



TIME TO ACT ON

# MALE SUICIDE IN TASMANIA

# MALE SUICIDE IN TASMANIA.

In 2020, Tasmania recorded the highest rate of male suicide in Australia, the culmination of an upward trend that has seen male suicide rates in the state rise by more than 30% in the 10 years since 2011.

Suicide in Tasmania kills six men a month. In 2020, 87 people in Tasmania died by suicide, 71 males and 16 females. Closing that gap would save the lives of more than 50 Tasmanian men a year. Male suicide is more than a mental health issue; it's a complex social issue caused by various social, situational, and contextual factors.

The 2021 Report to the Tasmanian Government on Suicide in Tasmania found that 90% of men who die by suicide have experienced at least one interpersonal or family stressor before their death.

These include separation from partner; conflict with a partner, family member, or associate; death of a partner, family member, or associate; and violence (as victim or perpetrator) involving a partner or family member.

In addition, 93% of men who died by suicide experienced at least one contextual or situational stressor, including substance abuse; work issues; social and physical isolation; financial issues; legal issues; bullying; and exposure to the suicide of a family member, friend, peer, or acquaintance.

Research shows that men's and women's experiences of suicide are different in several ways, which can help us target suicide prevention initiatives more effectively. For example, men in Tasmania account for:

- 81.6% of all suicides
- 76.7% of suicides linked to social or physical isolation
- 77% of suicides linked to relationship separation
- 77.4% of suicides linked to financial issues
- 81.5% of suicides linked to substance misuse
- 82.9% of work-related suicides
- 84.8% of suicides linked to legal issues
- 93% of suicides involving firearms

In contrast, suicide in Tasmanian women is more likely to be linked to previous suicide attempts and mental health issues, with female suicides being:

- 20% more likely to be linked to mood disorders like depression than male suicide
- 60% more likely to be linked to neurotic disorders like anxiety than male suicide

To be effective, suicide prevention strategies need to account for the clear differences between male and female suicides, both in terms of the number of deaths and the types of services and programs that are funded.



Published by AMHF in partnership with Men's Resources Tasmania





# REACHING MEN IN DISTRESS

Work to prevent male suicide in Tasmania needs to target men in distress before they become another suicide statistic. One way to do this is to identify the potential touchpoints where men at risk of suicide come into contact with services. For example, we know that most Tasmanian men who die by suicide have sought help or contacted services before their death. Research shows that:

- 89% have seen a community service provider;
- 80% have seen a physical health provider;
- Nearly two-thirds (62%) had received mental health treatment;
- Half (50%) have had contact with legal services (e.g., police or courts);
- 40% have been in contact with Centrelink.

Furthermore, in the six weeks before their death:

- Nearly half (46%) had received mental health treatment;
- Nearly half (41%) had seen their GP;
- A quarter (23%) had been in contact with legal services (e.g., police or courts);
- 1 in 10 (10%) were treated for mental health issues at an emergency department.

These figures highlight that men's mental health and risk of suicide are shaped by a range of factors beyond mental illnesses like depression and anxiety.

In her final report to the Morrison Government, National Suicide Prevention Adviser Christine Morgan noted that "a shift to earlier responses to distress that focuses on intimate relationship distress, financial and workplace distress, justice settings and key transitions and isolation for older men, should lead to earlier opportunities and identify men requiring additional support".

In line with Ms. Morgan's advice, one way to achieve this is to ensure existing services are redesigned "to be more accessible to and better meet the needs of men" and delivered in "places and formats that suit the needs of men."

Another approach is to invest in grassroots initiatives - particularly those designed by men, for men - and provide funding to help these groups grow, develop, and build their evidence base. As Suicide Prevention Australia (SPA), the peak body for the suicide prevention sector, has noted, "grassroots and peer-led services can be critical in providing support where men are because they are embedded in the communities of the men at risk of suicide and have the local knowledge of where they can be reached".

