agriculture. Darren is passionate about improving mental health and reducing suicide particularly in with vulnerable populations and high-risk workplaces. This interest was founded over 20 years ago in his first profession as an Army Officer and military veteran.

Sam Rogers, Community Health Promotion Officer, ACON – Panellist

Sam is a Community Health Promotion Officer in Suicide Prevention at ACON. ACON is a New South Wales based health promotion organisation specialising in HIV prevention, HIV support and lesbian, gay, bisexual, transgender, and queer (LGBTQ+) health.

Glenn Cotter, Lived Experience Peer Worker Support Coordinator, The Health Communities Foundation Australia – Panellist

Glenn is Lived Experience Peer Worker Support Coordinator in The National Rural & Remote Suicide Prevention Program at The Healthy Communities Foundation Australia. He is an R U OK? Ambassador, Lived Experience Advisory Panel Suicide Prevention Australia, LivingWorks Australia SafeTALK Trainer Roses in the Ocean Peer Mentor. Glenn is passionate about providing a voice to people living in rural and regional areas in NSW.

Matthew Trindall, Director Aboriginal Mental Health, NSW Mental Health Branch – Panellist

Matthew Trindall is the Director Aboriginal Mental Health, NSW Mental Health Branch. Matthew started his career in Aboriginal mental health in 2007 as a mental health trainee with Hunter New England Local Health District in NSW. His previous role was the Director Aboriginal Strategy and Culture at Justice Health and Forensic Mental Health Network. Matthew has a strong emphasis on population health, advocacy, policy reform, governance and accountability.

Gary Sanderfield, Chief Business Officer, Disaster Relief Australia – Panellist

Gary is the Chief Business Officer at Disaster Relief Australia. Gary is a proven leader in global operations and business development with expertise in human-centric change management. Gary's military experience was as a Combat Medic in the US ARMY, which has resulted in developing his skills of effective decision making and critical thinking while providing calm and stable leadership under high pressure and crisis management scenarios.

John Ogier, Head of Training and Development, Mentoring Men – Panellist

John is the Head of Training and Development at Mentoring Men. Mentoring Men is a registered Australian charity providing free long-term one-to-one life mentoring for men who are going through some challenges or changes in their life. We focus on a proactive approach, engaging with men who need help before they spiral into crisis. For his contribution through the early years at Mentoring Men, John was proud to be awarded NSW Adult Volunteer of the Year 2020.

Steve Morris, Operations Manager, The Glen Centre – Panellist

Steve Morris is currently the Operations Manager of The Glen for Men Drug and Alcohol Centre on the Central Coast of NSW. With seven years of experience in the field, Steve has held various roles, including positions in residential rehab, community-based treatment services and inpatient psychiatric treatment centres. Steve has played a pivotal role in facilitating discussions on addiction and mental health across Australia. He has spoken at national and international symposiums, and engaged with jails, schools, communities, and government sectors, striving to effect meaningful change. Drawing from his personal journey with addiction and alcoholism, Steve is dedicated to helping other men transform their lives.

Chris Lockwood, CEO, Mates in Construction – Panellist

For the last 10+ years Chris has led initiatives to reduce the incidence of suicide and poor mental health through workplace-based initiatives. As the National CEO for MATES in Construction, Mining & Energy, Chris works to affect change every day in our workplaces. MATES are recognised by the World Health Organisation as best practice for a suicide prevention program delivered through the workplace and across industry.

James Lolicato, Chief Operating Officer, The Man Cave – Panellist

James is the Chief Operating Officer of The Man Cave Global, Australia's leading preventative mental health charity for teenage boys. He is a social services and mental health/wellbeing specialist, having previously held the position as CEO of Pride Cup Australia and as an LGBTI+/ Gender Diversity policy advisor. James was honoured to be named Australian Community Leader of the Year by the Australian Institute of Managers and Leaders.

