Richmind WA

Boys' and Men's Mental Health

Key Western Australian Priorities 2025 → 2030

November 2026

Awareness | Assistance | Advocacy



About

Boys and men continue to experience barriers to seeking, accessing and remaining connected to appropriate mental health support.



In Australia, 2,425 men died by suicide in 2025

Boys and men represent 3 in 4 of the deaths by suicide each year

Men die 5 years younger than women in Australia

For several years, Richmind WA has advocated for greater recognition and action on boys' and men's mental health, and for a mental health system that better responds to their diverse needs.

Our advocacy has extended across State and Federal Government, the mental health and community sectors, and organisations working directly with boys and men. Through these conversations, we have consistently advocated for boys' and men's mental health to be prioritised across health and suicide prevention plans, policy, service design, programs and investment.

Our advocacy is informed by evidence, research, government data and engagement with people and organisations across the sector and community. Together, these have helped identify opportunities for change across the system, from how boys and men first engage with support, to how care is connected, whose voices inform decision-making, and the evidence used to understand needs and improve outcomes.

These priorities are brought together through our Four Pillars for boys' and men's mental health, which provide the framework for our ongoing advocacy.

Sources: Australian Bureau of Statistics (ABS) (2026) Causes of Death, Australia 2025, Australian Government
Australian Institute of Health and Welfare (AIHW) (2024) National Mortality Database, AIHW, Australian Government

The Four Pillars

The Four Pillars are critical components of an effective system approach to improving boys' and men's mental health and reduce suicide rates. It includes both "top down" and "ground up" approaches to strengthening the system. By focusing on the shifts needed in these four areas, providers, consumers, funders, organisations, governments and researchers can work together to strengthen how the health system responds to the mental health needs of men and boys.

Early Engagement

1 **Drive early and effective engagement in responsive mental health services**

Connected Care

2 **Improve continuity of care (CC) between organisations, programs and care providers**

Representation

3 **Strengthen and diversify the representation of men and boys' voices across the sector**

Data & Evidence

4 **Incorporate gender analysis in all data, reporting, surveys and research**

Early, effective engagement is recognised as a priority for men and boys, but we also need to make sure that when men and boys engage in mental health services, that **providers and services connect to ensure continuity of care** across the fragmented sector. For example, men who have effective engagement in mental health services in prisons or drug and alcohol programs need to be supported as they transition to services outside these contexts. The services and organisations that are providing and funding care need **more representation from men and boys**, who now represent less than 20% of the workforce and whose representation across committees, boards and advocacy groups this sector is substantially less than that of women. And **data, surveys, research and evaluations** need to be able to better support decision making about service design, referral pathways and locations. Even basic data about the prevalence of mental health distress needs to consider whether men and women respond differently to questions. Service design and messaging need to have access to evidence about what works for men and boys.

Boys' and Men's Mental Health

Four core advocacy areas

Overall Objective: Improve the responsiveness of the Western Australian mental health system to address the diverse mental health needs of men and boys and reduce mental health distress in WA.

Pillar 1 — Drive early and effective engagement in responsive mental health services

Early engagement with responsive services is essential for everyone.

How can this be improved for men? Mental health distress affects men and women at the same rate; however women are more likely to seek Commonwealth funded treatment.

Compared to men, women are:

- 48% more likely to be prescribed a PBS medicine for mental health.
- 64% more likely to use Medicare funded mental health services.
- Twice as likely to consult a Medicare funded clinical psychologist.

Men are as likely as women to be hospitalised for more than 24 hours with a mental health primary diagnosis. In 2023, boys and men accounted for 311 (75%) of all deaths resulting from intentional self-harm in WA.

Pillar 2 — Improve continuity of care (CC) between organisations, programs and care providers

Improved CC between organisations and care providers is essential for all health care for all patients.

CC risks are higher for men in mental health, addressing them is critical.

Compared to women, men are:

- LESS likely to have treatment for mental distress coordinated by their GP.
- MORE likely to have mental health care provided in an institutional setting (e.g. hospital, prison, AOD residential program) than in the community. When they leave these settings, CC is critical to ongoing engagement and effective care.
- MORE likely to work in FIFO occupations, with evidenced high mental health risk and fragmented care.

Pillar 3 — Strengthen and diversify the representation of men and boys' voices across the sector

The voice of consumers, professionals, families and communities needs to be at the table in all parts of the sector.

Men and boy's voices are substantially under-represented in the sector:

- 75% of the mental health workforce is female.
- 80% of psychologists are female.
- Most advocacy group and sector CEOs are women.
- Consumer representatives are more likely to be female.

Men and boys' voices can be strengthened through workshops and consultations which bring together men from diverse backgrounds and experiences.

Pillar 4 — Incorporate gender analysis in all data, reporting, surveys and research

Data, reporting, surveys and research are essential to modern health care.

Men and women, boys and girls differ in their experience of mental health distress as well as where, when and how they seek services.

Regular gender reporting is needed for:

- Use of mental health services across all programs and institutions.
- Continuity of care between services, programs and institutions.

Better understanding is needed of:

- How to improve the timeliness of help seeking and effectiveness of services.
- Impact of messaging for men around mental health.
- The community-wide burden of untreated and poorly treated mental health distress.
- Why men are LESS likely to engage in surveys relating to their mental health.

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