*The majority of Tasmanian men who die by suicide have sought help before their death.*

# THE CASE FOR CHANGE

In 2021, the Prime Minister's National Suicide Prevention Adviser, Christine Morgan, published her final recommendations in support of the Government's 'towards zero' suicides goal. Her report delivered a strong message on male suicide. It highlighted the disproportionate impact that suicide has on men as an issue that "must be called out as a priority for whole-of-government" action.

Ms. Morgan recommended that all State governments should prioritise targeted approaches to populations disproportionately impacted by suicide (e.g., men) in their suicide prevention and funding. Furthermore, State governments were advised to review and report on the effectiveness of their suicide prevention programs and services in reaching men.

A good first step for the Tasmanian Government to take, therefore, is to review the \$55m of funding allocated to Mental Health and Suicide Prevention in the State in May 2022. Such a review could also consider why Tasmania's funding program identifies four priority populations but doesn't target men as a priority group.

The \$55m of funding includes:

- \$24.7 million for Head to Health clinics providing services that generally reach more women than men
- \$4.2 million for headspace, which reaches more young women than young men

- \$2.5 million for eating disorder programs that typically reach more women than men
- \$5.2 million for aftercare support for people who attempt suicide, a model with a track record of helping more women than men
- \$3.0 million for perinatal mental health screening, a service that generally supports many more mums than dads

A brief analysis of this funding suggests that all these services will reach more women than men. While we do not advocate for funding to be taken away from women at risk of suicide, it is reasonable to ask that suicide prevention funding in Tasmania be allocated in an equitable way that reflects the fact that 4 in 5 suicides are male.

Such an approach would be in line with the advice of Suicide Prevention Australia. SPA says: "male suicide is an issue requiring targeted policy and funding attention by all governments."

This echoes the recommendations of Ms. Morgan, who has called on all State governments to identify priority actions for male suicide prevention to be incorporated into the National Suicide Prevention Strategy. Such actions should also feature prominently in Tasmania's next Suicide Prevention Strategy.



# TIME TO TAKE ACTION

The Tasmanian Government is currently developing its next Suicide Prevention Strategy. With men accounting for more than 80% of suicides in Tasmania, we recommend that the State develops a Male Suicide Prevention Action Plan. This recommendation aligns with the findings of the National Suicide Prevention Adviser, which call on all State and Territory governments to review their existing services and identify specific actions that tackle male suicide.

Some of the key actions a Tasmanian Male Suicide Prevention Action Plan could include are:

1. An audit of existing funded services in Tasmania to identify how effective they are at reaching men at risk of suicide. A good starting point would be to audit the \$55m allocated to Mental Health and Suicide Prevention services in May 2022.
2. Support for men with lived experience to contribute to suicide prevention in Tasmania on an ongoing basis, from research and program planning to service design and delivery, program implementation, and evaluation.
3. Funding for grassroots projects, including peer-support projects run by men and for men. Initiatives like Men's Sheds, The Man Walk, The Men's Table, Mr Perfect BBQs, TasMen and TasDads are all examples of projects in Tasmania that provide social connection and peer support for men.
4. Suicide prevention training for frontline professionals and volunteers with a focus on engaging with men at risk of suicide. Local organisations like Men's Resources Tasmania have specialist knowledge and should be engaged when developing programs that focus on men and male suicide.
5. Funding for initiatives that respond to the risk factors for male suicide like relationship breakdown; financial issues and legal issues. Some examples include Dads In Distress, which provides services for separated dads; the Survivors and Supporters Mates Network (SAMSN), which supports male victims of sexual abuse; and DIY Dads projects, which provides single dads with housing and support.



According to public opinion research by Resolve, most Tasmanians support government action on male suicide. Our research found that:

**94% say men and women face different health and social issues;**  
**90% say it's okay for Governments to talk about the issues men face;**  
**79% say we should not ignore real differences between men and women;**  
**65% say they support additional funding to tackle men's health issues.**

We believe the case for change is compelling. **IT'S TIME TO ACT ON MALE SUICIDE IN TASMANIA.**





# NO MAN LEFT BEHIND

[www.amhf.org.au/suicide](http://www.amhf.org.au/suicide)