Appendix 3: Forum Invitees

Forum Invitees

ACON	When No One's Watching (WNOW)
Anglicare	Orygen
Australian Men's Health Forum	Our Watch
Australians for Mental Health	Parents Beyond Breakup
Batyr	Wesley Mission
Being	Relationships Australia NSW
Beyond Blue	Roses in the Ocean
Cox Inall Ridgeway	Royal Australian and New Zealand College of Psychiatrists
Disaster Relief Australia	Rugby For Good
Everymind	SANE Australia
Financial Counselling NSW	Sir David Martin Foundation
Gidget Foundation	StandBy Support After Suicide
Goanna Academy	Suicide Prevention Australia
Gotcha4life Foundation	SuperFriend
Head Above Water	Talk2mebro
Healthy Heads in Trucks & Sheds	Tedd Noffs Foundation
Illawarra Shoalhaven Suicide Prevention Collaborative	The Aboriginal Health and Medical Research Council (AHMRC)
Iris Foundation	The Australian Men's Shed Association
Lifeline Australia	The Barstool Brothers
Lived Experience Advocates	The Glen Centre
Matilda Centre	The Healthy Communities Foundation Australia
MensLine Australia	The Man Cave
Mental Health Carers NSW	The Man Walk
Mental Health Commission of NSW	The Men's Table
Mental Health Coordinating Council	The Men's Mental Health Show
Mentoring Men	Tomorrow Man
Northern Beaches CARES	Top Blokes Foundation
Mongrels Men	Tradies In Sight
NSW Council of Social Service (NCOSS)	

Appendix 3: Drivers of Distress

The following appendix provides an overview of key drivers of distress that can affect individuals across all demographics, not just men. These drivers include a range of social, economic, and personal factors that contribute to mental ill-health and can increase the risk of suicide.

Driver of Distress	Key Figures
Housing stress	<ul style="list-style-type: none">• Problems related to housing and economic circumstances was identified as a contributing risk factor to death by suicide among 4.8% of females and 6.5% of males in 2022.^{lix}• 29.2% of households in NSW are experiencing housing stress in 2021.^{lx}• 1 in 7 low-income households with poor mental health experience housing stress.^{lxi}• In 2021-22 around 37.5% of all Specialist Homelessness Services (SPS) clients with a current mental health issue received support from specialist homelessness services in NSW.^{lxii}
Financial distress and cost of living	<ul style="list-style-type: none">• From 2001 to 2022, age-standardised suicide rates were highest for those who lived in the lowest socioeconomic areas (most disadvantaged areas).^{lxiii}• One in four Australians (25.1%), are finding it difficult to get by on their current income.^{lxiv}• In January 2022, 37.4% of Australians thought that price rises were a very big problem. This increased to 56.9 per cent in October 2022.^{lxiv}• Life satisfaction in October 2022 was 10 per cent lower for those who thought that rising prices were a very big problem compared to those who did not (6.41 compared to 7.13).^{lxiv}
Relationship dysfunction or breakdown	<ul style="list-style-type: none">• 15.6% of deaths by suicide among males and 10.1% among females in 2022 had disruption of family by separation and divorce identified as a contributing risk factor.^{lxv}• Problems in relationship with spouse or partner was identified as a contributing risk factor to death by suicide among 13.6% of males and 12% of females who died by suicide in 2022.^{lxv} This factor includes intimate partner violence and domestic violence.
Unemployment	<ul style="list-style-type: none">• Estimated suicide risk is lower among those with a job.^{lxvi}• Research examining unemployment and underemployment figures and suicide rates in Australia has found both were significant drivers of suicide mortality between 2004-2016.^{lxvii}
Education	<ul style="list-style-type: none">• Suicide risk is higher among those with fewer years of education.^{lxviii}• Over three quarters of people in NSW with moderate to good mental health achieved a high school qualification compared to just under three quarters of people with poor mental health.^{lxix}
Alcohol and other Drugs (AOD)	<ul style="list-style-type: none">• AOD use has a complex and multidimensional role in the development of suicidal thoughts and behaviours, and there is robust evidence that demonstrates the link between AOD use and risk of suicidality.^{lxx}

- 26.5% of people with a mental health condition in NSW used any illicit drug in the past 12 months in 2019 compared to 14.9% of people without a mental health condition.^{lxxi}
- 28.4% of people with a mental health condition in NSW are single occasion risky drinkers in the past 12 months compared to 23.3% of people without a mental health condition.^{lxxi}

Loneliness

- Loneliness is significantly associated with experiences of depression and suicidality among men, above and beyond area-level socioeconomic disadvantage and unemployment.^{lxxii}
- Almost half of NSW residents reported experiencing feelings related to loneliness ‘some of the time’ or ‘often’.^{lxxiii}
- About 1 in 2 people with poor mental health reported feeling lonely compared to 1 in 8 people with moderate to good mental health. The difference is consistent across all age groups and regions.^{lxxiv}

Intergenerational trauma

- Compounding impacts of colonisation and oppressive policies and practices (including massacres and forced removals from family and Country) have had a profound and enduring impact on Aboriginal peoples’ health and social and emotional wellbeing.^{lxxv}
- Aboriginal Elders identify trauma resulting from colonisation as a root cause for increase in suicide attempts and deaths.^{lxxvi}

Stigma and discrimination

- On average, 59.3% of Australians said they had stopped themselves from accessing or using healthcare services because of stigma about mental health issues.^{lxxvii}
- In 2018, one in five people with a psychosocial disability in NSW experienced discrimination due to their disability in the last 12 months.^{lxxviii}
- Nearly half (48%) of carers in NSW reported avoiding telling people about their support role to avoid being judged and 40% reported being worried that people will view them unfavourably because of their support role.^{lxxix}
- Research assessing sociodemographic characteristics and suicide stigma based on a large-scale suicide prevention trial in NSW found higher stigma scores among Aboriginal and Torres Strait Islanders, men and people living in regional areas.^{lxxx}
- The proportion of people with recent personal lived experience reporting experience of unfair treatment in public life domains in NSW are occurring in the following:^{lxxxi}
 - 35% by people in the workplace
 - 31% in finding a paid job
 - 28% in applying for and getting welfare benefits or disability pensions
 - 27% by the legal system
 - 26% in education or further training
 - 21% in housing (including renting and accessing public or community housing)
- Structural stigma and discrimination can occur in employment, justice and legal systems, insurance, education, housing, and the health system.^{lxxxii}

Gambling

- Gambling is associated with death by suicide^{lxxxiii} and has been found to be a contributing factor in deaths by suicide.
- 31% of people who gamble weekly, or more were experiencing harms from their gambling according to the Problem Gambling Severity Index (PGSI).^{lxxxv, lxxxvi}
- Of people who play the pokies between 2am-8am in NSW, 64.4% are experiencing the harms of gambling.^{lxxxvii, lxxxviii}

Legal circumstances

- Problems related to legal circumstances is a common risk factor for suicide among males aged 25-54 years old (associated with more than 10% of deaths by suicide).^{lxxxix} This factor includes domestic violence orders, child custody or support proceedings, litigation, restraining orders, potential or impeding legal circumstances or court appearances, charges and illegal activity.

Disasters

- Research demonstrates people exposed to multiple natural disasters and human-made disasters are at significantly greater risk of attempting suicide^{xc}, and the link between suicide in the aftermath of disasters is highly evidenced.^{xcii}
- NSW has recorded 30 natural disasters across the State from Jan 2023 to Jan 2024.^{xciii}
- More than half (51%) of Australians who experienced a climate change-fuelled disaster since 2019 feel their mental health has been somewhat impacted, of whom one in five (21%) claims that the disaster they went through has had a “major or moderate impact” on their mental health.^{xciv}
- People living NSW are the most likely to have experienced multiple disasters since 2019.^{xciv}

Violence

- 41.0% of adults in NSW have experienced either physical or sexual violence in the last twelve months and since the age of 15 in 2021-22.^{xcv}
- Research estimates between one and two in four children and young people grow up experiencing adult family violence in Australia.^{xcvi}
- Intimate partner violence against females aged 15 years and over is one of the top four risk factors contributing to almost half the burden of suicide and self-inflicted injuries.^{xcvii}

Adverse childhood experiences

- Child maltreatment is associated with youth suicide.^{xcvi}
- People aged 5 to 25 who have experienced sexual abuse are 3 times more likely to attempt suicide than people of the same age cohort who did not experience child maltreatment.^{xcvi}
- Experiences of physical and emotional abuse can double the chances of a young person attempting suicide.^{xcvi}
- One in two young people in Australia grow up with some form of domestic and family violence.^{xcvi}
- Child abuse and neglect during childhood of persons aged 5 years and over is one of the top four risk factors contributing to almost half the burden of suicide and self-inflicted injuries.^{xcvii}

Living in regional, rural, and remote areas

- The highest rates of burden from suicide and self-harm were among people living in remote and very remote areas, being 2.3 times higher than in major cities in 2019.^{xcvii}
- In 2021, the suicide rate in rural and regional NSW (16.4 per 100,000 population) was more than double that of the Greater Sydney area (7.6 per 100,000 population).^{xcviii}
- In 2020-21 intentional self-harm hospitalisations were 1.5 times higher in very remote areas (176 per 100,000 population) compared to residents in major cities (107 per 100,000 population).^{xcviii}

Living with disability

- People aged under 65 years, who used disability services between 1 July 2013 to 30 June 2018, died by suicide at a rate three times greater than the general population of the same age.^{xcix}
- The rate of deaths by suicide for females aged 20–34 years who used disability services was over five times greater than the rate among females aged 20–34 in the general population.^{xcix}
- The rate of deaths by suicide for males aged 20–34 years who used disability services was more than double the rate among the general population of the same age.^{xcix}
- The highest rate of death by suicide, across all gender and age groups, was among men who used disability services aged 35–49 years.^{xcix}
- For females who used disability services, the highest rates of suicide were within the 35–49 years age group.^{xcix}

Personal history of self-harm including suicide attempt

- A previous suicide attempt is the largest single factor indicating future suicide risk and death by suicide.^c
- In 2022, 17.4% of males who died by suicide had a personal history of self-harm and/or suicide attempts, and 34% of females.^{ci}
- For people who have experienced a suicide attempt, risk of re-attempting is particularly heightened in the initial year following an attempt.^{cii}

Psychological distress

- Of the total NSW population, 16.7% live with high or very high psychological distress, and 7% experience a severe mental health condition.^{ciii}
- In 2020–2022, of the 6.3 million people aged 16–85 years in New South Wales, 40.5% or 2.5 million people had a lifetime mental disorder.^{civ}
- Three in four Australians who experienced any suicidal thoughts or behaviours in the last 12 months had a mental disorder.^{cv}

Bereavement by suicide

- People bereaved or impacted by suicide are at an increased risk for suicide.^{cvi, cvii, cviii}
- It is estimated that five immediate family members and up to 135 individuals can be exposed to the impact of an individual's suicide.^{cix}
- More than one in three people aged 16–85 years had ever been close to someone who had taken or attempted to take their own life.^{cx}
- 4.7% of Australians reported they had been close to someone who had taken or attempted to take their own life in the last 12 months.^{cx}

Psychosocial hazards in the workplace

- Of the approx. 10,000 serious mental stress claims in 2021-22, more than half (52.2%) were due to work-related harassment or bullying, and work pressure.^{cx1}
- In 2021-22, mental health conditions accounted for 9% (11,700) of all serious workers' compensation claims and 7% of all work-related injuries and illnesses. This represented a 36.9% increase in claims since 2017-18.^{cx1}

7

References

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